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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-1150

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
International Association of Lions Clubs Wooster Noon
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1580 Arthur Dr
 City or town, state or country, and ZIP + 4
Wooster, OH 44691

D Employer identification number
34-0644458

E Telephone number
330-601-0751

F Group Exemption Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► **www.lcif.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ► \$ **51,253**

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	3,694
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	26,387
	4 Investment income	4	
	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		
	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	17,705	
c Less: direct expenses from gaming and fundraising events 6c	8,342		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		9,363	
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		3,467	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9		42,911	
10 Grants and similar amounts paid (list in Schedule O) 10		17,197	
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		446	
14 Occupancy, rent, utilities, and maintenance 14			
15 Printing, publications, postage, and shipping 15		1,653	
16 Other expenses (describe in Schedule O) 16		24,823	
17 Total expenses. Add lines 10 through 16 17		44,119	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-1,208	
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		20,695	
20 Other changes in net assets or fund balances (explain in Schedule O) 20		0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		19,487	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,230	22 18,549
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,633	24 4,183
25 Total assets	24,863	25 22,732
26 Total liabilities (describe in Schedule O)	4,168	26 3,245
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,695	27 19,487

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? civic/social 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.)

28 Sight Care for the Needy - Funds used from various fund-raisers to help defray the costs of eye exams, eye glasses, eye care, etc.		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	8,420
29 Hospice Hopes Donation - Funds from our Christmas Tree fund-raiser were given to Hospice and Palliative Care of Greater Wayne County for the Hospice Hopes program.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	2,500
30 School Vision Project - Funds from various fund-raisers were used to help provide funds to K-12 students in the Wooster, Ohio area for eye exams, eye glasses, etc.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	1,500
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	4,777
32 Total program service expenses (add lines 28a through 31a)	32	17,197

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robyn McClintock 4166 Wile Rd, Wooster, OH 44691	President 2.00	0	0	0
Tricia Pycraft 1580 Arthur Dr, Wooster, OH 44691	Secretary 10.00	0	0	0
David A. Spar 1645 Oakwood Cir, Wooster, OH 44691	Treasurer 4.00	0	0	0
Timothy Bogner 836 Wildwood Dr, Wooster, OH 44691	First Vice President 1.00	0	0	0
Lucas Palmer 1625 Morgan St, Wooster, OH 44691	2nd Vice President 1.00	0	0	0
Michael McClintock 4166 Wile Rd, Wooster, OH 44691	3rd Vice President 1.00	0	0	0
Rik Goodright 2091 Canterbury Lane, Wooster, OH 44691	Civic Improvement 1.00	0	0	0
Holly Hart 1064 Mindy Lane, Apt 1, Wooster, OH 44691	Lion Tamer 1.00	0	0	0
Brenda Courson 1651 Arthur Dr, Wooster, OH 44691	Asst. Lion Tamer 1.00	0	0	0
Robin LaRue-Beasley 47 Rear S Mechanic St, Hayesville, OH 44838	Tail Twister 1.00	0	0	0
Ashley Roberts 6909 Phillip Lane, Wooster, OH 44691	Tail Twister 1.00	0	0	0
Kevin McAllister 932 E Bank St, Ashland, OH 44806	Asst. Tail Twister 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 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)		☒
35a 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 0		
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 N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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. ▶ Ohio		
42a The organization's books are in care of ▶ David A. Spar, Treasurer Telephone no. ▶ 330-262-0695 Located at ▶ 1645 Oakwood Cir, Wooster, OH ZIP + 4 ▶ 44691		
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: ▶ 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 the U.S.?		☒
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? 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)		☒

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
46		☒

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 ☐

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
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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
N/A		

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 David A. Spar, Treasurer Date 11-9-12
 Type or print name and title David A. Spar, Treasurer

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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

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

2011

Open to Public Inspection

Name of the organization

Employer identification number

34-0644458

International Association of Lions Clubs Wooster Noon

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. *N/A*

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 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.

(i) Name and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Xmas Tree Sales (event type)	(b) Event #2 Flea Market Income (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,407	7,454	844	17,705
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	9,407	7,454	844	17,705
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	650	0	650
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	6,445	970	277	7,692
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(8,342)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				9,363

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. **N/A**

		(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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

N/A

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

International Association of Lions Clubs Wooster Noon

Employer identification number

34-0644458

Form 990-EZ, Part I, Line 8, Other Revenue:

Miscellaneous Income \$1,463; Annual Banquet Income \$925; Children's Services \$234; Gumball Sales \$349; Other Activity Fund \$496.

Total to Form 990-EZ, Part I, Line 8 = \$3,467

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Contributions to various organizations. Grantee Name: Various, see Part III on Page 2 for details. Amt Given: \$17,197

Form 990-EZ, Part I, Line 16, Other Expenses:

International Lions Clubs Dues \$3,098; State & Local Dues \$1,138; Luncheon Meals \$18,488; Miscellaneous Exp. \$771; Bank Charges \$27;

Annual Banquet Expenses \$995; Convention Delegates Registration \$130; Membership Drive \$176.

Total to Form 990-EZ, Part I, Line 16 = \$24,823

Form 990-EZ, Part II, Line 24, Other Assets:

Accounts Receivable Beg. of Year: \$ 508; End of Year: \$566

Prepaid Expenses Beg. of Year: \$1,125; End of Year: \$3,617

Total to Form 990-EZ, Part II, Line 24 = Beg. of Year: \$1,432; End of Year: \$4,183

Form 990-EZ, Part II, Line 26, Other Liabilities:

Accrued Expenses Beg. of Year: \$3,743; End of Year: \$730

50/50 Internal Raffle Beg. of Year: \$ 116; End of Year: \$35

Sales Tax Payable Beg. of Year: \$ 309; End of Year: \$16

Deferred Revenue Beg. of Year: \$ 0; End of Year: \$2,464

Total to Form 990-EZ, Part II, Line 26 = Beg. of Year: \$4,168; End of Year: \$3,245

Form 990-EZ, Part III, Line 31, Other Program Service Accomplishments:

Scholarships (grants: \$0; expenses: \$1,000); Ohio Lions Sight & Hearing Committee (grants: \$0; expenses: \$200); Camp Echoing Hills

(grants: \$0; expenses: \$1,000); Pilot Dogs (grants: \$0; expenses: \$200); OLERF-Bryan Endowment (grants: \$0; expenses: \$300);

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

International Association of Lions Clubs Wooster Noon

Employer identification number

34-0644458

Ohio Lions Foundation (grants: \$0; expenses: \$200); Ohio Lions Eye Research (grants: \$0; expenses: \$200); Ohio Lions All State Band

(grants: \$0; expenses: \$50); Lions International Relations (grants: \$0; expenses: \$200); Dogwood Trees (grants: \$0; expenses: \$318);

LCIF-Melvin Jones (grants: \$0; expenses: \$200); Miscellaneous Project Donations (grants: \$0; expenses: \$675); Children's Services

(grants: \$0; expenses: \$234)

Total to Form 990-EZ, Part III, Line 31 = \$4,777

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

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.

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

The following is a list of the remainder of the Directors disclosed on Page 2 of the 990-EZ. NONE of the following directors received any compensation, benefits, or an expense allowance during the fiscal year.

Leo Genereux, 13458 Vincent, Mt. Vernon, OH 43050; POSITION: Immediate Past President & Membership Retention; Hours Devoted: 1.00

Jack Sleek, 2314 Star Dr, Wooster, OH 44691; POSITION: One Year Director; Hours Devoted: 1.00

Mike Fought, 1964 Sherck Blvd, Wooster, OH 44691; POSITION: One Year Director; Hours Devoted: 1.00

Bob Nielsen, 2177 Normandy Dr, Wooster, OH 44691; POSITION: One Year Director; Hours Devoted: 1.00

Tricia James, 1701 Rosewood, Wooster, OH 44691; POSITION: One Year Director; Hours Devoted: 1.00

Becky Moore, 4007 McKee Rd, Wooster, OH 44691; POSITION: Two Year Director; Hours Devoted: 1.00

Jennifer Winter, 947 Wildwood Dr, Wooster, OH 44691; POSITION: Two Year Director; Hours Devoted: 1.00

Earl Mullet, 5247 Heyl Rd, Wooster, OH 44691; POSITION: Two Year Director; Hours Devoted: 1.00

John Veney, 327 Pearl St, Wooster, OH 44691; POSITION: Newsletter Editor; Hours Devoted: 1.00