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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- ▶ Sponsoring organizations of donor advised funds, 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.

**A** For the 2011 calendar year, or tax year beginning **Aug 1**, 2011, and ending **Jul 31**, 2012

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

**C** Name of organization: **Eta Zeta Chapter of Gamma Phi Beta Sorority**  
 Number and street (or P O box, if mail is not delivered to street address): **2605 Bridgewood Dr**  
 City or town, state or country, and ZIP + 4: **Middletown OH 45044**

**D** Employer identification number: **45-3979392**  
**E** Telephone number: **(513) 460-6800**  
**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 (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 7 ) (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. **\$ 168,754.**

**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 ☒

|                                                                                                                                                                                                                     |                                                                                                                                                            |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>REVENUE</b>                                                                                                                                                                                                      | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                        | <b>1</b>  |          |
|                                                                                                                                                                                                                     | <b>2</b> Program service revenue including government fees and contracts                                                                                   | <b>2</b>  |          |
|                                                                                                                                                                                                                     | <b>3</b> Membership dues and assessments                                                                                                                   | <b>3</b>  | 168,745. |
|                                                                                                                                                                                                                     | <b>4</b> Investment income                                                                                                                                 | <b>4</b>  | 9.       |
|                                                                                                                                                                                                                     | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b> |          |
|                                                                                                                                                                                                                     | <b>b</b> Less: cost or other basis and sales expenses                                                                                                      | <b>5b</b> |          |
|                                                                                                                                                                                                                     | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                           | <b>5c</b> |          |
|                                                                                                                                                                                                                     | <b>6</b> Gaming and fundraising events                                                                                                                     |           |          |
|                                                                                                                                                                                                                     | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                             | <b>6a</b> |          |
| <b>b</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) | <b>6b</b>                                                                                                                                                  |           |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b>                                                                                                                                                  |           |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b>                                                                                                                                                  |           |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                     | <b>7a</b>                                                                                                                                                  |           |          |
| <b>b</b> Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b>                                                                                                                                                  |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | <b>7c</b>                                                                                                                                                  |           |          |
| <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>                                                                                                                                                   |           |          |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | <b>9</b>                                                                                                                                                   | 168,754.  |          |
| <b>EXPENSES</b>                                                                                                                                                                                                     | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                             | <b>10</b> |          |
|                                                                                                                                                                                                                     | <b>11</b> Benefits paid to or for members                                                                                                                  | <b>11</b> |          |
|                                                                                                                                                                                                                     | <b>12</b> Salaries, other compensation, and employee benefits                                                                                              | <b>12</b> |          |
|                                                                                                                                                                                                                     | <b>13</b> Professional fees and other payments to independent contractors                                                                                  | <b>13</b> |          |
|                                                                                                                                                                                                                     | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b> |          |
|                                                                                                                                                                                                                     | <b>15</b> Printing, publications, postage, and shipping                                                                                                    | <b>15</b> | 117.     |
|                                                                                                                                                                                                                     | <b>16</b> Other expenses (describe in Schedule O)                                                                                                          | <b>16</b> | 119,648. |
|                                                                                                                                                                                                                     | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | <b>17</b> | 119,765. |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                           | <b>18</b>                                                                                                                                                  | 48,989.   |          |
| <b>NET ASSETS</b>                                                                                                                                                                                                   | <b>19</b> 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) | <b>19</b> |          |
|                                                                                                                                                                                                                     | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                             | <b>20</b> |          |
|                                                                                                                                                                                                                     | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b> | 48,989.  |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

p 5

SCANNED JAN 10 2013

**Part I 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                                              | 0.                    | 22 48,989.      |
| 23 Land and buildings                                                          | 0.                    | 23 0.           |
| 24 Other assets (describe in Schedule O)                                       | 0.                    | 24 0.           |
| 25 Total assets                                                                |                       | 25 48,989.      |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) |                       | 27 48,989.      |

**Part III Statement of Program Service Accomplishments** (see the instrs 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? College Sorority

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 <u>Scholarship, Community Service, Philanthropy and Social Activities for a University Sorority of about 212 members.</u> |      |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 28 a |
| 29                                                                                                                           |      |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 29 a |
| 30                                                                                                                           |      |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 30 a |
| 31 Other program services (describe in Schedule O)                                                                           |      |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                     | 31 a |
| 32 Total program service expenses (add lines 28a through 31a)                                                                | 32   |

**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 (Form 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 |
|-----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Megan Mullinger<br>5853 Braser Ave<br>Cincinnati OH 45242       | President<br>35.00                                       | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Brianna Spence<br>145 Eleanor Dr<br>Springboro OH 45066         | Financial VP<br>35.00                                    | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Tiffany Hinzmann<br>7086 Stone Ct<br>Columbus OH 43235          | Membership VP<br>25.00                                   | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Breanna Reys<br>9380 Shawnee Trail<br>Powell OH 43065           | Administrative VP<br>25.00                               | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Lauren Jacoby<br>321 Glenn Ave<br>Carey OH 43316                | Education VP<br>25.00                                    | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Gabrielle Schneider<br>7810 Deer Crossing Dr<br>Mason OH 45040  | Public Relations VP<br>25.00                             | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Jenna Coffey<br>3208 English Way<br>Prospect KY 40059           | Panhellenic VP<br>25.00                                  | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Sydney Long<br>2219 Porsmouth<br>Toledo OH 43613                | Collegiate/Alumnae Relations<br>5.00                     | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Marissa Woodrick<br>6303 Foxwood Ct<br>Middletown OH 45044      | New Member Chair<br>20.00                                | 0.                                                                        | 0.                                                                                      | 0.                                         |
| See List of Officers, Directors, Trustees, & Key Employees Stmt |                                                          |                                                                           |                                                                                         |                                            |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> 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                                                                                                                                                             |     | X  |
| <b>34</b> 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)                                                          |     | X  |
| <b>35a</b> 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)?                                                                                                                               |     | X  |
| <b>35b</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                                                                                                                                                                                         |     |    |
| <b>35c</b> 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                                                                                                   |     | X  |
| <b>36</b> 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                                                                                                                                   |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.                                                                                                                                                                                                         |     |    |
| <b>37b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                             |     | X  |
| <b>38a</b> 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?                                                                                       |     | X  |
| <b>38b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                         |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                              |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                         |     | 0. |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                |     | 0. |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>                                                                                      |     |    |
| <b>b</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 |     |    |
| <b>c</b> 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"/>                                                                                                              |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. <input type="checkbox"/>                                                                                                                                                                               |     |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T                                                                                                                                                              |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/>                                                                                                                                                                                                                                  |     |    |

|                                                                                                                                                                                                                                                                                                                                |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>42a</b> The organization's books are in care of <u>Jennifer Wright</u> Telephone no. <u>(513) 460-6800</u><br>Located at <u>2605 Bridgewood Dr</u> <u>Middletown</u> OH ZIP + 4 <u>45044</u>                                                                                                                                | Yes | No |
| <b>b</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: <input type="checkbox"/> |     | X  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                                              |     |    |
| <b>c</b> 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: <input type="checkbox"/>                                                                                                                                       |     | X  |

|                                                                                                                                                                                                                                                             |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>43</b> 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 <input type="checkbox"/>                                  | Yes | No |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                               |     | X  |
| <b>44b</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                                                                                                        |     | X  |
| <b>44c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                           |     | X  |
| <b>44d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O                                                                                                              |     |    |
| <b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                      |     | X  |
| <b>b</b> 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) |     | X  |

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 |     | X  |

**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  |     |    |
| 49a |     |    |
| 49b |     |    |

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

e 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.'

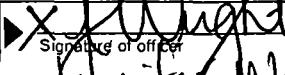
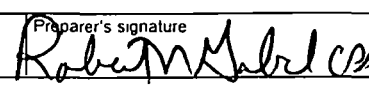
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

e 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>              |  | Date <u>14 December 2012</u>                                                                                |                         |                                                            |                                |
|                               | Type or print name and title<br><u>Jennifer Wright Financial Advisor</u>            |                                                                                                             |                         |                                                            |                                |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>Robert N Gabel, CPA</u>                            | Preparer's signature<br> | Date<br><u>12/04/12</u> | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><u>P00055335</u>       |
|                               | Firm's name                                                                         | ROBERT N GABEL AND ASSOCIATES                                                                               |                         |                                                            |                                |
|                               | Firm's address                                                                      | 1404 LIBERTY ST<br>FREMONT OH 43420                                                                         |                         |                                                            | Firm's EIN <u>34-1934902</u>   |
|                               |                                                                                     |                                                                                                             |                         |                                                            | Phone no <u>(419) 334-4468</u> |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2011)

Department of the Treasury  
Internal Revenue Service

**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

2000-01-01  
 2000-01-01

Name of the organization

Employer identification number

Eta Zeta Chapter of Gamma Phi Beta Sorority

45-3979392

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

TEEA4901 07/14/11

Schedule O (Form 990 or 990-EZ) 2011

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Other expenses (describe in Schedule O)

|                                    |         |
|------------------------------------|---------|
| Office Supplies                    | 1,654.  |
| House Fees                         | 17,679. |
| International Dues and Fees        | 42,171. |
| Meals, Entertainment, Socials etc. | 20,993. |
| Conventions, Retreats etc.         | 18,706. |
| Billhighway, Credit Card Fees      | 4,277.  |
| Panhellenic Expenses               | 3,474.  |
| Philanthropy Events                | 1,860.  |
| Other Supplies                     | 5,963.  |
| Miscellaneous Fees                 | 2,871.  |

|       |          |
|-------|----------|
| Total | 119,648. |
|-------|----------|

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

|                                                                                                                                                                             | average hours<br>per week<br>devoted to<br>position | compensation<br>(Form<br>W-2/1099-MISC)<br>(if not paid,<br>enter -0-) | benefits,<br>contributions<br>to employee<br>benefit plans,<br>and deferred<br>compensation | amount of<br>other<br>compen-<br>sation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------|
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Amy Zelinsky<br>364 Marilyn Dr<br>Findlay OH 45840<br>Foreign City<br>Foreign Country                  | Title<br>PACE Chair<br>Hours/Week<br>5.00           | 0.                                                                     | 0.                                                                                          | 0.                                      |
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Ellie Hildebrandt<br>644 Wagar Rd<br>Rocky River OH 44116<br>Foreign City<br>Foreign Country           | Title<br>Philanthropy Chair<br>Hours/Week<br>5.00   | 0.                                                                     | 0.                                                                                          | 0.                                      |
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Jody McGraw<br>833 Beechwood Dr<br>Tallmadge OH 44278<br>Foreign City<br>Foreign Country               | Title<br>Ritual Chair<br>Hours/Week<br>5.00         | 0.                                                                     | 0.                                                                                          | 0.                                      |
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Blair Ann Dressler<br>3417 Erie Ave, Apt 407<br>Cincinnati OH 45208<br>Foreign City<br>Foreign Country | Title<br>Safety & Wellness<br>Hours/Week<br>2.00    | 0.                                                                     | 0.                                                                                          | 0.                                      |
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Laura Haley<br>2704 Jefferson Ave<br>Cincinnati OH 45219<br>Foreign City<br>Foreign Country            | Title<br>Scholarship Chair<br>Hours/Week<br>10.00   | 0.                                                                     | 0.                                                                                          | 0.                                      |

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

|                                                                                                                                                                    | average hours<br>per week<br>devoted to<br>position | compensation<br>(Form<br>W-2/1099-MISC)<br>(if not paid,<br>enter -0-) | benefits,<br>contributions<br>to employee<br>benefit plans,<br>and deferred<br>compensation | amount of<br>other<br>compen-<br>sation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------|
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Emily Willard<br>8692 Kingsley Dr<br>Reynoldsburg OH 43068<br>Foreign City<br>Foreign Country | Title<br>Social Chair<br>Hours/Week<br>5.00         | 0.                                                                     | 0.                                                                                          | 0.                                      |
| Business <input type="checkbox"/> Person <input type="checkbox"/><br>Callie Lance<br>7840 Hubbard Valley Rd<br>Seville OH 44273<br>Foreign City<br>Foreign Country | Title<br>Standards Chair<br>Hours/Week<br>15.00     | 0.                                                                     | 0.                                                                                          | 0.                                      |