

Form **990-EZ**

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

2000

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 2000 calendar year, OR tax year beginning 7/1/2000 and ending 6/30/2001

B Check if Change of address Change of name Initial return Final return Amended return

C Name of organization LEADERSHIP GEAUGA COUNTY
Number and street (or P O box, if mail is not delivered to address) P O BOX 261 Room/suite _____
City, town, or country CHARDON State OHIO ZIP code 44024-0261

D Employer identification number 34-1794467

E Telephone number _____

F Check if if application pending

G Accounting method Cash Accrual Other (specify) _____

H Enter 4-digit group exemption number (GEN) _____

I Organization type (check only one)- 501(c) (3) (insert no) 527 or 4947(a)(1)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

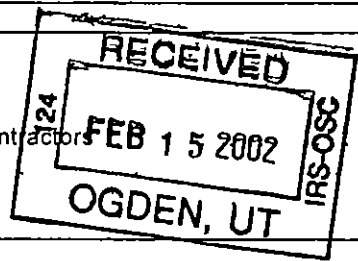
K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ **\$** 88,225

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See instructions on page 34.)

1	Contributions, gifts, grants, and similar amounts received	1	33,783
2	Program service revenue including government fees and contracts	2	27,850
3	Membership dues and assessments	3	2,415
4	Investment income	4	2,778
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ <u>16,743</u> of contributions reported on line 1)	6a	21,399
6b	Less direct expenses other than fundraising expenses	6b	15,461
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	5,938
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe _____)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	72,764
E	10 Grants and similar amounts paid (attach schedule)	10	
x	11 Benefits paid to or for members	11	
p	12 Salaries, other compensation, and employee benefits	12	31,732
e	13 Professional fees and other payments to independent contractor	13	3,012
n	14 Occupancy, rent, utilities, and maintenance	14	
s	15 Printing, publications, postage, and shipping	15	5,803
e	16 Other expenses (describe <u>See Attached</u>)	16	29,203
s	17 Total expenses (add lines 10 through 16)	17	69,750
Net	18 Excess or (deficit) for the year (line 9 less line 17)	18	3,014
As-	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,969
sets	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	59,983



Part II Balance Sheets

If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57,590	22 60,805
23 Land and buildings		23
24 Other assets (describe _____)	0	24 0
25 Total assets	57,590	25 60,805
26 Total liabilities (describe <u>Accrued Payroll Taxes</u>)	621	26 822
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,969	27 59,983

SCANNED MAR 05 2002

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38)

Expenses

What is the organization's primary exempt purpose? <u>Educational</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	LEADERSHIP GEAUGA IS A PROGRAM DESIGNED TO IDENTIFY AND DEVELOP LEADERSHIP IN GEAUGA COUNTY APPROXIMATELY 30 PARTICIPANTS EXPERIENCE A NINE-MONTH CURRICULUM WHICH INCLUDES TOURS OF GOVERNMENT AND BUSINESS LOCATIONS (Grants \$	28a	12,117
29	(Grants \$	29a	
30	(Grants \$	30a	
31	Other program services (attach schedule) (Grants \$	31a	
32	Total program service expenses (add lines 28a through 31a)	32	12,117

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter 0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached Statement I	See statement	31,732		

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14)

Yes or No

33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	No
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	
a	Did the organization have unrelated business gross income of \$1 000 or more or 6033(e) notice, reporting, and proxy tax requirements?	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	
b	Did the organization file Form 1120-POL for this year?	N/A
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	No
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b	
39	501(c)(7) organizations - Enter 39a initiation fees and capital contributions included on line 9 39b	
b	Gross receipts, included on line 9, for public use of club facilities	
40a	501(c)(3) organizations - Enter Amount of tax imposed on the organization during the year under section 4911 <u>None</u> , section 4912 <u>None</u> , section 4955 <u>None</u>	
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	No
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912 4955 and 4958	
d	Enter Amount of tax on line 40c, above, reimbursed by the organization	
41	List the states with which a copy of this return is filed <u>Ohio</u>	
42	The books are in care of <u>Dittrick and Associates, Inc</u> Telephone no <u>440-834-9686</u> Located at <u>P O Box 501, Burton, Ohio</u> ZIP + 4 <u>44021-0501</u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here <input type="checkbox"/> 43	

Prepared during the tax year

including accompanying schedules and statements, and to the best of my knowledge and belief (as preparer or principal preparer) is based on all information of which preparer has any knowledge

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

LEADERSHIP GEAUGA COUNTY

Employer identification number

34-1794467

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>EXECUTIVE DIRECTOR SALARY - \$18,232 BUSINESS DIRECTOR - \$13,500</i>	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions)

The organization is not a private foundation because it is (please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule below)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	15,221	14,020	60,277	48,993	138,511	
16 Membership fees received	2,180	1,310	2,480		5,970	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	23,250	29,772	20,869	26,410	100,301	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,564	2,238	205		5,007	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
23 Total of lines 15 through 22	43,215	47,340	83,831	75,403	249,789	
24 Line 23 minus line 17	19,965	17,568	62,962	48,993	149,488	
25 Enter 1% of line 23	432	473	838	754		
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2,990	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b NONE	
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 149,488	
d Add Amounts from column (e) for lines	18	5,007	19	0		
	22	0	26b	NONE	26d 5,007	
e Public support (line 26c minus line 26d total)					26e 144,481	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.65%	
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.					
	(1999)	(1998)	(1997)	(1996)		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.	(1999)	(1998)	(1997)	(1996)		
c Add Amounts from column (e) for lines	15	0	16	0		
	17	0	20	0	21	0
d Add Line 27a total	0	0	0	0	27d 0	
e Public support (line 27c minus line 27d total)					27e 0	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 0	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)						

Part V Private School Questionnaire

(See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here a If the organization belongs to an affiliated group
 Check here b If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	0	0
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

Caution If there is an amount on either line 43 or line 44, file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies demonstrations, seminars conventions, speeches lectures or any other means		X	
i Total lobbying expenditures (add lines c through h)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Line28. for Sch A

	Total		
1 IN 1996 A GRANT WAS OBTAINED FROM		1	20,000
THE PURPOSE OF THE GRANT			
2 WAS FOR GENERAL OPERATIONS OF THE PROGRAM PROVIDED BY LEADERSHIP GEAUGA COUNTY		2	
3		3	
4		4	
5		5	

FORM 990: PART I, LINE 6:

Emerald Ball Fundraising Event

Description	Amount	Units	Total Revenue	Contributor (Line 6a bracketed)	Fair Market Value (Line 6a)
Corporate Table	1000	14 5	14500	7772	6728
Individual Dinner	85	96	8160	3840	4320
Preview Tickets	25	23	575	276	299
Press Tickets	45	2	90	0	90
Silent Auction/Donations			14817	4855	9962
			<u>38142</u>	<u>16743</u>	<u>21399</u>

Line 16 (Form 990-EZ) - Other Expenses

1	AUTO EXPENSE (144), RAFFLE EXPENSES (8202), RECRUITING EXPENSES (404), ALUMNI EXP (419)	1	9,169
2	MISCELLANEOUS (330), PROMOTIONAL EXPENSE (490)	2	820
3	WORKERS COMPENSATION	3	95
4	BANK CHARGES	4	145
5	PAYROLL TAXES	5	2,427
6	DUES AND SUBSCRIPTIONS	6	666
7	CONFERENCE FEES	7	2,514
8	PROGRAM EXPENSES	8	12,117
9	INSURANCE (1000) TELEPHONE (250)	9	1,250
10	Total other deductions	10	29,203

990EZ		Total	31,732
1	Alice Sems, Executive Director, 10020 Chardon-Kirtland Road, Chardon, Ohio 44024 (20 hrs)	1	18,232
2	Kimberly Hass, President, 420 Muirfield Dr, Highland Hts, Oh (10 hrs)	2	
3	Susan E. Miller, Vice President, 17700 Rapids Road, Mantua, Ohio 44255 (5 hrs)	3	
4	Richard Ross, Secretary, 34305 Solon Road, Solon, Ohio 44139	4	
5	Kristna Fenselon, Treasurer, 8366 SR 45, North Bloomfield, Ohio (5 hrs)	5	
6	Enos Detweiler, Trustee, 14261 Main Market St, Hiram, Ohio (1 hr)	6	
7	Joyce Edelinsky, Trustee, 9471 Brakeman Road, Chardon, Ohio (1 hr)	7	
8	Kristen G. Haskell, Trustee, 11595 Cherry Hollow, Chardon, Ohio (1 hr)	8	
9	Neil C. Hofstetter, Trustee, 9141 Clay Street, Montville, Ohio (1 hr)	9	
10	Louis A. Mucci, Trustee, 23240 Chagrin Blvd, Beachwood, Ohio (1 hr)	10	
11	Deborah F. O'Connor, Trustee, 11845 Quail Woods Dr, Chardon, Ohio (1 hr)	11	
12	John A. Ralph, Trustee, P.O. Box 566, Chesterland, Ohio (1 hr)	12	
13	Kimberly Steigerwald, Trustee, 13916 Stanley Drive, Burton, Ohio (1 hr)	13	
14	Alan B. Wargo, Trustee, 11840 Quail Woods Lane, Chardon, Ohio (1 hr)	14	
15	Cheryl Willis, Trustee, 4120 Orangewood Avenue, Orange Village, Ohio (1 hr)	15	
16	Jim Zella, Trustee, 13711 Chillicothe Road, Novelty, Ohio (1 hr)	16	
17	Linda Ropchock, Business Director, 15405 Rock Creek Road, Chardon, Oh 44024 (20 hrs)	17	13,500
18		18	

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization LEADERSHIP GEAUGA COUNTY	Employer identification number 34-1794467
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions p o BOX 261	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHARDON , OHIO 44024-0261	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

If the organization does not have an office or place of business in the United States, check this box
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for

calendar year _____
 tax year beginning 7/1/2000 and ending 6/30/2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit _____

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions _____ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature *Robert S. Dittice* Title CPA Date 11/9/01
 For Paperwork Reduction Act Notice, see Instruction (HTA) Form 8868 (12-2000)