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 private foundations)

OMB No 1545-1150 2018

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2018 calendar year, or tax year beginning 2018, and ending B Check if applicable C Name of organization D Employer identification number Address change Executive Women's Golf Association of Cincinnati 31-1455054 Name change Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number 513-722-9020 c/o Debra Guerra, 1750 Cottontail Dr Final return/terminated

Pa	Balance Sheets (see the instructions	for Part II)		<del>-</del>		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	Ш,	(B) End of year
22	Cash, savings, and investments			12,259	22	17,909
23	Land and buildings		[		23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			12,259		17,909
26	•		}			0
27	Net assets or fund balances (line 27 of column			12,259	27	17,909
Par		-		•		Expenses
	Check if the organization used Schedule	······································			(Re	quired for section
		Promote women's g			501	(c)(3) and 501(c)(4)
as n	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				anizations, optional for ers)
28	Organized 5 golf events for over 175 participants to r golf, network and socialize					
	(Grants \$ 25,500) If this amount	ıncludes foreian ara		▶ 🗆	28a	55,302
29	Organized 11 golf leagues and 8 education events, for					
	in the game of golf and opportunities to golf, network		puricipality, to provi			
	m tro game of gon and opportunities to gon, network			•••••	į	
	(Grants \$ ) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	29a	28,216
30	Hosted 2 social events and several small networking					
	the organization and encourage camraderie among v					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	30a	3,532
31	Other program services (describe in Schedule O)					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra	ants, check here .	▶ □	31a	,
32	Total program service expenses (add lines 28a				32	87,050
Par	IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	pensated-see the in	ıstru	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
	(a) Name and title	(b) 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 employ benefit plans, and deferred compensation		Estimated amount of other compensation
Paige	Durkee	-				
Pre	sident	2	0		0	0
Liz Z	mmer	_				
Ma	rketing Director	2	0		0	0
	Latimer					
<u>Go</u>	If Programs & Services Director	2	0		0	0
	ssa Davis	_				
	mbership Director	2	o		0	0
	n Mayborg				1	
	ance & Records Director	2	0		0	0
	Lucas	-		1	_	_
	mmunications Director	2	0		<u> </u>	0
	elle de la Vega	.				_
Ev	ents & Activitites Director	2			0	0
		-[				
			· · · · · · · · · · · · · · · · · · ·		+	
		-				
		<del> </del>	ļ	<del> </del>	+	
	······································	•				
			<del>                                     </del>		+	
		<del></del>	<del>                                     </del>		+	
		-				

_	$\overline{}$	
_	- 1	
•	,	
•		
	_	

Form 990-EZ (2018) Page 3 Part<sup>∖</sup>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 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33, Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed convert the amended documents if they reflect a change to the organization's name. Otherwise, explain the Expenses 10) Grants and similar amounts (\$25,500) - includes donations paid to the following organizations: First Tee of Greater Cıncinnati and Northern Kentucky - \$2,500 Susan G Komen of Southwest Ohio - \$23,000 16) Other Expenses (\$63,019) - includes Other Expenses and Administrative Expenses (listed below) Direct Program (\$60,966) - includes costs of golf outings, education and social events (golf course facilities, food, instructors, etc.) Administrative (\$2,053) - includes website, credit card processing fees, bank fees, communications costs, etc.

					-	Yes	No
6	Did the organization engage, directly o	r indirectly, in political	campaign activities on	behalf of or in opposi	tion	/	
	to candidates for public office? If "Yes,		C, Part I	· · · · · · ·	· 46		
art	VI Section 501(c)(3) Organization All section 501(c)(3) organization		estions 47–49b and	52 and complete th	a tables f	or line	36
	50 and 51.	ons must answer qui	23110113 47 - 400 6110	oz, and complete tr	ie tables i	OI III I	
	Check if the organization used S	Schedule O to respon	d to any question in t	this Part VI			
			<u> </u>			Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, F	Part II	. ,		. 47		
48	Is the organization a school as described						
49a b	Did the organization make any transfers If "Yes," was the related organization a				. 49a 49b		
50	Complete this table for the organization					es, and	d kev
	employees) who each received more th						,
	(a) Name and title of each employee	(b) 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			
		<del> </del>		- Componential			
		[					_
—						_	
				ł			
	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	on's five highest comp	ensated independent	contractors who eacl	n received	more	than
	Complete this table for the organization	on's five highest comp ganization. If there is n	ensated independent		n received		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
f 51	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than
	Complete this table for the organization \$100,000 of compensation from the or	on's five highest comp ganization. If there is n endent contractor	ensated independent one, enter "None."  (b) Type of serv		·		than

SCHEDULE O' (Form'990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Executive Women's Golf Association of Cincinnati** 

Employer identification number

31-1455054