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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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Number and street (or P.O. box, if mail is not delivered to street address)	_) Employe				
Po Box 6 Glay or lown, state or province, country, and ZIP or foreign postal code F Group Exemption Number F Group Exemption		Address c	hange Rotary Club of Kent		34-6557807			
City or town, state or province, country, and 2/P or foreign postal code F Group Exemption Number F Group Exemption F	_ <u></u> '	Name cha	nge Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	Telephor	ne number			
Gily or town, sate or province, country, and 2P or foreign postal code F Group Exemption Number P Group Exemption Manufact rules Website: P	_		1.0.50%	330/842/2505				
Application-prending Kent, Ch 44240 Number Recounting Method: Cash Accrual Other (specify) Recounting Method: Recounting Method: Cash Accrual Other (specify) Recounting Method: Rec	=		City or town, state or province, country, and ZIP or foreign postal code	Group I	Exemption			
New Section Westerlotary.org Tax-exempt status (check only one) Solic)(3	=		Kent Oh 44240	Numbe	r 🕨			
Websites www.kentrotary.org Tours cement status (check only one) Sotic)(3) Sotic)(4) Green no. 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation Trust Association Other	G A	Account	ing Method: Cash ☐ Accrual Other (specify) H C	heck ▶ [if the organization is no			
K Form of organization:	I W	Vebsite						
Revenue, Expenses, and Changes in. Net Assets or Fund Balances (see the instructions for Part I) Contributions, gifts, grants, and similar amounts received O Check if the organization used Schedule G to trespond to any question in this Part I 1 317/2 2 4155/3 3 Membership dues and assets other than inventory (Subtract line 5b from line 5a) 3 3 1813/3 3 1813/4 Investment income Sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from fundraising events are of subtract line 6c) Chesc in the revenue (clescribe in Schedule O) Chesc in Contributions, gifts, grants, and similar amounts received O O O O O O O O O	J Ta	ax-exen	npt status (check only one) $ \square$ 501(c)(3) 2 501(c) (4) 4 (insert no.) \square 4947(a)(1) or \square 527 (F	orm 990,	990-EZ, or 990-PF).			
Part I Revenue, Expenses, and Changes in-Net-Assets or-Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 3177 2 Program service revenue including government fees and contracts 2 41556 3 4 4 4 4 4 4 4 4 4								
Revenue, Expenses, and Changes in Net-Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 C) Program service revenue including government fees and contracts 2 41556 3 Membership dues and assessments 2 41556 3 Membership dues and assessments 3 3 18138 4 Investment income 4 4 9 9 1	LA	dd line:	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets				
Check if the organization used Schedule O to-respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received CS 2 41556 2 Program service revenue including government fees and contracts 2 41556 3 Membership dues and assessments 6 3 3 18138 4 Investment income 5a Gross amount from sale of assets other than inventory 5al 0 0 b Less: cost or other basis and sales expenses 5b 0 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 0 b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0 c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0 c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b f	(Par	t II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 64869			
1 Contributions, gifts, grants, and similar amounts received O 2 Program service revenue including dovernment fees and contracts 2 41556 3 Membership dues and assessments O 3 3 18133 4 Investment income 5 5 0 0 0 0 0 0 0 0	Pa	art I	Revenue, Expenses, and Changes in Net-Assets or Fund Balances (see the in	nstructio	ons for Part I)			
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Membership duces and assessments 10		1	Contributions, gifts, grants, and similar amounts received	1				
Membership duces and assessments 10		2	Program service revenue including government fees and contracts					
Sa Gross amount from sale of assets other than inventory Sa 0		3	Membership dues and assessments	· · <u> 3</u>	*			
Gross amount from sale of assets other than inventory		4	Investment income	· - <u> 4</u>	6			
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Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) .		b		0				
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Ta Gross sales of inventory, less returns and allowances	\$	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract				
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . ▶ 9 64865 10 Grants and similar amounts paid (list in Schedule O)		b	Less: cost of goods sold	0				
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11 Benefits paid to or for members		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	1			
11 Benefits paid to or for members 12 12	뗅		· · · · · · · · · · · · · · · · · · ·	<u>1</u>	0 3518			
16 Other expenses (describe in Schedule O)	र्ट्ड इंट		·		1			
16 Other expenses (describe in Schedule O)	Ş,ξ s	i .						
16 Other expenses (describe in Schedule O)		13			3 119			
16 Other expenses (describe in Schedule O)	X P	14						
Total expenses. Add lines 10 through 16	ú							
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16						
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		+	Total expenses. Add lines 10 through 16	▶ 1				
121 Net assets or fund balances at end of year. Combine lines 18 through 20	छ	1	Excess or (deficit) for the year (Subtract line 17 from line 9)	[1	8 4431			
121 Net assets or fund balances at end of year. Combine lines 18 through 20	se	19						
121 Net assets or fund balances at end of year. Combine lines 18 through 20	As							
121 Net assets or fund balances at end of year. Combine lines 18 through 20	et et	l						
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 2	8310			

Pai	t II Balance Sheets (see the instructions f	•		-		
	Check if the organization used Schedule	O to respond to an	ny question in this		<u> </u>	<u> </u>
				(A) Beginning of year	ļ,	(B) End of year
22	Cash, savings, and investments			4032		8310
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			1000	24	
25	Total assets			4032		8310
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			4032	27	8310
Par		•		•		Expenses
	Check if the organization used Schedule			Part III 🗶		quired for section
What	is the organization's primary exempt purpose?	Philanthropy / volunte	ensm			(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accomplis					7(a)(1) trusts; optional
	easured by expenses. In a clear and concise m		e services provide	d, the number of		others.)
	ons benefited, and other relevant information for ea Children of the Dump project (Int'l)	ich program title.				1
28	Local grant - literacy				İ	
	Weekly luncheon meetings					
						34719
~~	(Grants \$ 34719) If this amount RYLA	includes foreign gra	ints, check here .	<u></u> ▶ ⊔	28a	3 34713
29	Supply project - high school		· · · · · · · · · · · · · · · · · · ·			
	Shelter Box project					
		includes foreign gra	ento obook boro		298	2180
30	Joint Service Club project	includes foreign gra	ints, check here .	· · ·	296	
30	Community fundraiser - Grill for Good					
	4-Way Speech contest					1
	(Grants \$ 1132) If this amount	includes foreign gra	ente chack hara	N	30a	1132
31	Other program services (describe in Schedule O)	includes loreign gra				-
•	(Grants \$ 785) If this amount			▶ □	318	785
32	Total program service expenses (add lines 28a	hrough 31a)		· · · · •	32	
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule					<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits,		\
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS	contributions to employ benefit plans, and		other compensation
		<u> </u>	(if not paid, enter -0-	deferred compensatio	n	
	ph Giancola	4 hrs				
Presi		I Vacioni la cua				
	Smith	Medical leave				
	President Crimi	2 hrs		ļ	-	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	moderation of the configuration and an arrangement of the configuration and the configur		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		•
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		*
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
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		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 00			_
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		4
С	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			
е	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	Telephone no.	330/84		5
b	Located at ► 1411 River Edge Dr, Kent, Oh At any time during the calendar year, did the organization have an interest in or a signature or other authority over	442		- A4-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. 1	▶ □
440	Did the organization maintain any depart advised funds during the use of 15 Wes 7 Ferrs 200 and the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	:	V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		•

Form 990	0-EZ (2	013)							F	age 4
	•			-					Yes	No
		he organization engage, directly or in-								
	to ca	ndidates for public office? If "Yes," co	omplete Schedule C,	Partl				- 46	;	V
Part \	/ I	Section 501(c)(3) organizations	only							
		All section 501(c)(3) organizations	s must answer que	stions 47-49b ar	nd 52	, and cor	nplete the	e tables	for lin	es
		50 and 51.	•			-	•			
		Check if the organization used Sch	edule O to respond	to any question i	in this	Part VI				. П
		3							Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction i	in effect d	uring the	tax 🗀	1.55	
		If "Yes," complete Schedule C, Part						. 47	.	
	-	organization a school as described in		i)? If "Yes." comple	te Scl	hedule F		. 48		<u> </u>
		-						. 49		\vdash
		Did the organization make any transfers to an exempt non-charitable related organization?								$t^{}$
		plete this table for the organization's						. [49] ors. trus		nd kev
		oyees) who each received more than								
	<u>.</u>			I	ŤT	(d) Health I				
	(a)	Name and trile of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MiSC		contributions to employee benefit plans, and deferred		(e) Estima		
		, ,			SC) Denent plans, compe			other co	mpensa	tion
				·					-	
					1					
			·							
					-+					
					-					
51 	Com \$100	plete this table for the organization's ,000 of compensation from the organ	s five highest compenization. If there is no	ensated independence, enter "None."	ent co	ontractors	who each	receive	d more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Compens	ation	
								• •		
										•
	Total	number of other independent acres	otom oneh receivie	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
		number of other independent contra	•		. . .	40.47/ \	/4\			
52		he organization complete Schedule A xempt charitable trusts must attach a						► □ Ye	_ []	N.
						• • •				
		of perjury, I declare that I have examined this re ad complete. Declaration of preparer (other than						iowledge a	nd belief	, it is
-, 551.		1 - B K K Start	,				-	-		
Sign		Signature of officer	7/23/14 Date							
Here		Brian K Bialik				Date				
. 1616		Type or print name and title								
		1	Propagar's supporture		Data			PTIN		
Paid		Print/Type preparer's name	Preparer's signature	Date			Check I if			
Prepa	arer		self-employe			yed	d			
Use C	Only	Firm's name ▶			Firm	s EiN ▶				
NAO: Al-	• IDC	Firm's address ►	-h			Phor	e no			
ıvıay th	e IKS	discuss this return with the preparer	snown above? See i	nstructions				► Ye	es ∐	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Rotary Club of kent			Employer identification number 34-6557807
Meeting/meal expenses	\$32,337		
Dues - Int'l/District	\$13,075		
Community service expenses	\$ 2,786		
Supplies	\$ 1,186		•
Plaques/awards	\$ 707	·····	
Club service	\$ 4,295		
Int'i service	\$ 514		
Admin - Web Hosting	\$ 119		
Total	\$55,019		
Part I line 20 Other changes in Net Assets			
Additional expenses carryover from previous year	\$ 153	•••••	
Total	\$ 153	•	
			
			