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2011

Open to Public  
Inspection

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

**A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012**

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ROTARY INTERNATIONAL CLUB OF WESTERVILLE	D Employer identification number 31-6050404
Number and street (or P O box, if mail is not delivered to street address) PO BOX 595	E Telephone number
City or town, state or country, and ZIP + 4 WESTERVILLE, OH 43086	F Group Exemption Number ►

**G Accounting method**  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:** ► N/A

**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527

**K** Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 121,256

### 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 . . . . .

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 28,251
	4 Investment income . . . . .	4 11
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ►	6b 86,899
	c Less direct expenses from gaming and fundraising events . . . . .	6c 62,993
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d 23,906
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8 6,095
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 58,263
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 700
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 453
	16 Other expenses (describe in Schedule O) . . . . .	16 47,784
	17 Total expenses. Add lines 10 through 16 . . . . .	17 48,937
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 9,326
	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 85,649
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 94,975

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year	
<b>22 Cash, savings, and investments</b>	121,023	<b>22</b>	138,194
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	1,594	<b>24</b>	8,316
<b>25 Total assets</b>	122,617	<b>25</b>	146,510
<b>26 Total liabilities (describe in Schedule O)</b>	36,968	<b>26</b>	51,535
<b>27 Net assets or fund balances</b> (line 25 of column (B) <b>must</b> agree with line 21)	85,649	<b>27</b>	94,975

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

COMMUNITY SERVICE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

<b>28 ORGANIZE ACTIVITIES TO PROVIDE FUNDS FOR JULY 4 CELEBRATION FOR THE CITY OF WESTERVILLE, OHIO ACTIVITIES INCLUDE A 5K RUN, PARADE AND FIREWORKS</b> (Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>28a</b>	44,568
<b>29 ORGANIZE A LOCAL BASKETBALL TOURNAMENT FOR THE BENEFIT OF LOCAL HIGH SCHOOL STUDENT/ATHLETES</b> (Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>29a</b>	1,932
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>30a</b>	
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	46,500

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**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

**33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**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)

**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

**a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**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

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a**

**b** Did the organization file **Form 1120-POL** for this year?

**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?

**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

**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 **41**, section 4912 **42**, section 4955 **43**

**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

**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

**41** List the states with which a copy of this return is filed **41**

**42a** The organization's books are in care of **DAVID COFFMAN** Telephone no **(614) 891-1120**

8027 LINKSVIEW CIRCLE

Located at **WESTERVILLE, OH**

ZIP + 4 **43082**

**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)?

If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**45b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>35c</b>		No
<b>36</b>		No
<b>37b</b>		No
<b>38a</b>		No
<b>38b</b>		
<b>39a</b>		
<b>39b</b>		
<b>40b</b>		No
<b>40e</b>		No
<b>42b</b>		No
<b>42c</b>		No
<b>43</b>		
<b>44a</b>		No
<b>44b</b>		No
<b>44c</b>		No
<b>44d</b>		
<b>45a</b>		No
<b>45b</b>		

**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

	Yes	No
<b>46</b>		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 47-49b and 52.

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>	
<b>49a</b>	

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49b</b>	
------------	--

**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

**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

**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.

<b>Sign Here</b>	<p>***** Signature of officer <u>DAVID COFFMAN TREASURER</u> Type or print name and title</p>	2012-10-20 Date
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature  KEITH BROWN Firm's name (or yours if self-employed), address, and ZIP + 4  WESTON &amp; COMPANY CPAS LLC 371 COUNTY LINE RD W STE 100B WESTERVILLE, OH 43082</p>	<p>Date 2012-11-01 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions)</p>
		EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (614) 890-6620

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-6050404  
**Name:** ROTARY INTERNATIONAL CLUB OF  
WESTERVILLE

**Form 990-EZ, Special Condition Description:****Special Condition Description****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
TIM BULLOCK 449 MICHAEL AVE WESTERVILLE, OH 43081	PAST PRESIDE 000 00	0		
WILLIAM MCLOUGLIN 6221 SPRING RUN ROAD WESTERVILLE, OH 43082	PRESIDENT EL 000 00	0		
WENDELL MCCURDY 7363 SAND SPURRY CT WESTERVILLE, OH 43082	SECRETARY 000 00	1,500		
DAVID COFFMAN 8027 LINKSVIEW CIRCLE WESTERVILLE, OH 43082	TREASURER 000 00	1,500		
KRISTY COURTRIGHT 2937 PINECONE LANE COLUMBUS, OH 43231	BOARD MEMBER 000 00	0		
FRANK LODESTRO 772 MILL WIND CT EAST WESTERVILLE, OH 43082	BOARD MEMBER 000 00	0		
ROBERT SLAVENS 976 W MAIN ST WESTERVILLE, OH 43081	BOARD MEMBER 000 00	0		
MIKE GROSECLOSE 212 LUKE CT WESTERVILLE, OH 43082	BOARD MEMBER 000 00	0		
STEVEN OZMET 1337 WINDTREE CT NEWALBANY, OH 43054	BOARD MEMBER 000 00	0		
DENNIS STROHM 512 OLDE MILL DRIVE WESTERVILLE, OH 43082	BOARD MEMBER 000 00	0		
NANCI MCCORKLE PO BOX 2812 WESTERVILLE, OH 43086	BOARD MEMBER 000 00	0		
TODD ANDERSON 90 WEST COLLEGE AVE WESTERVILLE, OH 43081	BOARD MEMBER 000 00	0		
CINDY CROWE 8545 BUTTON BUSH LANE WESTERVILLE, OH 43082	BOARD MEMBER 000 00	0		
ROBERT LANTZ 478 OLDE MILL DRIVE WESTERVILLE, OH 43082	PRESIDENT 000 00	0		
AZA BITTINGER 5079 LOCUST POST CT GAHANNA, OH 43230	VICE PRESIDE 000 00	0		

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

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.

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

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

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

31-605040-

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 services?

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.

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>JULY 4TH EVENT</u> (event type)	<u>FISH FRY</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . .	54,377	20,637	6,350	81,364
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	54,377	20,637	6,350	81,364
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .	30,000			30,000
	9 Other direct expenses . . .	14,568	10,442	1,932	26,942
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 56,942 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				24,422

**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 . . . . .	<input type="checkbox"/> Yes . . . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . . <input type="checkbox"/> 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) . . . . .				

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? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**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?  Yes  No

**13** Indicate the percentage of gaming activity operated in

**13a**

**13b**

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**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 ►

Director/officer

Employee

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?  Yes  No

**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 ► \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
ROTARY INTERNATIONAL CLUB OF  
WESTERVILLE**Employer identification number**

31-6050404

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	REIMBURSED EXPENSES 5,523 ROTARY FOUNDATION 500 MISCELLANEOUS 72 TOTAL 6,095
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 5,552 CONFERENCES/MEETINGS 8,246 CHARITABLE FUNDS 14,947 DUES/SUBSCRIPTIONS 9,619 MERCHANT FEES 1,535 MISC COMMITTEE EXPENSES 1,580 MISCELLANEOUS 3,100 OFFICER EXPENSE 2,750 WEB SERVICES 455 TOTAL 47,784
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 1,594 8,316 TOTAL 1,594 8,316
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 36,968 51,535

## TY 2011 Compensation Explanation

**Name:** ROTARY INTERNATIONAL CLUB OF  
WESTERVILLE  
**EIN:** 31-6050404

Person Name	Explanation
TIM BULLOCK	
WILLIAM MCLOUGHLIN	
WENDELL MCCURDY	
DAVID COFFMAN	
KRISTY COURTRIGHT	
FRANK LODESTRO	
ROBERT SLAVENS	
MIKE GROSECLOSE	
STEVEN OZMET	
DENNIS STROHM	
NANCI MCCORKLE	
TODD ANDERSON	
CINDY CROWE	
ROBERT LANTZ	
AZA BITTINGER	