

Meaden & Moore, Ltd.  
1100 Superior Ave., Ste. 1100  
Cleveland, OH 44114

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# **PUBLIC INSPECTION COPY**

## **MASTER COPY - DO NOT FILE!**

Leadership Lorain County  
Form 990  
for the year ended June 30, 2010

Every organization that files Form 990 is required to make it available to the public upon request. However, certain parts of the 990 are not required to be made public. Most notably, the list of major donors does not have to be included.

For your convenience in responding to such requests, we are providing this public inspection copy, with all non-public information removed.

**Do not file - keep this copy as a master to make copies as requested.**

Signature . . .

This copy should be signed and dated by the same person, using the same date as the original filed with the IRS.

Electronic copy

We will also forward a pdf copy.

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# Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> LEADERSHIP LORAIN COUNTY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 BURNS ROAD SUITE A City or town, state or country, and ZIP + 4 ELYRIA, OH 44035	<b>D Employer identification number</b> 34-1695613  <b>E Telephone number</b> (440) 366-4700	
	<b>F Name and address of principal officer:</b> GAIL STUMPHAUZER SAME AS C ABOVE ,		<b>G Gross receipts \$</b> 367,176.  <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.LEADERSHIPLORAINCOUNTY.COM  <b>H(c) Group exemption number</b> ▶	
	<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1984 <b>M State of legal domicile:</b> OH	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: THE MISSION OF LEADERSHIP LORAIN COUNTY IS TO FOSTER LIFE LONG LEADERS WHO SERVE AS CATALYSTS FOR POSITIVE CHANGE. COMMUNITY LEADERS CAN BE DEVELOPED AND CAN TRANSFORM LORAIN COUNTY INTO A STRONGER COMMUNITY.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	6
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	185
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	248,570.	150,752.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,360.	120,276.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,016.	2,925.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,946.	38,518.
	<b>12</b>		396,946.	312,471.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	196,278.	186,983.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		30,000.
	<b>16b</b>	Total fundraising expenses, Part IX, column (D), line 25 ▶ 42,287.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	122,916.	136,065.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	319,194.	353,048.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	77,752.	-40,577.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	326,626.	318,688.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	51,901.	72,859.
<b>22</b>		274,725.	245,829.	

**Part II Signature Block**

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>	Signature of officer		Date
	GAIL STUMPHAUZER, CEO		
	Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00285983
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MEADEN & MOORE, LTD. 1100 SUPERIOR AVENUE SUITE 1100 CLEVELAND, OH 44114	EIN ▶ 34-1818258	Phone no. ▶ 216-241-3272	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:  
LEADERSHIP LORAIN COUNTY IS DESIGNATED AS A NON PARTISAN  
MULTICULTURAL NETWORKING ORGANIZATION OF EXISTING AND EMERGING  
LEADERS WORKING TOGETHER FOR A BETTER LORAIN COUNTY (CONT ON SCH O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 191,157. including grants of \$ ) (Revenue \$ 104,940. )  
SIGNATURE PROGRAM (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 38,232. including grants of \$ ) (Revenue \$ )  
INTERNSHIP PROGRAM (CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 25,488. including grants of \$ ) (Revenue \$ 15,336. )  
COMMUNITY OUTREACH PROGRAM (CONTINUED ON SCHEDULE O)

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 254,877.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
1a			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
2a			6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
3b			
4a	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)? . . . . .		X
4a			
b	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.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9a regarding governing body structure and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. KAREN WELLS PRESIDENT	2.00	X		X				0.	0.	0.
DR. CATHY PUGH VICE PRESIDENT	2.00	X		X				0.	0.	0.
LYNN KOSTER TREASURER	2.00	X		X				0.	0.	0.
ANNIE HEIDERSBACH SECRETARY	2.00	X		X				0.	0.	0.
AMY DELUCA BOARD MEMBER	2.00	X						0.	0.	0.
RANDY FORTIN BOARD MEMBER	2.00	X						0.	0.	0.
LARRY GOODMAN BOARD MEMBER	2.00	X						0.	0.	0.
KIM KRALL BOARD MEMBER	2.00	X						0.	0.	0.
JONI MARRA BOARD MEMBER	2.00	X						0.	0.	0.
JEFF SMITH BOARD MEMBER	2.00	X						0.	0.	0.
JEFF ZINK BOARD MEMBER	2.00	X						0.	0.	0.
MARIA ILVENTO ZOLLI BOARD MEMBER	2.00	X						0.	0.	0.
STEVE HOSLER BOARD MEMBER	2.00	X						0.	0.	0.
JIM WALBORN BOARD MEMBER	2.00	X						0.	0.	0.
MICHELE GARCIA BOARD MEMBER	2.00	X						0.	0.	0.
NOUIE NODAL BOARD MEMBER	2.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EVELYN FRANCE BOARD MEMBER	2.00	X								
PATRICIA O'BRIEN BOARD MEMBER	2.00	X								
FARNAZ HARBOUGH BOARD MEMBER	2.00	X								
VICTOR LEANDRY BOARD MEMBER	2.00	X								
GAIL STUMPHAUZER CEO	55.00			X			67,092.	0.	1,910.	
<b>1b Total</b>							67,092.	0.	1,910.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

34-1695613

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	28,895.			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	53,025.			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	68,832.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		150,752.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> SIGNATURE PROGRAM	611600	101,930.	101,930.		
	<b>b</b> EDUCATION PROGRAMS	611600	3,010.	3,010.		
	<b>c</b> COMMUNITY OUTREACH PROGRAMS	611600	15,336.	15,336.		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		120,276.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . <b>ATTACHMENT 2</b>		2,925.		2,925.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .		0.			
	<b>5</b> Royalties . . . . .		0.			
	<b>6a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .		0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .		0.			
	<b>8a</b> Gross income from fundraising events (not including \$ 53,025. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	84,284.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	54,705.		
<b>c</b> Net income or (loss) from fundraising events . . . . .		<b>ATTCH. 4</b>	29,579.		29,579.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> MISCELLANEOUS INCOME	900099	8,939.	8,939.			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		8,939.				
<b>12</b> <b>Total Revenue.</b> See instructions . . . . .		312,471.	129,215.		32,504.	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	64,512.	50,319.	9,677.	4,516.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	93,040.	67,788.	23,767.	1,485.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	4,640.	3,478.	985.	177.
9 Other employee benefits . . . . .	11,753.	11,753.		
10 Payroll taxes . . . . .	13,038.	9,773.	2,768.	497.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	9,640.		9,640.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	30,000.			30,000.
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	29,844.	21,858.	3,476.	4,510.
13 Office expenses . . . . .	14,405.	12,243.	1,441.	721.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	11,378.	9,671.	1,707.	
17 Travel . . . . .	2,444.	1,906.	367.	171.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	8,767.	8,352.	283.	132.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,117.	871.	168.	78.
23 Insurance . . . . .	1,605.		1,605.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SIGNATURE PROGRAM	29,666.	29,666.		
b INTERNSHIP PROGRAM	21,600.	21,600.		
c BOARD TRAINING	4,844.	4,844.		
d VOLUNTEER AWARDS	359.	359.		
e ALUMNI EXPENSES	396.	396.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	353,048.	254,877.	55,884.	42,287.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	121,334.	<b>1</b>	37,088.
	<b>2</b> Savings and temporary cash investments . . . . .	762.	<b>2</b>	30,002.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	7,720.	<b>4</b>	4,765.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,621.	<b>9</b>	804.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 13,264.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 8,493.	1,880.	<b>10c</b> 4,771.
	<b>11</b> Investments - publicly traded securities . . . . .	188,456.	<b>11</b>	238,120.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,853.	<b>15</b>	3,138.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	326,626.	<b>16</b>	318,688.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	35,789.	<b>17</b>	51,439.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	16,112.	<b>19</b>	21,420.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	51,901.	<b>26</b>	72,859.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	222,847.	<b>27</b>	215,133.
	<b>28</b> Temporarily restricted net assets . . . . .	47,025.	<b>28</b>	27,558.
	<b>29</b> Permanently restricted net assets . . . . .	4,853.	<b>29</b>	3,138.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	274,725.	<b>33</b>	245,829.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	326,626.	<b>34</b>	318,688.	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization LEADERSHIP LORAIN COUNTY, INC.	Employer identification number 34-1695613
--	--

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
  - (ii) A family member of a person described in (i) above? 11g(ii)
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	256,612.	271,372.	167,415.	248,570.	196,686.	1,140,655.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	71,983.	83,450.	98,361.	113,360.	120,276.	487,430.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	328,595.	354,822.	265,776.	361,930.	316,962.	1,628,085.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	99,450.	103,598.	95,780.	83,775.	82,500.	465,103.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .	99,450.	103,598.	95,780.	83,775.	82,500.	465,103.
8 Public support (Subtract line 7c from line 6.) . . . . .						1,162,982.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	328,595.	354,822.	265,776.	361,930.	316,962.	1,628,085.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12,539.	10,470.	14,496.	4,547.	2,925.	44,977.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	12,539.	10,470.	14,496.	4,547.	2,925.	44,977.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	341,134.	365,292.	280,272.	366,477.	319,887.	1,673,062.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	69.51%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	71.05%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.69%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	2.96%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LEADERSHIP LORAIN COUNTY, INC.

Employer identification number 34-1695613

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  |    |
| (ii) related organizations . . . . .  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .	13,264		8,493	4,771
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				4,771



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*



**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))	
		DIFFERENCE MAKE	GOLF OUTING	0		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	106,439.	30,870.	137,309.	
	2	Less: Charitable contributions	41,275.	11,750.	53,025.	
	3	Gross income (line 1 minus line 2)	65,164.	19,120.	84,284.	
Direct Expenses	4	Cash prizes	1,169.		1,169.	
	5	Noncash prizes				
	6	Rent/facility costs	4,243.	11,074.	15,317.	
	7	Food and beverages	21,233.		21,233.	
	8	Entertainment	1,200.		1,200.	
	9	Other direct expenses	13,226.	2,560.	15,786.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 54,705.)
	11	Net income summary. Combine line 3, column (d), and line 10				29,579.

**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))
		Yes	No	Yes	No	Yes	No	
Revenue	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	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						

	Yes	No
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? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

<b>13a</b>	The organization's facility . . . . .	%
<b>13b</b>	An outside facility . . . . .	%

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? . . . . .

15a

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? . . . . .

17a

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 ▶ \$ \_\_\_\_\_

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.**

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

34-1695613

ATTACHMENT 1

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

PART III, PAGE 2, LINE 1

CONTINUED

WE ACCOMPLISH THIS MISSION BY:

- \* IDENTIFYING AND BRINGING TOGETHER A DIVERSE CROSS SECTION OF EMERGING AND EXISTING LEADERS WHO ARE COMMITTED TO COMMUNITY SERVICE AND TRUSTEESHIP AND IMPROVING THE QUALITY OF LIFE IN LORAIN COUNTY;
- \* OFFERING CLASS PARTICIPANTS EXPANDED KNOWLEDGE AND AWARENESS OF EXISTING AND EMERGING COMMUNITY ISSUES, NEEDS, CHALLENGES, AND RESOURCES THROUGH DIRECT CONTACT WITH A SPECTRUM OF PEOPLE, PLACES, AND ORGANIZATIONS;
- \* OFFERING CLASS PARTICIPANTS OPPORTUNITIES TO EXPLORE AND STRENGTHEN PERSONAL LEADERSHIP COMPETENCIES THROUGH LEADERSHIP SKILLS DEVELOPMENT AND CLASS COMMUNITY SERVICE PROJECTS;
- \* CULTIVATING AN ONGOING "NETWORK OF RESPONSIBILITY" - A BANK OF LEADERSHIP LORAIN COUNTY GRADUATES WHO SUSTAIN THEIR PASSION FOR ACTION BY EXPANDING THEIR LEADERSHIP NETWORK, CONTINUING THEIR LEADERSHIP EDUCATION, AND FURTHERING THEIR CONTRIBUTION TO THE COMMUNITY THROUGH ACTIVE INVOLVEMENT IN CIVIC AFFAIRS.

VISION STATEMENT: WE ARE A DIVERSE ORGANIZATION WHICH STRIVES TO BE THE SOURCE OF LEADERSHIP DEVELOPMENT

DIVERSITY STATEMENT: LEADERSHIP LORAIN COUNTY RECOGNIZES AND EMBRACES

Name of the organization LEADERSHIP LORAIN COUNTY, INC.	Employer identification number 34-1695613
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ATTACHMENT 1 (CONT'D)

THE RICH DIVERSITY AND UNIQUE EXPERIENCES OF ALL AS IT STRIVES TO FOSTER  
HARMONY AND TO PROMOTE LEADERSHIP THROUGHOUT THE LORAIN COUNTY COMMUNITY.

## VALUE STATEMENT:

- \* DEVELOPING AND SUPPORTING SERVANT LEADERS
- \* ENHANCING PERSONAL AND PROFESSIONAL STRENGTHS
- \* FOSTERING AND ENABLING CIVIC ENGAGEMENTS
- \* RECOGNIZING AND GROWING COMMUNITY ASSETS
- \* CELEBRATING AND PROMOTING DIVERSITY
- \* ASSESSING EFFECTIVENESS FOR CONTINUOUS IMPROVEMENT

## PROGRAM SERVICES

FORM 990, PART III, PAGE 2, LINE 4A

SIGNATURE PROGRAM: OVER 840 INDIVIDUAL HAVE GRADUATED FROM THE SIGNATURE PROGRAM TO DATE. THIS PROGRAM IS COMPRISED OF A ROAD RALLY (RACE FOR THE RESOURCES) TO BEGIN TO INTRODUCE NEW CLASS PARTICIPANTS TO THE COUNTY, AN OVERNIGHT RETREAT, WHICH BONDS THE CLASS AND SETS THE DIRECTION FOR THE YEAR, EIGHT DAY-LONG SESSIONS THAT EXPLORE SEGMENTS OF THE COUNTY (ECONOMIC DEVELOPMENT, SOCIAL JUSTICE, HEALTH CARE, LAW/GOVERNMENT/POLITICS, EDUCATION, RECREATION/ENTERTAINMENT AND BOARD TRAINING), A FINAL RETREAT, AND CONCLUDES WITH GRADUATION. AS PART OF THE CLASS EXPERIENCE, PROJECTS ARE UNDERTAKEN THAT FOCUS THE ENERGY OF THE CLASS MEMBERS ON SOLVING A COMMUNITY PROBLEM OR CONTRIBUTING TO THE

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

34-1695613

ATTACHMENT 1 (CONT'D)

COMMUNITY INFRASTRUCTURE. APPROXIMATELY 40 INDIVIDUALS PARTICIPATE ANNUALLY, WHICH INCLUDES FOUR HIGH SCHOOL STUDENTS.

## PROGRAM SERVICES

FORM 990, PART III, PAGE 2, LINE 4B

INTERNSHIP PROGRAM: FOR MORE THAN A DECADE OVER 125 COLLEGE STUDENTS HAVE BENEFITED FROM THE LEADERSHIP LORAIN COUNTY SUMMER INTERNSHIP PROGRAM. THIS PROGRAM IS DESIGNED TO OFFER QUALITY, 10-WEEK PAID SUMMER INTERNSHIP TO LOCAL COLLEGE STUDENTS WHILE PROVIDING OUR PUBLIC SERVICE ORGANIZATIONS WITH THE ENERGY, SKILLS, AND DEDICATION THAT COLLEGE STUDENTS BRING TO THESE INTERNSHIPS. THE PROGRAM PROVIDES COLLEGE STUDENTS WITH ENHANCED KNOWLEDGE, APPRECIATION, AND DEDICATION FOR LORAIN COUNTY AND ITS PUBLIC SERVICE RESOURCES. THE INTERNSHIP PROGRAM OFFERS PROFESSIONAL WORK EXPERIENCE AND SERVICE OPPORTUNITIES FOR LORAIN COUNTY INDIVIDUALS THAT WILL RESULT IN HEIGHTENED SENSE OF DEDICATION TO COMMUNITY INVOLVEMENT PROFESSIONALLY, PERSONALLY, AND FINANCIALLY. INCORPORATED INTO THE SUMMER INTERNSHIP PROGRAM IS A WEEKLY EDUCATIONAL WORKSHOP ADDRESSING PARTICULAR NEEDS OF COLLEGE STUDENTS SUCH AS RESUME BUILDING, INTERVIEWING SKILLS, PERSONAL FINANCES, AND PUBLIC SPEAKING. EACH WORKSHOP IS HELD IN DIFFERENT GEOGRAPHICAL AREAS OF THE COUNTY AS WELL AS VARIOUS BUSINESSES AND NON-PROFITS WHICH SHOWCASE TO THE STUDENTS LORAIN COUNTY'S POSITIVE CONTRIBUTIONS AND ENGAGING REASONS TO COME BACK TO LORAIN COUNTY TO WORK.

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

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ATTACHMENT 1 (CONT'D)

## PROGRAM SERVICES

FORM 990, PART III, PAGE 2, LINE 4C

COMMUNITY OUTREACH: INCLUDES PROGRAMMING THAT INCORPORATES VARIOUS TRAINING OPPORTUNITIES, FORUMS FOR NETWORKING, AND HIGH SCHOOL EDUCATION PROGRAMMING ALL CENTERED AROUND THE EARLY DEVELOPMENT OF LEADERS AND PROVIDING OPPORTUNITIES FOR ALUMNI TO SHARE LEADERSHIP EXPERIENCES.

## RECONCILIATION OF BEGINNING OF YEAR NET ASSETS TO ENDING NET ASSETS:

FORM 990, PART I, PAGE 1

BEGINNING NET ASSETS, LINE 22, PRIOR YEAR	\$274,725
CURRENT YEAR REVENUE LESS EXPENSES, LINE 19 CURRENT YEAR	(40,577)
UNREALIZED NET GAINS ON INVESTMENTS HELD	13,395
NET UNREALIZED LOSS ON ASSETS HELD AS ENDOWMENTS	(1,714)
ENDING NET ASSETS, LINE 22, CURRENT YEAR	\$245,829

## PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, PAGE 6, LINE 11A

LEADERSHIP LORAIN COUNTY'S FORM 990 IS PREPARED BY AN INDEPENDENT ADVISOR AND IS DETAIL REVIEWED BY THE TREASURER. THE FORM IS REVIEWED AND DISCUSSED AT THE FINANCE COMMITTEE MEETING WHICH IS FINALIZED AND APPROVED. A COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

34-1695613

ATTACHMENT 1 (CONT'D)

THE RETURN.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, PAGE 6, LINE 12C

LEADERSHIP LORAIN COUNTY HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN OFF ANNUALLY, EACH JANUARY FOR EXISTING MEMBERS. THIS POLICY IS REVIEWED DURING BOARD ORIENTATION AT THE BEGINNING OF THE TERM FOR ANY NEW MEMBERS. ON THE BOARD MEETING AGENDA THE FIRST ITEM INCLUDES THE FOLLOWING STATEMENT: "PLEASE ADVISE CHAIR OF ANY CONFLICT OF INTEREST ISSUED PRIOR TO THE START OF THE MEETING".

DETERMINING COMPENSATION OF CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL

FORM 990, PART VI, PAGE 6, LINE 15A

AS PART OF THE BUDGETING PROCESS, LEADERSHIP LORAIN COUNTY'S FINANCE COMMITTEE WILL PROVIDE THE EXECUTIVE COMMITTEE WITH RELEVANT INFORMATION REGARDING THE COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER. THIS INFORMATION WILL INCLUDE HISTORICAL INFORMATION AS WELL AS COMPARABLE COMPENSATION FROM OTHER LEADERSHIP ORGANIZATIONS. THE EXECUTIVE COMMITTEE APPROVES THE COMPENSATION FOR THE YEAR WHICH IS INCLUDED IN THE BUDGET FOR BOARD'S REVIEW AND APPROVAL.

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

34-1695613

ATTACHMENT 1 (CONT'D)

## DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES

FORM 990, PART VI, PAGE 6, LINE 15B

THE CEO WILL PRESENT THE FINANCE COMMITTEE WITH RECOMMENDATIONS FOR STAFF SALARIES DURING THE BUDGETING PROCESS BASED ON ANNUAL PERFORMANCE REVIEWS, INFLATIONARY ADJUSTMENTS AND CONSIDERATION OF CHANGES IN DUTIES.

THESE RECOMMENDATIONS ARE REVIEWED BY THE COMMITTEE AND PRESENTED IN THE BUDGET FOR BOARD APPROVAL.

## AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION

FORM 990, PART VI, PAGE 6, LINE 19

LEADERSHIP LORAIN COUNTY MAKES ALL GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

## PROFESSIONAL FUNDRAISER ACTIVITY

FORM 990, SCHEDULE G, PART I, LINE 2B, COLUMN (III)

BEYOND FUNDRAISING PROVIDES A VARIETY OF CONSULTING RELATED DEVELOPMENT ACTIVITIES FOR LEADERSHIP LORAIN COUNTY WHICH INCLUDES ORGANIZING AND WORKING WITH THE SPECIAL EVENTS AND DEVELOPMENT COMMITTEE OF VOLUNTEERS INCLUDING BOARD MEMBERS, CONSULTING ON DIRECT MAILING PROGRAMS, AND CONSULTING AND MEETING WITH DEVELOPMENT AND GRANT MAKING OPPORTUNITIES.

Name of the organization

LEADERSHIP LORAIN COUNTY, INC.

Employer identification number

34-1695613

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	2,925.			2,925.
TOTALS	<u>2,925.</u>			<u>2,925.</u>

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIFFERENCE MAKERS	41,275.
GOLF OUTING	11,750.
TOTAL	<u>53,025.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DIFFERENCE MAKERS	65,164.	41,071.	24,093.
GOLF OUTING	19,120.	13,634.	5,486.
TOTALS	<u>84,284.</u>	<u>54,705.</u>	<u>29,579.</u>

ATTACHMENT 5