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|                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                     |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                                                                                                                 |  | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |   |
| What is the organization's primary exempt purpose?<br>TO FOSTER AND ENCOURAGE THE ECONOMIC GROWTH OF THE SAVINGS AND LOAN BUSINESS THROUGH SEMINARS, IDEA SHARING, SOCIAL EVENTS AND EDUCATION ALSO, TO SHARE AND CONTRIBUTE FUNDS TO OTHER NONPROFIT ORGANIZATIONS TO ASSIST THEM IN ACHIEVING THEIR STATED MISSION AND PURPOSES |  |                                                                                                                                     |   |
| 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, and other relevant information for each program title                                                                                              |  |                                                                                                                                     |   |
| <b>28</b> HELD VARIOUS SEMINARS (FAIR LENDING, PBS, ASSET/LIABILITY MANAGEMENT AND BUSINESS EXPO) THAT CONTRIBUTED TO THE MEMBERS' EDUCATIONAL AND IDEA SHARING OBJECTIVES<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                     |  | <b>28a</b>                                                                                                                          | 0 |
| <b>29</b> HELD VARIOUS SOCIAL/FUNDRAISING EVENTS (GOLF OUTING, WINTER SOCIAL, SUMMER SOCIAL AND HOLIDAY PARTY) THAT INCREASED MEMBERS' IDEA SHARING AND FOSTERED GROWTH OF THE SAVINGS AND LOAN BUSINESS<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                       |  | <b>29a</b>                                                                                                                          | 0 |
| <b>30</b> CONTRIBUTED EXCESS FUNDS TO OTHER EXEMPT ORGANIZATIONS TO HELP THEM ACHIEVE THEIR STATED PURPOSES AND MISSIONS<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                       |  | <b>30a</b>                                                                                                                          | 0 |
| <b>31</b> Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                    |  | <b>31a</b>                                                                                                                          |   |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                    |  | <b>32</b>                                                                                                                           |   |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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 |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |

| 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  | No |
| 34                                                                                         | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                                                                                                                                                                                | 34  | No |
| 35                                                                                         | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 | No |
| b                                                                                          | If "Yes," has it filed a tax return on <b>Form 990-T</b> 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  | No |
| 37a                                                                                        | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶                                                                                                                                                                                                                                                                                                                                            | 37a | 0  |
| b                                                                                          | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                   | 37b |    |
| 38a                                                                                        | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .                                                                                                                                                                                                   | 38a | No |
| 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 |    |
| 40a                                                                                        | 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 . . . . .                              | 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 . . . . . ▶                                                                                                                                                                                                                                                                                                                  |     |    |
| 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 . . . . .                                                                                                                                                                                                                                                                        | 40e | No |
| 41                                                                                         | List the states with which a copy of this return is filed ▶                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 42a                                                                                        | The organization's books are in care of ▶ KRISTINA GLASSFORD Telephone no ▶ (513) 661-6903<br>3300 harrison ave<br>Located at ▶ cincinnati, OH ZIP + 4 ▶ 45211                                                                                                                                                                                                                                                                            |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> | 42b | No |
| c                                                                                          | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                                                                                                   | 42c | No |
| 43                                                                                         | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶<br>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  | No |
| 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  | No |

Part VI

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 | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           |     |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                    |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                            |     |    |
| 49b | 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 "

| (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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(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 |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

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

|                  |                                                                                                                                                                                                                                                                                                                       |                    |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Please 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<br>*****                                                                                                                                                                                                                                                                                         | Date<br>2010-04-07 |
|                  | Type or print name and title<br>KRISTINA R GLASSFORD treasurer                                                                                                                                                                                                                                                        |                    |

|                          |                                                                                                                                                             |      |                                                 |                                                  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|--------------------------------------------------|
| Paid Preparer's Use Only | Preparer's signature<br>Patrick M Semanick                                                                                                                  | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4<br>CLARK SCHAEFER HACKETT AND CO<br>105 EAST FOURTH ST SUITE 1500<br>CINCINNATI, OH 452024093 |      |                                                 | EIN<br>                                          |
|                          |                                                                                                                                                             |      |                                                 | Phone no<br>(513) 241-3111                       |

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Tri State LeaGue of financial institutioNS

Employer identification number  
31-0729565

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                               |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                             |               |                                                                |    |                                   |                                                                  |                                                   |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

| Revenue         |                                              |                                                                        | (a) Event #1            | (b) Event #2    | (c) Other Events | (d) Total Events     |         |
|-----------------|----------------------------------------------|------------------------------------------------------------------------|-------------------------|-----------------|------------------|----------------------|---------|
|                 |                                              |                                                                        | <u>SOCIAL FUNCTIONS</u> | <u>SEMINARS</u> |                  | (Add col (a) through |         |
|                 |                                              |                                                                        | (event type)            | (event type)    | (total number)   | col (c))             |         |
|                 | 1                                            | Gross receipts . . . . .                                               | 25,970                  | 13,285          |                  | 39,255               |         |
|                 | 2                                            | Less Charitable contributions . . . . .                                |                         |                 |                  |                      |         |
| 3               | Gross income (line 1 minus line 2) . . . . . | 25,970                                                                 | 13,285                  |                 | 39,255           |                      |         |
| Direct Expenses | 4                                            | Cash prizes . . . . .                                                  |                         |                 |                  |                      |         |
|                 | 5                                            | Non-cash prizes . . . . .                                              |                         |                 |                  |                      |         |
|                 | 6                                            | Rent/facility costs . . . . .                                          |                         |                 |                  |                      |         |
|                 | 7                                            | Food and beverages . . . . .                                           |                         |                 |                  |                      |         |
|                 | 8                                            | Entertainment . . . . .                                                |                         |                 |                  |                      |         |
|                 | 9                                            | Other direct expenses . . . . .                                        | 40,821                  | 16,618          |                  | 57,439               |         |
|                 | 10                                           | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                         |                 |                  |                      | 57,439  |
|                 | 11                                           | Net income summary Combine lines 3, column d, and line 10. . . . . ▶   |                         |                 |                  |                      | -18,184 |

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 . . . . .                                                     |                                                                     |                                                                     |                                                                     |
|                 | 2 | Cash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |
| Direct Expenses | 3 | Non-cash prizes . . . . .                                                   |                                                                     |                                                                     |                                                                     |
|                 | 4 | Rent/facility costs . . . . .                                               |                                                                     |                                                                     |                                                                     |
|                 | 5 | Other direct expenses . . . . .                                             |                                                                     |                                                                     |                                                                     |
|                 | 6 | Volunteer labor . . . . .                                                   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶      |                                                                     |                                                                     |                                                                     |
|                 | 8 | Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶ |                                                                     |                                                                     |                                                                     |

|     |                                                                                                                                                                 | 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<br>_____<br>_____                                                                                                                              |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                            | 10a |    |
| b   | If "Yes," Explain<br>_____<br>_____                                                                                                                             |     |    |
| 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  |    |

|                                                                                                                             |                                                                                                                                                                                          |            |           |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|                                                                                                                             |                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
| <b>13</b>                                                                                                                   | Indicate the percentage of gaming activity operated in                                                                                                                                   |            |           |
| <b>a</b>                                                                                                                    | The organization's facility . . . . . <b>13a</b>                                                                                                                                         |            |           |
| <b>b</b>                                                                                                                    | An outside facility . . . . . <b>13b</b>                                                                                                                                                 |            |           |
| <b>14</b>                                                                                                                   | Enter the name and address of the person who prepares the organization's gaming/special events books and records                                                                         |            |           |
| Name ► _____                                                                                                                |                                                                                                                                                                                          |            |           |
| Address ► _____                                                                                                             |                                                                                                                                                                                          |            |           |
| <b>15a</b>                                                                                                                  | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .                                                                   | <b>15a</b> |           |
| <b>b</b>                                                                                                                    | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |            |           |
| <b>c</b>                                                                                                                    | If "Yes," enter name and address                                                                                                                                                         |            |           |
| Name ► _____                                                                                                                |                                                                                                                                                                                          |            |           |
| Address ► _____                                                                                                             |                                                                                                                                                                                          |            |           |
| <b>16</b>                                                                                                                   | 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 |                                                                                                                                                                                          |            |           |
| <b>17</b>                                                                                                                   | Mandatory distributions                                                                                                                                                                  |            |           |
| <b>a</b>                                                                                                                    | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     | <b>17a</b> |           |
| <b>b</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 ► \$ _____ |            |           |

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Tri State LeaGue of financial institutioNS

**EIN:** 31-0729565

|                                        |                         |
|----------------------------------------|-------------------------|
| <b>Item No.</b>                        | 1                       |
| <b>Class of Activity</b>               | Donation                |
| <b>Donee's Name</b>                    | Charitable Contribution |
| <b>Donee's Address</b>                 |                         |
| <b>Amount (FMV)</b>                    | 10,000                  |
| <b>Purpose of Payment to Affiliate</b> |                         |
| <b>Relationship</b>                    |                         |
| <b>Description</b>                     |                         |
| <b>Book Value</b>                      |                         |
| <b>How BV Determined</b>               |                         |
| <b>How FMV Determined</b>              |                         |
| <b>Date of Gift</b>                    |                         |

**TY 2009 Other Expenses Schedule****Name:** Tri State LeaGue of financial institutioNS**EIN:** 31-0729565

| Description                      | Amount |
|----------------------------------|--------|
| legal, accounting and consulting | 1,300  |
| office expense                   | 82     |
| board and committee meetings     | 392    |
| board members' liability         | 1,568  |
| board discretionary projects     | 2,095  |

TY 2009 Other Revenues Schedule

**Name:** Tri State LeaGue of financial institutioNS

**EIN:** 31-0729565

| Description     | Amount |
|-----------------|--------|
| Interest income | 3,400  |

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** Tri State LeaGue of financial institutioNS

**EIN:** 31-0729565

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:  
Software Version:  
EIN: 31-0729565  
Name: Tri State League of financial institutions

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| annie iverson<br>3723 glenmore ave<br>cincinnati, OH 45211           | president 1 00                                           | 0                                          | 0                                                                   | 0                                        |
| patrick j hart<br>p o box 23182<br>cincinnati, OH 452233182          | vice president 1 00                                      | 0                                          | 0                                                                   | 0                                        |
| kristina r glassford<br>3300 harrison avenue<br>cincinnati, OH 45211 | treasurer 1 00                                           | 0                                          | 0                                                                   | 0                                        |
| colleen whalen<br>p o box 23182<br>cincinnati, OH 452233182          | secretary 1 00                                           | 0                                          | 0                                                                   | 0                                        |
| scott x deters<br>p o box 23182<br>cincinnati, OH 452233182          | director - compliance<br>liaison 1 00                    | 0                                          | 0                                                                   | 0                                        |
| matt ritzmann<br>92 walnut street<br>lawrenceburg, IN 47025          | director - lending liaison<br>1 00                       | 0                                          | 0                                                                   | 0                                        |
| doug rohs<br>312 plum st<br>cincinnati, OH 45201                     | director - membership<br>liaison 1 00                    | 0                                          | 0                                                                   | 0                                        |
| KRISTA FULMER<br>p o box 23182<br>cincinnati, OH 452233182           | director - operations<br>liaison 1 00                    | 0                                          | 0                                                                   | 0                                        |
| jason welch<br>8735 us hwy 42<br>florence, KY 41042                  | director - lending liaison<br>1 00                       | 0                                          | 0                                                                   | 0                                        |
| jennifer brady<br>p o box 23182<br>cincinnati, OH 452233182          | director - operations<br>liaison 1 00                    | 0                                          | 0                                                                   | 0                                        |
| marty smith<br>p o box 23182<br>cincinnati, OH 452233182             | director - lending liaison<br>1 00                       | 0                                          | 0                                                                   | 0                                        |
| john zeszut<br>p o box 23182<br>cincinnati, OH 452233182             | immediate past<br>president 1 00                         | 0                                          | 0                                                                   | 0                                        |
| krista davis<br>p o box 23182<br>cincinnati, OH 452233182            | administrative<br>coordinator 1 00                       | 0                                          | 0                                                                   | 0                                        |
| tom siemers<br>p o box 23182<br>cincinnati, OH 452233182             | president emeritus 1 00                                  | 0                                          | 0                                                                   | 0                                        |
| herb brinkman<br>p o box 23182<br>cincinnati, OH 452233182           | director - compliance<br>liaison 1 00                    | 0                                          | 0                                                                   | 0                                        |