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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09/01, 2008, and ending 08/31/2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. C Name of organization BRECKSVILLE-BROADVIEW HTS SCHOOLS FOUNDATION	D Employer identification number 34-1726629
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 6638 MILL ROAD	E Telephone number (216) 241-3272
See Specific Instructions. BRECKSVILLE, OH 44141	F Group Exemption Number . . . ▶	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Organization type (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 70,542.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	24,286.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income STMT 1	4	10,387.
	5 a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) 6a	35,869.	
	b	Less direct expenses other than fundraising expenses 6b	21,040.	
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c		14,829.	
7 a	Gross sales of inventory, less returns and allowances 7a			
b	Less cost of goods sold 7b			
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶ _____) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	49,502.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	29,890.
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		NONE
	13	Professional fees and other payments to independent contractors 13		
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15		
	16	Other expenses (describe ▶ _____) STMT 3	16	2,720.
17	Total expenses. Add lines 10 through 16 ▶	17	32,610.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		16,892.
	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		437,124.
	20	Other changes in net assets or fund balances (attach explanation) STMT 4	20	-28,866.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	425,150.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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 STMT 5			437,124.	22 425,150.
23	Land and buildings				23
24	Other assets (describe ▶ _____)				24
25	Total assets			437,124.	25 425,150.
26	Total liabilities (describe ▶ _____)				26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			437,124.	27 425,150.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

Handwritten signature/initials

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

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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 unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		X
41	List the states with which a copy of this return is filed ▶ OH, _____		
42a	The books are in care of ▶ DANIEL M. PRENDERGAST, CPA Telephone no ▶ 440-838-1847 Located at ▶ 11586 IROQUOIS TRAIL, BRECKSVILLE, OHIO ZIP + 4 ▶ 44141		
42b	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)?		X
	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.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	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 ▶ <input type="checkbox"/> 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		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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. **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **X**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **47** **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **48** **X**
- b If "Yes," was the related organization(s) a section 527 organization? **49a** **X**
- 50 Complete this table for the 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"

(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				
Total number of other employees paid over \$100,000 ▶		NONE		

51 Complete this table for the 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
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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: *Daniel M. Bryant, President* Date: 7/9/16

Type or print name and title: DANIEL PRENDERGAST, President

Paid Preparer's Use Only

Preparer's signature: *Daniel M. Bryant, CPA* Date: 5/9/16 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MEADEN & MOORE, LTD. 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44114

Preparer's Identifying Number (See instructions): P00286883

EIN: 34-1818258 Phone no: 216-241-3272

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

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (See instructions)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 69.10%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 80.37%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. 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 IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
FUND RAISING ACTIVITIES	NONE	NONE	6,057.	7,059.	14,829.	27,945.
TOTALS	NONE	NONE	6,057.	7,059.	14,829.	27,945.

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		BEACH BALL <small>(event type)</small>	HYPNOTIST <small>(event type)</small>	NONE <small>(total number)</small>	
Revenue	1	Gross receipts	32,554.	3,315.	35,869.
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	32,554.	3,315.	35,869.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	18,817.	2,223.	21,040.
	8	Direct expense summary Add lines 4 through 7 in column (d)			(21,040.)
	9	Net income summary Combine lines 3 and 8 in column (d)			14,829.

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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ▶ _____		
	Address ▶ _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15 a		
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? 17 a		
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 ▶ \$ _____		

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

DIVIDEND INCOME

10,387.

TOTAL

10,387.
=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

ALL GRANTS < \$5,000

UNRELATED

29,890.

DIRECT PAYMENTS TO TEACHERS PROVIDING
REIMBURSEMENT FOR CURRICULUM SUPPLIES RELATING TO
THEIR SPECIFIC GRANT

TOTAL CONTRIBUTIONS PAID

29,890.

FORM 990EZ, PART I - OTHER EXPENSES
=====

OPERATING EXPENSES

2,720.

TOTAL

2,720.
=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES
=====

DECREASES IN FUND BALANCES

UNREALIZED LOSS ON INVESTMENT PORTFOLIO

28,866.

TOTAL

28,866.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	206,279.	171,970.
INVESTMENTS - SECURITIES	230,845.	253,180.
	-----	-----
TOTALS	437,124.	425,150.
	=====	=====

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

=====

TO ENHANCE EDUCATIONAL EXPERIENCES, TO CREATE OPPORTUNITIES FOR SPECIAL EDUCATIONAL PROGRAMS, SCHOLARSHIPS AND TO RECOGNIZE STUDENT AND TEACHER ACHIEVEMENT WITHIN THE BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOL DISTRICT, A LOCAL GOVERNMENT ENTITY. DURING THE PAST YEAR, 11 EDUCATIONAL ENRICHMENT GRANTS WERE MADE TO CLASSROOM TEACHERS LOCATED IN THE CITY SCHOOL DISTRICT'S CLASSROOM BUILDINGS. AVERAGE CLASSROOM SIZE IN THE SCHOOL DISTRICT IS APPROXIMATELY 25 PUPILS PER CLASSROOM. ACCORDINGLY, IT IS ESTIMATED THAT APPROXIMATELY 275 PUPILS BENEFITTED FROM THE SPECIAL PROJECTS MADE POSSIBLE FROM THE EDUCATIONAL ENRICHMENT GRANTS. AN ADDITIONAL 39 SCHOLARSHIPS WERE AWARDED GRADUATING SENIORS FROM THE BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOL DISTRICT HIGH SCHOOL.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CARLA CALVICH 6638 MILL ROAD BRECKSVILLE, OH 44141	SECRETARY 2.	NONE	NONE	NONE
DANIEL M. PRENDERGAST 11586 IROQUOIS TRAIL BRECKSVILLE, OH 44141	PRESIDENT 2.	NONE	NONE	NONE
DAVID MEEK 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
ROB ROUTSON 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
MICHAEL GORMAN 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
SAM ALAI 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
TOM DIRINGER 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
BEVERLY KAN 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
GEORGE STELMASHUCK 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
JOAN DEUCH 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
ALAN SCHEUFLER 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
CHRIS SEIBERT 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
MARY ANN SEMPLE 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
JAN HABER 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
BETH SMITH 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
RAMUTE MILLS 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
FRANK DESTRO 6638 MILL ROAD BRECKSVILLE, OH 44141	BOARD MEMBER 2.	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE