| For | m 9 | 90-EZ | • | | Form empt From Incol ((1) of the Internal Rev | | | OMB No. 1545-1150 |
|------------|------------|------------------------------------|---|--------------------|---|-------------------------------|-------------------|---------------------------------------|
| | | | | (except private | foundations) | | | 2010 |
| Den | artment | of the Treasury | ► Do not enter social se | - | - | - | | Open to Public |
| | | t of the Treasury venue Service | ► Go to www.irs.gov/F | | | ···· | | Inspection |
| | | | lar year, or tax year beginning | 7/01 | , 2018, and endi | ng 6/30 | - | 2019 |
| В | | if applicable: C | | | | | D Employeri | dentification number |
| | | ss change change RO | TARY CLUB OF KENT | | | | 34-65 | 57807 |
| | Initial | return PO | BOX 6 | | | | E Telephone | number |
| · | | turn/terminated KE | NT, OH 44240 | | | | 330-3 | 22-3288 |
| | | ded return | | | | | F Group E | |
| | Applic | ation pending | | | | | Number | |
| G | | ounting Method | | (specify) 🕨 | | | | organization is not |
| 1 | | | KENTROTARY.ORG | | | _ <i>_</i> _' | ed to attach | Schedule B Z, or 990-PF). |
| J | Tax-e | xempt status (check | | (4) ◄(insert | | 527 (Form | | 2, 01 990-11). |
| κ | | of organization | | Association | Other | | | · · · · · · · · · · · · · · · · · · · |
| L | Add | lines 5b, 6c, ar | nd 7b to line 9 to determine gross | receipts. If gros | s receipts are \$200,000 |) or more, or | if total | 65 601 |
| il and | _ | | mn (B)) are \$500,000 or more, fil | | | | | <u>65,631.</u> |
| | lage | | Expenses, and Changes in organization used Schedule O to 1 | | | | | |
| | 1 | | , gifts, grants, and similar amount | | | | | |
| | 2 | | ice revenue including government | | | | • | 49,878. |
| | 3 | | dues and assessments | | | | | 15,753. |
| | 4 | Investment in | | | | | 4 | |
| | · · | | t from sale of assets other than in | | I I | | | |
| | | | other basis and sales expenses. | - | | | | |
| | c | c Gain or (loss) fro | m sale of assets other than inventory (Sub | | | | | |
| ¢ | 6 | 5 | fundraising events: From gaming (attach Schedule G | if greater than \$ | \$15,000) 6a | | | |
| Ž | | • | e from fundraising events (not incl | | | tributions | | |
| Revenue | · • | | ing events reported on line 1) (att | - | | andations | | |
| Ве | | of such gross | income and contributions exceed | s \$15,000) | 6b | | | |
| | 6 | : Less: direct e | xpenses from gaming and fundra | sing events | 6c | | | |
| | | Net income o | r (loss) from gaming and fundrais | ing events (add | lines 6a and | | | |
| | | 6b and subtra | act line 6c) | | | · · · · · · · · · · · · · · · | 6 d | |
| | | | of inventory, less returns and allow | | | | | |
| | | | goods sold | | | | | |
| | 0 | | or (loss) from sales of inventory (S | | | | | |
| | 8 | | e (describe in Schedule O) | | | | | |
| | 9 | | e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, | | | | | 65,631. |
| | 10 | | milar amounts paid (list in Sched | | | | | 1,685. |
| | 11 | | to or for members | | | | | 15,337. |
| | 12 | - | er compensation, and employee b | | | | | |
| ses | 13 | | fees and other payments to indep | | | | | |
| Expenses | 14 | | ent, utilities, and maintenance | | | | | |
| EX D | 15 | Other events | lications, postage, and shipping | | SEE SCF | EDULE O | 15 | E2 040 |
| _ | 16 17 | Total expans | es (describe in Schedule O) es. Add lines 10 through 16 | | | | | <u>53,249.</u> 70,271. |
| | 17 | | eficit) for the year (Subtract line 1 | | | | | -4,640. |
| ţ | | • | | | | | | |
| Net Assets | 19 | Net assets or | fund balances at beginning of ye | ar (from line 27, | column (A)) (must agr | ee with end-o | of-year 19 | 7,942. |
| Ť. | 20 | • . | es in net assets or fund balances (| | | | | |
| Ne | 20 | | fund balances at end of year. Co | | | | | 3,302. |
| RA | | | reduction Act Notice, see the sep | | | | | Form 990-EZ (2018) |

| | 990-EZ (2018) ROTARY CLUB OF B | | | | -655 | |
|--|--|---|--|---|--|---|
| EGH | Check if the organization used Sche | dule O to respond to any gu | estion in this Part II | | | |
| | · · · · · · · · · · · · · · · · · · · | | (/ | A) Beginning of ye | | (B) End of year |
| 22 | Cash, savings, and investments | | | 7,942 | . 22 | 3,30 |
| 23 | Land and buildings | | | | 23 | |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 7,942 | . 25 | 3,30 |
| 26 | Total liabilities (describe in Schedule O) | | | 0 |) . 26 | |
| 27 | Net assets or fund balances (line 27 of c | column (B) must agree with | line 21) | 7,942 | . 27 | 3,30 |
| Par | Statement of Program Service Ac | complishments (see the inst | ructions for Part III) | (रस) | | Expenses |
| | Check if the organization used Sch | | question in this Part III | X | | ired for section 50 |
| Nhat i | s the organization's primary exempt purpose? SEE | SCHEDULE O | | | | and 501(c)(4) |
| Desc | ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e | complishments for each of manner, describe the servi | its three largest progra | m services, as | for otl | izations; optional hers.) |
| bene | fited, and other relevant information for e | ach program title. | | ser er percene | | ·····, |
| 28 | WEEKLY_LUNCHEON_PROGRAMS | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If thi | s amount includes foreign g | rants, check here | | 28 a | 30,31 |
| 2 9 | INTERNATIONAL SERVICE GRA | NTS | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$ 14, 584.) If thi | s amount includes foreign g | rants, check here | <u></u> • [1 | 29a | 14,58 |
| 30 | CLUB SERVICE | | | | | , |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | 1 | |
| | | s amount includes foreign g | | | 30 a | 3,04 |
| 31 | Other program services (describe in Sche | | | | | |
| | (Grants \$) If thi | s amount includes foreign g | and the second second | | 31 a | 1 1 1 |
| | (Grants 🤤) ii uii | s amount includes loreigh g | rants, check here | ····· | JIA | 1,11 |
| | Total program service expenses (add lin | es 28a through 31a) | | •••••• | 32 | 49,05 |
| | Total program service expenses (add lin | es 28a through 31a) Frustees, and Key Emp | bloyees (list each one even | n if not compensated — | 32 | 1, 11 49, 05 nstructions for Part IV) |
| | Total program service expenses (add lin | es 28a through 31a) Frustees, and Key Emp nedule O to respond to any o | Doyees (list each one even question in this Part IV | n if not compensated — | 32 see the ir | 49,05 |
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| MAT TRE RAN VIC LAF VIC CAT DIF TOI DIF JUS | Total program service expenses (add lir List of Officers, Directors, T Check if the organization used Sch (a) Name and title T CARTER CASURER ER SIDOTI SIDENT IDY SMITH CE PRESIDENT RRY LOHMAN CE PRESIDENT RRY LOHMAN CE PRESIDENT THY MYERS RECTOR DD KAMENASH RECTOR STIN GATES | tes 28a through 31a) Frustees, and Key Emp hedule O to respond to any of (b) Average hours per week devoted to position 2 2 2 2 2 2 2 2 2 2 2 2 2 | Dioyees (list each one ever question in this Part IV (c) Reportable compensation (Forms W-2/109-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | n if not compensated — (d) Health benefic contributions to emp benefit plans, and de compensation | 32 see the ir | 49,05 nstructions for Part IV) |
| MAT TRE RAN VIC LAF VIC CAT DIF TOI DIF JUS | Total program service expenses (add lir List of Officers, Directors, T Check if the organization used Sch (a) Name and title T CARTER CASURER ER SIDOTI SIDENT IDY SMITH CE PRESIDENT RRY LOHMAN CE PRESIDENT RRY LOHMAN CE PRESIDENT THY MYERS RECTOR DD KAMENASH RECTOR STIN GATES | tes 28a through 31a) Frustees, and Key Emp hedule O to respond to any of (b) Average hours per week devoted to position 2 2 2 2 2 2 2 2 2 2 2 2 2 | Dioyees (list each one ever question in this Part IV (c) Reportable compensation (Forms W-2/109-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | n if not compensated — (d) Health benefic contributions to emp benefit plans, and de compensation | 32 see the ir | 49,05 nstructions for Part IV) |
| MAT TRE RAN VIC LAF VIC CAT DIF TOI DIF JUS | Total program service expenses (add lir List of Officers, Directors, T Check if the organization used Sch (a) Name and title T CARTER CASURER ER SIDOTI SIDENT IDY SMITH CE PRESIDENT RRY LOHMAN CE PRESIDENT RRY LOHMAN CE PRESIDENT THY MYERS RECTOR DD KAMENASH RECTOR STIN GATES | tes 28a through 31a) Frustees, and Key Emp hedule O to respond to any of (b) Average hours per week devoted to position 2 2 2 2 2 2 2 2 2 2 2 2 2 | Dioyees (list each one ever question in this Part IV (c) Reportable compensation (Forms W-2/109-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | n if not compensated — (d) Health benefic contributions to emp benefit plans, and de compensation | 32 see the ir | 49,05 nstructions for Part IV) (e) Estimated amount other compensation |
| MAT TRE RAN VIC LAF VIC CAT DIF TOI DIF JUS | Total program service expenses (add lir List of Officers, Directors, T Check if the organization used Sch (a) Name and title T CARTER CASURER ER SIDOTI SIDENT IDY SMITH CE PRESIDENT RRY LOHMAN CE PRESIDENT RRY LOHMAN CE PRESIDENT THY MYERS RECTOR DD KAMENASH RECTOR STIN GATES | tes 28a through 31a) Frustees, and Key Emp hedule O to respond to any of (b) Average hours per week devoted to position 2 2 2 2 2 2 2 2 2 2 2 2 2 | Dioyees (list each one ever question in this Part IV (c) Reportable compensation (Forms W-2/109-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. | n if not compensated — (d) Health benefic contributions to emp benefit plans, and de compensation | 32 see the ir | 49,05 nstructions for Part IV) (e) Estimated amount |

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TEEA0812L 01/21/19

Form 990-EZ (2018)

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| | 990-EZ (2018) ROTARY CLUB OF KENT | 34-655780 | 7 | Pa | age 3 |
|-------|---|--|--------------|--|-----------------|
| Pai | Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to an | quirements in y question in this Part V | | | |
| 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 | Yes | No |
| | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the | | 33 | | X |
| | a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | •••••• | 34 | | Х |
| -35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)? | | 25.0 | | v |
| ŀ | If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an e | | 35 a 35 b | | X |
| | : Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I | | | | |
| | reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I 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. | | 35 c | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | 36 | | X |
| | Did the organization file Form 1120-POL for this year? | | 37 b | 7.00.126 | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered | employee or were | | 328 | Contraction (1) |
| t | If 'Yes,' complete Schedule L, Part II and enter the total | | 38 a | | Х |
| | amount involved | 38b N/A | | | |
| | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | 39a N/A | | | |
| | Gross receipts, included on line 9, for public use of club facilities | 39a N/A 39b N/A | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the | | | a a a | |
| | section 4911 ► N/A; section 4912 ► N/A; section 495 | 5 • N/A | - | | |
| t | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a prior | ny section 4958 excess | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | or year that has not been | 40 ь | | x |
| c | : Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur | | Harappene a | | |
| Ľ | by the organization | | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T | ed tax | 40 e | 101522.0 | X |
| 41 | List the states with which a copy of this return is filed NONE | | 400 | | |
| | • | | | | |
| | • | | | | |
| 42 a | he organization's books are in care of ► MATT CARTER | Telephone no. ► 330-32 | 22-3 | 288 | |
| | Located at ► 7523 DIAGONAL ROAD KENT OH | ZIP + 4 ► 44240 | | <u> </u> | |
| t | At any time during the calendar year, did the organization have an interest in or a signature or othe | r authority over a | | Yes | No |
| | financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country > | | 42 b | | X |
| | | | 100 | T Ar | |
| | | | a. | | |
| | | | | 5. N.A. | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar | | | | |
| . (| At any time during the calendar year, did the organization maintain an office outside the Uni | ted States? | 42 c | | X |
| | If 'Yes,' enter the name of the foreign country > | | í | | |
| | | | | | |
| | | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - C | | | | N/A |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | • 43 | | | N/A |
| ΔΔ - | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be | completed instead | No. 19 | Yes | No |
| | of Form 990-EZ | ····· | 44 a | S. S | X |
| ł | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. | t be completed | | | |
| | Did the organization receive any payments for indoor tanning services during the year? | | 44b 44c | | X |
| | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? | | | | |
| | If 'No,' provide an explanation in Schedule O | | 44 d | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 45 a | 9.5 6 540 | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. | | 45 b | NINE CONTRACTOR | X |

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| TEEA0812L | 01/21/19 |
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| 1EEA0812L | 01/21/19 |

| 46 Did th | Z (2018) ROTARY CLUB OF KENT | L | | 34-655 | | | age |
|--|---|--|---|--|--|------------------------|-------|
| | o organization appage directly or indire | atly in political com | ian activitian an babalf - | for in opposition to | | Yes | |
| candi | e organization engage, directly or indire dates for public office? If 'Yes,' complete | e Schedule C, Part L. | ign activities on benalf o | | 46 | | X |
| | Section 501(c)(3) Organization | | | | | J | |
| and the second strengthe | All section 501(c)(3) organization | | uestions 47-49b and | 1 52, and complete | the table | es | |
| | for lines 50 and 51. | | | | | | r |
| | Check if the organization used Schedu | le O to respond to any | question in this Part VI. | | | 1 1 | |
| 7 Did th | e organization engage in lobbying activities | or have a section 501(h |) election in effect during t | he tax year? If 'Yes,' | [| Yes | No |
| comp | lete Schedule C, Part II | | | | | | |
| | organization a school as described in s | | · • | | | | |
| | ne organization make any transfers to ar s,' was the related organization a section | • | | | | - | |
| | lete this table for the organization's five hig | | | | | | |
| emplo | yees) who each received more than \$100,0 | 00 of compensation from | the organization. If there | is none, enter 'None.' | , - , | | |
| | | (b) Average hours | (c) Reportable componentian | (d) Health benefits, contributions to employee | (e) Estimate | d amour | nt of |
| | (a) Name and title of each employee | per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | benefit plans, and deferred compensation | other con | pensatio | n or |
| | | | | compensation | | | |
| · | | - | | | | | |
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| | | - / | | | | | |
| f Tatal | number of other employees paid over \$ | 100.000 | | | | | |
| | | | andant contractors who as | ob received more than ¢ | 100 000 of | | |
| comp | lete this table for the organization's five hig ensation from the organization. If there | is none, enter 'None.' | | ich receiveu more than p | 100,000 01 | | |
| | (a) Name and business address of each independent of | | (b) Type (| • | (c) Com | pensatio | n |
| | | | | | | | |
| · | | | | | | | |
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| | | | • | | | | |
| | | | | | | | |
| | number of other independent contractor | | | | | | |
| 2 Did th | ne organization complete Schedule A? N | lote: All section 501(c) | (3) organizations must a | | ► □ v- | | |
| 2 Did th comp | ne organization complete Schedule A? N leted Schedule A | lote: All section 501(c) | (3) organizations must a | ttach a | . • Yes | 5 [| N |
| 2 Did th comp | ne organization complete Schedule A? N | lote: All section 501(c) | (3) organizations must a | e best of my knowledge and be | | 5 [| N |
| 2 Did th comp | ne organization complete Schedule A? N leted Schedule A | lote: All section 501(c) , including accompanying sche er) is based on all information | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. | | 5 [| N |
| 2 Did th comp ler penaltie e, correct, a gn | ne organization complete Schedule A? N leted Schedule A s of perjury, I declare that I have examined this return nd complete. Declaration of preparer (other than officer Signature of officer | lote: All section 501(c) | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a a best of my knowledge and be edge. Date | | 5 [| N |
| 2 Did th comp ler penaltie e, correct, a gn | ne organization complete Schedule A? N leted Schedule A | lote: All section 501(c) , including accompanying sche er) is based on all information | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. | | 5 [| N |
| 2 Did th comp der penaltie e, correct, a gn | ne organization complete Schedule A? N leted Schedule A s of perjury, I declare that I have examined this return nd complete. Declaration of preparer (other than office Signature of officer ROGER SIDOTI | lote: All section 501(c) , including accompanying sche er) is based on all information | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. Date PRESIDENT | | 5 [| N |
| 2 Did th comp ler penaltie e, correct, a gn ere | e organization complete Schedule A? Neted Schedule A | Inte: All section 501(c) , including accompanying sche er) is based on all information KPAYER'S C Preparer's signature | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. Date PRESIDENT Check if | TIN | | N(|
| 2 Did th comp der penaltie , correct, a gn ere id | he organization complete Schedule A? No leted Schedule A | Iote: All section 501 (c) i, including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. Date PRESIDENT Check if | lief, it is | | |
| 2 Did th comp ter penaltie , correct, a gn ere id eparer | he organization complete Schedule A? No leted Schedule A | Iote: All section 501 (c) i, including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV IY LLC | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. Date PRESIDENT Check if | TIN | _1 | N |
| 2 Did th comp der penaltie , correct, a gn ere iid eparer | ne organization complete Schedule A? Neted Schedule A | Iote: All section 501 (c) i, including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV IY LLC | (3) organizations must a dules and statements, and to the of which preparer has any knowl | ttach a best of my knowledge and be edge. Date PRESIDENT Check if self-employed Firm's EIN | TiN 20035851 | .1 | |
| 2 Did th comp der penaltie a, correct, a gn ere id eparer se Only | he organization complete Schedule A? heted Schedule A | Iote: All section 501(c) , including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV IY LLC & STREET | (3) organizations must a dules and statements, and to the of which preparer has any knowl COPY | ttach a best of my knowledge and be edge. Date PRESIDENT Check if self-employed Firm's EIN Phone no. 330 | TIN 20035851 30-0220 | _1)579 (19 | No |
| 2 Did th comp der penaltie correct, a gn ere id eparer se Only | he organization complete Schedule A? Neted Schedule A | Iote: All section 501(c) , including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV IY LLC & STREET | (3) organizations must a dules and statements, and to the of which preparer has any knowl COPY | ttach a best of my knowledge and be edge. Date PRESIDENT Check if self-employed Firm's EIN Phone no. 330 | TIN 20035851 30-0220 -673-48 | _1)579 i19 s | No |
| 2 Did th comp der penaltie e, correct, a ign ere aid reparer se Only | he organization complete Schedule A? Neted Schedule A | Iote: All section 501(c) , including accompanying sche er) is based on all information (PAYER'S C Preparer's signature AL STEFANOV IY LLC & STREET | (3) organizations must a dules and statements, and to the of which preparer has any knowl COPY | ttach a best of my knowledge and be edge. Date PRESIDENT Check if self-employed Firm's EIN Phone no. 330 | TIN 20035851 30-0220 -673-48 ►X Ye | _1)579 i19 s | No |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

Name of the organization

ROTARY

| TARY CLUB OF KENT | 34-6557 | 807 | |
|--|---------------------------------------|-----|---|
| FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES | | ÷ | |
| CLUB SERVICE EXPENSES. COMMUNIITY SERVICE EXPENSES. INTERNATIONAL SERVICE. OFFICE EXPENSES. OTHER PROGRAM EXPENSES. SUPPLIES. WEEKLY LUNCHEON PROGRAM EXP. | · · · · · · · · · · · · · · · · · · · | \$ | 3,049. 1,111. 14,584. 96. 2,044. 2,051. 30,314. |
| | TOTAL | \$ | 53,249. |

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PHILANTHROPY

FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| | DESCRIPTION | GRANTS | PROGRAM SERVICE EXPENSES |
|-------------------|-----------------------------|----------|--------------------------------|
| COMMUNITY SERVICE | INCLUDES FOREIGN GRANTS: NO | | 1,111. |
| | TOTAL § | <u>.</u> | \$ 1,111. |

| IRS e-file Signature Authorization for an Exempt Organization | OMB No. 1545-1878 | | | | |
|--|--|--|--|--|--|
| | ²⁰¹⁹ 2018 | | | | |
| ENT | Employer identification number 34-6557807 | | | | |
| Name and title of officer ROGER SIDOTI PRESIDENT | | | | | |
| In for which you are using this Form 8879-EO and enter the applicable amount, if 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on | this form was blank, then | | | | |
| | for an Exempt Organization For calendar year 2018, or fiscal year beginning _7/01, 2018, and ending _6/30_, 20 | | | | |

| 1 a Form 990 check here ► b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | | and the second |
|---|-----|--|
| 2 a Form 990-EZ check here \overrightarrow{P} X b Total revenue, if any (Form 990-EZ, line 9) | 2 b | 65,631. |
| 3 a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3b | |
| 4 a Form 990-PF check here F D Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a Form 8868 check here F D Balance Due (Form 8868, line 3c) | 5 b | |

Partill Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to the payment, I must authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

| Officer's PIN: Ch | leck one box only | | | | | |
|-------------------|-------------------|---------------|----|---------------------|---|-----------------|
| X I authorize | ESCOTT & COMPANY | LLC | - | to enter my PIN | 78077 | as my signature |
| | | ERO firm name | .* | - | Enter five numbers, but do not enter all zeros | - |
| | | | | | | |

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

| Officer's signature | Date ► |
|--|--|
| Partill Certification and Authentication | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN | |
| I certify that the above numeric entry is my PIN, which is my signature on the 2018 above. I confirm that I am submitting this return in accordance with the requirements of P Authorized IRS <i>e-file</i> Providers for Business Returns. | B electronically filed return for the organization indicated Pub. 4163, Modernized e-File (MeF) Information for |
| | Date ► |
| ERO's signature AL_STEFANOV ERO Must Retain This Form — See Do Not Submit This Form to the IRS Unless | e Instructions |

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)