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SCANNED JAN 0 5 2011

Short Form Return of Organization Exempt From Income Tax

Under 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

OMB No 1545-1150

2009

Open to Public Inspection

		he Treasury		assets less than \$	1,250,000 at the end of the use a copy of this return	ne year may use t to satisfy state re	his form Dortina requiren	nents		Inspection		
	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 July 1, 2009, and ending					June	30	, 20 10				
B Check if applicable			Please	C Name of organization	531y 1	, 2000,		D Employer identification number				
	Address change			_				34-6557807				
_	Name cha	label or					F Telephone	E Telephone number				
_ 🗖 ı	nitial retur	'n	type.	1	ii maii is not delivered to	ou cou address;	1 toom suite	L Telephone	3306788902			
	Terminated	d	See Specific	P.O. Box 6	- 1 7 D . 4		L					
	Amended	return	Instruc-	City or town, state or country, ar	10 ZIP + 4			F Group E		tion		
$\perp \perp $	Application	n pending	tions	Kent, Ohio 44240				Number	<u> </u>			
	• Sect	ion 501(c)(3)		zations and 4947(a)(1) nonex npleted Schedule A (Form 9		ts must attach	I	unting Metho (specify)	d L	Cash Accrual		
										anization is not		
	Vahait	a. b. ununu	kontroi	tany ora			1		_	edule B (Form 990,		
	Vebsite			tary. ∞rg nıy one) — ☑ 501(c) () ◀	(irisert no)	′(a)(1) or ☐ 5		EZ, or 990-Pf		dule b (Form 990,		
				·	, , , , , , , , , , , , , , , , , , , ,					4 205 000 4		
	Check >		_	zation is not a section 509(a)(3		_	•			•		
				turn is not required, but if the		-			returi	1		
_				9 to determine gross receipts,					\$	D (1)		
22	art I			enses, and Changes in		und Balanc	es (See the	instructio	ns t	or Part I.)		
	1	Contribution	ons, gift	ts, grants, and similar amo	unts received .	•		1		4975		
	2	Program se	ervice i	evenue including governm	ent fees and contra	icts		2		31437		
	3	Membersh	ip dues	s and assessments		•	•	3		14960		
	4	Investment	tincom	ie				4		2.38		
	5a	Gross amo	ount fro	m sale of assets other than	n inventory .	5a		蝴蝶				
	Ь			er basis and sales expense	•	5b			*			
	c			n sale of assets other than		line 5b from I	ine 5a)	50				
ą	6	•	,	tivities (complete applicable parts	• •		•		1 _j	·····		
Reyenue	ر ا	•		ot including \$		_			100 Par 10 1	,		
Ψ.	750						1.	5073	16			
æ		-)		- :	F11 , 12	- APP.	Ą	(* GL)		
	b			nses other than fundraising			1 '		-			
	C			ss) from special events and			line 6a) .			-326		
	7a	Gross sale	s of inv	rentory, less returns and all	lowances				18			
	b	Less: cost	-			. 7b	<u> </u>		Ŋ			
	C	Gross prof	it or (lo	ss) from sales of inventory	(Subtract line 7b fro	om line 7a) .		· · 70	: <u> </u>			
	8	Other reve	nue (de	escribe 🕨) <u>8</u>				
_	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	7c, and 8	KECEIAE	ַ ַ	▶ 9		51048.38		
	10	Grants and	d sımıla	r amounts paid (attach sch	nedule)		- O	10)	4089		
	11			or for members	-	Er. n.a .28	030	11	7			
S	12	-		mpensation, and employee	اعتقا	EC: 0:6:20		. 12	2			
benses	13			and other payments to ind		ors		13				
ĕ	14			utilities, and maintenance	Q	GDEN, L	JT -	14	$\overline{}$			
ŭ	15	Printing p	ublicati	ons, postage, and shipping	, · · · · · · · · · · · · · · · · · · ·	COESES A 1		15	_	329		
_				describe Club Svc due:			nree) 16		42237		
	16	•	-					—	_	46655		
_	17			Add lines 10 through 16	17 ((0)			<u>▶ 17</u>		4393		
ts	18			for the year (Subtract line						4393		
Še	19			nd balances at beginning of					~~·			
ĕ		•	•	e reported on prior year's re				<u> </u>	_	4234		
Net Assets	20		•	net assets or fund balance								
	21	Net assets	or fund	d balances at end of year	Combine lines 18 th	rough 20		. > 21		8627		
P	art II	Balance	e She	ets. If Total assets on line 2		31,250,000 or						
				(See the instructions for	Part II)	•		ginning of year	<u>'</u>	(B) End of year		
22	Cash, sayings, and investments						423	4 22	8627			
23							120	23				
24)		24						
25		-						423	4 25			
26		ital liabilitie							26			
20	, 10 , Na	itai iiabiiitie st seeste or	fund b	palances (line 27 of column	n (B) must agree wi	th line 21)	_'	423	4 27			

Dar	Statement of Program Service Accom	nlichments (See the instri	ictions for Part I	ΠA					
	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) What is the organization's primary exempt purpose?					Expenses (Required for section			
	ris the organization's primary exempt purpose? Tribe what was achieved in carrying out the org	anisticale event number	In a alaar a)(3) and 501(c)(4)			
						izations and section			
manner, describe the services provided, the number of persons benefited, and other relevant information each program title.						a)(1) trusts, optional			
	<u> </u>				for ot	hers)			
28	Dictionary Project for local schools 3rd Graders \$143	25.60							
	Kent Heritage Festival and auction \$576.27								
	4 Way Speech Contest \$310								
	(Grants \$) If this amount	includes foreign grants, che	eck_here	▶ □	28a	2311.87			
29	Amigos - Student exchange program \$100								
	Flower Project - Downtown beautification - \$54.68								
	Gazebo Project - repair roof - \$250								
	(Grants \$) If this amount	29a	404.68						
30	Rose Bowl Float - Rotary float for rosebowl parade a								
-	RYLA - Rotary Youth leadership program for High So								
	Shoebox program - Needy children gift boxes for Inf		••						
		includes foreign grants, che			30a	1372.31			
0.4		includes foreign grants, chi	eck nere .		Sua	1372.31			
31	Other program services (attach schedule) .								
00		includes foreign grants, che	eck nere	<u> </u>	31a	4000.00			
	Total program service expenses (add lines 28a t			-	32	4088.86			
Par	List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and			
	······································	devoted to position	enter -0)	deferred comper	nsation	other allowances			
	n Bialık	President 4 Hours		,					
1411	River Edge Drive, Kent								
Willi	am Bear	Vice-President 2 Hours							
27 C	linton Street, Hudson	Vice-i resident 2 riodis							
Thor	nas Hall	Secretary 2 Hours							
7440	SR43, Kent	Secretary 2 nours							
How	ard Loughry	T				,			
5873	Horning road	Treasurer 2 Hours							
		1							
				-					
				1					
						····			
				 					
						<u> </u>			
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	0-EZ (2009)		F	age 3
Part ^A	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.	第	13.1	
а	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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		√
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a] Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	36 37b		/
39 a b	any such loans made in a-prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved . Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9	38a		
	section 4911 ▶; section 4912 ▶; section 4955 ▶ 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	40b		✓
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			
	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	40e		\
41	List the states with which a copy of this return is filed ▶ Ohio			
42a	The organization's books are in care of ▶ Howard Loughry Telephone no. ▶	33067		
_	Located at ► 250 S Water Street, Suite c Kent, Ohio ZIP + 4 ►	442	240	
	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)?	401-	Yes	No
	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.	42b		
	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. ▶	42c	,	✓
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	•	. 1	▶ ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	✓
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		/
	Eo	m 990	1_F7	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	exempt charita itable trusts mi	able trusts only. A ust answer questio	ll sec ns 46	tion 5–49b		
	Did the organization engage in direct or indirect		es on behalf of	or in opposition to		Yes No		
	candidates for public office? If "Yes," complete s				46			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
		he organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," was the related organization a section 5				49b			
	Complete this table for the organization's five his employees) who each received more than \$100,							
		(b) Title and average	(c) Compensation			Expense		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acc	ount and allowances		
	Wall \$100,000	devoted to position			Other	allowarices		
				·				
	Total number of other employees paid over \$100							
	(a) Name and address of each independent contractor		(b)	Type of service	(c) Con	npensation		
d	Total number of other independent contractors e							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration							
Sign				1				
Here	2			Data				
	Signature of officer Type or print name and trtlp			Date				
		/ Data	Check if	Preparer's identifying nun	nber (See	 :instructions)		
Paid	Preparer's signature	Date	Self- Self- Demployed ►	Tropusi sidentifying hun	1000	ou doublisj		
Prepare	Firm's name (or	/		<u> </u>				
Use On	vours if self-employed),		···	EIN >				
May th	address, and ZIP + 4 e IRS discuss this return with the preparer shown	above? See instructions		Phone no ►	Yes	☐ No		
iviay III	e ino discuss this retain with the preparer shown	. abovo. God instructions)-EZ (2009)		