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COPY

OMB No. 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

Department of the Treasury Internal Revenue Service

2010 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Operation: HOMES. D Employer Identification number: 34-1835813. E Telephone number: 330-725-7531. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: None

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c) () (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I []

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 38,443). Rows 10-17: Expenses (Total expenses: 26,785). Rows 18-21: Net Assets (Total net assets: 22,440). Includes a 'RECEIVED' stamp over lines 10-17.

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9 24

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

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, explain in Schedule O why the organization did not report the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a _____	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b _____	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of ▶ Connie Ebaugh Telephone no. ▶ 330-648-2602 Located at ▶ 12957 Old Mill Road, Spencer, Ohio ZIP + 4 ▶ 44275	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
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 _____	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization a school as 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?		✓
b	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
None				

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
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here

Signature of officer: Debra Kubena-Yatsko Date: 12/20/2011

Type or print name and title: Debra Kubena-Yatsko, Funding

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
Operation: HOMES

Employer identification number
34-1835813

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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

11/13/2010

OPERATION: HOMES
704 North Court Street
Box 326, Medina, Ohio 44256

- Chairman** Peter Cressman
6100 Beach Rd., Wadsworth, Ohio 44281
H: 330-239-4343 C.330-419-0196
Email: pete_cressman@goodyear.com
Email: pcressman99@yahoo.com
- Vice Chairman** Peter Berger
754 West River, Rd., Valley City, Ohio 44280 330-
H: 330-483-3368 cell # 618 -0557
Email: vcquilter@zoominternet.net
- Treasurer** Connle Ebaugh
12957 Old Mill Rd., Spencer, Ohio 44275
H: 330-648-2602 C. 330-635-9818
Email: cebaugh@zoominternet.net
- Secretary** Nancy Mohr
PO Box 387, Wadsworth, Ohio 44282-0387
H: 330-336-4691
Email: nncymohr@yahoo.com
- Case Manager** Sharon Yarnell
Cornerstone Wellness
221 West Liberty, Medina, Ohio 44233
330-722-5010
Home: 3520 Nichols Rd., Medina, Ohio 44256
330-722-5010
- Client Services** Stephanie Reau
Medina, Ohio
- Day Center Coordinator** Barbara Maddamma
6970 Branch Rd., Medina, Ohio 44256
H: 330-722-1644
Day Center 330-725-9100
- Day Center** St Matthew Lutheran Church
400 North Broadway, Medina, Ohio 44256
330-725-9100
Email: stmatt@zoominternet.net
- Grants/Fundraising** Patricia Wilson
Medina County Job & Family Services
232 Northland Drive, Medina, Ohio 44256
W. 330-722-9300 Ext. 227 Fax 330-722-935
Email: wilsop02@odjfs.state.oh.us

Debbie Kubena-Yatsko
Medina Metropolitan Housing Authority
850 Walter Rd., Medina, Ohio 44256
H: 440-427-1552 W: 330-725-7531 Ext 228
330-336-3606 Ext 228, 330-273-9072 Ext 228
Email: Debbie@mmha.org

Kelli Parker 330-725-7531 Ext 225
Renee' Svoboda 330-725-7531 Ext 248
Krista Kidney 330-725-7531 Ext 252 Email: Krista@mmha.org

Public Relations

Ruth McCaudy
1137 River Road, Hinckley, Ohio 44233
H: 330-278-9826

**Community Service
Center**

Michelle Lamar, Director
655 North Broadway, Medina, Ohio 44256
W 330-725-4690 H: 330-721-3106, Fax 330-721-9673

Resource Person

Rosemary Haumesser
#1006
4931 Nettleton Rd., Medina, Ohio 44256
H. 330-721-3106

**Job & Family
Services**

Patricia Wilson (See Grants/Fundraising, pg.1)

Cheryl Mason, Alternate
Medina County Job & Family Services
232 Northland Drive, Medina, Ohio 44256
W. 330-722-9300 Ext 327
Email: masonco2@odjfs.state.oh.us

Storage Locker

1033 Jefferson, Medina, Ohio 44256

James Haymond (key holder)
Liberty Upholstery
608 West Liberty, Medina, Ohio 44256
W: 330-722-0693

*1033 Jefferson
mmHA garage*

Transportation

Medina County Transit
Office: 330-723-9670
After hours until 8:00 PM 330-725-9168

HOST CHURCHES

Crosspointe Community Church ^{host @ St. Matthews}
(partnered with Medina United Methodist Church)
Pastor: Rev. Randy K'Meyer
8731 Spencer Lake Rd. Spencer, Ohio 44275
Tel. 330-723-9009
Email: www.crosspointe.cc

Emmanuel United Church of Christ
Pastor: Rev. Linda Bishop
6656 Center Road
Valley City, Ohio 44280
C: 330-483-3655 Fax 330-483-8005

Granger United Methodist Church
Pastor. Dr. Tom Joyce
1235 Granger Road
Medina, Ohio 44256.
C: 330-239-2396 Fax 330-239-1642
Email: gumc1235@netzero.com

Medina Community Church
Pastor Rev. Doug Davidson
416 S. Broadway
Medina, Ohio 44256
C: 330-723-5155 Fax 330-723-5275
Resource room: 330-723-1742

Medina United Methodist Church
(partnered with Crosspointe Community Church)
Pastor: Dr. David Tennant
260 S. Court Street
Medina, Ohio, 44256
C: 330-725-4943

Northside Christian Church
7615 Ridge Road
Wadsworth, Ohio 44281
Pastor: Rev. Robin Hart
Tel: 330-336-4622
Email: www.northsideweb.org

CHURCH SITE COORDINATOR

Gary & Terry Mennell
10580 Smith Rd., Litchfield, Ohio 44253
H. 330-648-2711 Cell: 330-416-4524
Email: mennell.risley@hotmail.com

*furniture
provider*

Connie Ebaugh (See Pg. 1, Treasurer)

Peter Berger (See Pg. 1, Vice Chairman)

JamI Rak
5026 State Road
Medina, Ohio 44256
H: 330-239-1518

Gene Vandergiff
6786 Meadowood Drive
Medina, Ohio 44256
H: 330-483-3317 Cell: 330-421-4360
Email: gesk5@aol.com

Alice Kendall
Box 406, Hinckley, Ohio 44233-0406
H: 330-239-2412 C: 330-591-8606
Email: kendallai@wmconnect.com

Tanya Rogers
686 Liberty St., Medina, Ohio 44256
H: 330-722-1796
Email: haymondrodgers@msn.com

Mr. Ray Sanders
330-903-0374
c/o Northside Christian Church

Mr. Ray Ruprecht
9422 Gullford Rd. Seville, Ohio 44273

Our Savior Lutheran Church
Pastor: Rev. Scott K. Silcox
1605 Center Rd., PO Box 278
Hinckley, Ohio 44233-0278
C: 330-278-4114

Prince of Peace Lutheran Church
3355 Medina Rd.
Medina, Ohio 44256
330-723-8293
Email: adminpope@zoominternet.net

Seville United Methodist Church
Pastor, Rev. James Woodring
74 West Main Street
Seville, Ohio 44273
C. 330-769-2836
Email: sevumc@aol.com

St. Francis Xavier Catholic Church
Pastor, Rev. Mark Hollis
606 E. Washington Street
Medina, Ohio 44256
C. 330-725-4968
Fax: 330-723-6234
* Randall House: 330-725-7086

St. Matthew Lutheran Church
Pastors: Rev. Thomas Schwartz & Rev. David
Anderson
400 N. Broadway, Medina, Ohio 44256
C: 330-725-8885 Fax: 330-723-2232
Day Center: 330-725-9100
Email: stmatt@zoominternet.net

St. Paul Lutheran (Sharon Center)
Pastor: Rev. David Smith
6462 Ridge Rd. PO Box 120
Sharon, Center, Ohio 44274
C: 330-239-1340
Email: stpaulsharoncenter@gmail.com

Wadsworth United Methodist Church
Pastors: Rev. Jim Winkler & Rev. Jerry Penrod, Jr.
195 Broad St., Wadsworth, Ohio 44281
C: 330-336-6689 Fax 330-336-0503
Email: wadsumc@wadsumc.org

Paul & Ruth McCaudy
1137 River Road
Hinckley, Ohio 44233
H: 330-278-9826

Kristin Ulm
2403 Creekside Chase Dr. (School teacher)
Medina, Ohio 44256
H. 330-239-0450 C. 330-421-5759
Email: gkulm@roadrunner.com

Andy Hall
208 Evergreen Drive
Creston, Ohio 44217
H: 330-435-4808 C. ~~330-465-2065~~ cell # 330-988-8128
Email: thall42@neo.rr.com
James Eby
45 Prospect St., Seville, Ohio 44273
H: 330-769-3046
Email: barbers55@aol.com

Donna Bica
3490 Hickory.
Medina, Ohio 44256
* H: 330-723-3226 C. 330-242-1936
Email: acting417@aol.com

Barbara Woodard
Church Secretary
Sandy Andrews
8626 Stone Road
Litchfield, Ohio 44253
Email: sandrews731@aol.com
H: 330-667-2858

Peter Cressman (see Pg. 1, Chairman)

Terri Wintersteller
789 Pegan Drive
Wadsworth, Ohio 44281
H: 330-334-1778 Cell: 330-714-7939
Email: awintersteller@neo.rr.com

Take S Court,
left on E. Smith,
Randall House is
right along drive
to church entrance

York United Methodist Church
(partnered with Chatham Community Church)
Pastor: Rev. Steve-Schultz Costello
6566 Norwalk Road
Medina, Ohio 44256
C: 330-725-5814

Charles "Buzz" Cormany
6096 Spleth Rd., Medina, Ohio 44256
H: 330-725-5111

Clark Yutzy
6820 Bear Swamp Rd.
Medina, Ohio 44256
H: 330-336-3930

Zion Evangelical Lutheran Church
Pastor: Rev. Michael Koch
(partnered with St. Matthew Lutheran)
2233 Abbyville Road
Valley City, Ohio 44280
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Deb Bargar (meal coordinator)
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