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Short Form
Return of Organization Exempt From Income Tax

2009

Open to Public
InspectionUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning

06-01, 2009, and ending

05-31, 2010

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization G W BOOSTERS CLUB, INC	D Employer identification number 20-5609919
	Number and street (or P O box, if mail is not delivered to street address) 6630 HARRIS ROAD	Room/suite
	City or town, state or country, and ZIP + 4 BROADVIEW HEIGHTS, OH 44147	F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A

Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **111,428****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	5,593
2 Program service revenue including government fees and contracts	2	75,768
3 Membership dues and assessments	3	3,240
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6	
a Gross revenue (not including \$ <u>193</u> of contributions reported on line 1)	6a	26,827
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	26,827
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► RECEIVED)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	111,428
10 Grants and similar amounts paid (attach schedule)	10	56,941
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	1,365
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	2,401
16 Other expenses (describe ► STM130)	16	49,829
17 Total expenses. Add lines 10 through 16	17	110,536
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	892
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,561
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	12,453

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		11,561	22 12,453
23 Land and buildings			23
24 Other assets (describe ►)			24
25 Total assets		11,561	25 12,453
26 Total liabilities (describe ►)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		11,561	27 12,453

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE SUPPORT TO AMATEUR GYMNASTS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise

manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28	PROVIDE FINANCIAL ASSISTANCE TO AMATEUR GYMNASTS PERFORMING AT THE STATE AND NATIONAL COMPETITION LEVELS. FINANCIAL ASSISTANCE WAS USED TO OFF SET MEET FEES. 108 INDIVIDUALS (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	39,558
29	MEDALS AND AWARDS TO COMMEMORATE OUTSTANDING GYMNASTIC ACHIEVEMENT ON AN INDIVIDUAL BASIS. TO FURTHER PROMOTE A HEALTHY POSITIVE GYMNASTIC EXPERIENCE. APPX 450 (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	8,505
30	PROVIDED TRAINING EQUIPMENT FOR MEMBER GYMNASTS TO ENHANCE BETTER PERFORMANCE AND PREPARATION FOR MEETS - 108 MEMBERS BENEFITED FROM THE EQUIPMENT RENTAL OR PURCHASES (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3,800
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	51,863

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JODI L NAPIER 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	PRESIDENT 1	0	0	0
SEAN CORRIGAN 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	VICE PRESIDENT 1	0	0	0
SHARON DETGEN 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	SECRETARY 1	0	0	0
DIANE RENZI 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	TREASURER 1	0	0	0
STACY BIBBY 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
DAN NOVAK 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
LORI POLLY 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
KIM PANIK 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
AL LACAVA 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
ROBIN LACAVA 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
TONYA SCOTT 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
JEN CORRIGAN 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
SALLY DENK 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
KATHI LANCASTER 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0
KIM MILAZZO 6630 HARRIS ROAD BROADVIEW HEIGHTS, 44147	BOARD MEMBER 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► OH		
42 a The organization's books are in care of ► JODI L NAPIER Telephone no ► 216-308-4878 Located at ► 6630 HARRIS ROAD BROADVIEW HEIGHTS, OH ZIP + 4 ► 44147		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

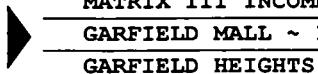
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer JODI L. NAPIER, PRESIDENT Type or print name and title		
Paid	Preparer's signature  STEVEN P COOK, EA	Date 08-23-2012	Check if self-employed ► <input type="checkbox"/>
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4  MATRIX III INCOME TAX SERVICE, GARFIELD MALL ~ 12678 ROCKSIDE GARFIELD HEIGHTS, OH 44125	EIN Phone no	Preparer's Identifying No (See inst) ► <input type="checkbox"/> 216-332-7283

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

EEA

Form 990-EZ (2009)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
G W BOOSTERS CLUB, INC

Employer identification number
20-5609919

Part I | Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") • • • • •						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • •						
3 The value of services or facilities furnished by a governmental unit to the organization without charge • • • • •						
4 Total. Add lines 1 through 3 • • • • •						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) • • • • •						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 • • • • •						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • • • • •						
9 Net income from unrelated business activities, whether or not the business is regularly carried on • • • • •						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) • • • • •						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions) • • • • •					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here • • • • • ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) • • • • •	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 • • • • •	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization • • • • • ► <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization • • • • • ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization • • • • • ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization • • • • • ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions • • • • • ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			17,124	5,625	8,833	31,582
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					75,768	75,768
3 Gross receipts from activities that are not an unrelated trade or business under sec 513			108,264	138,042	26,827	273,133
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			125,388	143,667	111,428	380,483
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						380,483

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			125,388	143,667	111,428	380,483
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				725		725
13 Total support. (Add lines 9, 10c, 11, and 12)						381,208
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

 b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 AUCTION (event type)	(b) Event #2 CONCESSIONS (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c)
		16,465	5,032		21,497
Revenue	1 Gross receipts	16,465	5,032		21,497
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	16,465	5,032		21,497
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	5,315			5,315
	6 Rent/facility costs	25			25
	7 Food and beverages	4,441			4,441
	8 Entertainment	300			300
	9 Other direct expenses	4,542	1,906		6,448
	10 Direct expense summary Add lines 4 through 9 in column (d)				(16,529)
	11 Net income summary Combine line 3, column (d), and line 10				4,968

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			5,330	5,330
Direct Expenses	2 Cash prizes			2,415	2,415
	3 Non-cash prizes			85	85
	4 Rent/facility costs				
	5 Other direct expenses			820	820
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(3,320)
	8 Net gaming income summary Combine line 1, column (d), and line 7				2,010

9 Enter the state(s) in which the organization operates gaming activities OH,
 a Is the organization licensed to operate gaming activities in each of these states?

9a	<input checked="" type="checkbox"/>
----	-------------------------------------

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a	<input checked="" type="checkbox"/>
-----	-------------------------------------

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

11	<input checked="" type="checkbox"/>
----	-------------------------------------

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12	<input checked="" type="checkbox"/>
----	-------------------------------------

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	100.000
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► JODI L NAPIER		
Address ► 6630 HARRIS ROAD BROADVIEW HEIGHTS, OH 44147		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		
	17a	X

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE****STATEMENT #122**

ACTIVITY	GRANTEE	ADDRESS	AMOUNT	RELATIONSHIP
GYMNAStic MEET FEE ASSISTANCE	INDIVIDUAL MEMBER BENEFIT	N/A	<u>39,558</u>	INDIV MEMBERS
MEDALS AND AWARDS TO COMMEMORATE	INDIVIDUAL MEMBER BENEFIT	N/A	<u>8,505</u>	PARTICIPANTS
SCHOLARSHIPS	INDIVIDUALS TO FURTHER DEVELOPMENT	N/A	<u>2,100</u>	INDIV MEMBERS
PAYMENTS TO AFFILIATES	NATIOANL GYMNASTICS FOUNDATION	132 E WASHINGTON ST., STE 700 INDIANAPOLIS IN 46204	<u>2,500</u>	AFFILIATES
EQUIPMENT FOR GYMNASTIC TRAINING	INDIVIDUAL MEMBER BENEFIT	N/A	<u>3,800</u>	INDIV MEMBERS
GYMNAST UNIFORM ASSISTANCE	INDIVIDUAL MEMBER BENEFIT	N/A	<u>403</u>	INDIV MEMBERS
TOTAL			<u><u>56,866</u></u>	

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AUCTION FUNDRAISER DIRECT EXPENSE	14,623
RAFFLE FUNDRAISER DIRECT EXPENSE	905
CONCESSION FUNDRAISERS DIRECT EXPEN	1,906
TRAVEL	3,400
ROCK AND ROLL DIRECT EXPENSE	23,245
MEETING	5,129
BANK FEE	621
 TOTAL	49,829