

**Return of Organization Exempt From Income Tax**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2002 calendar year, or tax year beginning 7/1/2002 and ending 6/30/2003

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**LEADERSHIP GEAUGA COUNTY**

**D** Employer identification number  
**34-1794467**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P.O. BOX 261**

**E** Telephone number

City, town, or country State ZIP + 4  
**CHARDON OHIO 44024-0261**

**F** Enter 4-digit (GEN) ▶

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I** WEB SITE: ▶

**J** ORGANIZATION TYPE (check only one) -  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) OR  527

**H** Check  if the organization is NOT required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization'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.

**L** 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 ▶ \$ **74,791**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	14,545	
	2	Program service revenue including government fees and contracts	2	35,364	
	3	Membership dues and assessments	3	3,955	
	4	Investment income	4	1,155	
	5 a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0	
	6	Special events and activities (attach schedule):			
	a	Gross revenue (not including \$ <u>12,142</u> of contributions reported on line 1)	6a	19,387	
	b	Less: direct expenses other than fundraising expenses	6b	14,623	
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	4,764		
7 a	Gross sales of inventory, less returns and allowances	7a	385		
b	Less: cost of goods sold	7b	279		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	106		
8	Other revenue (describe ▶ )	8	0		
9	TOTAL REVENUE (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	59,889		
Expenses	10	Grants and similar amounts paid (attach schedule)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	41,099	
	13	Professional fees and other payments to independent contractors	13	575	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15	1,721	
	16	Other expenses (describe ▶ See Attached Worksheet.)	16	21,574	
17	TOTAL EXPENSES (add lines 10 through 16)	17	64,969		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	-5,080	
	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	50,419	
	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	45,339	

**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 page 39 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	51,230	45,725
23	Land and buildings		
24	Other assets (describe ▶ See Attached Worksheet.)	0	560
25	TOTAL ASSETS	51,230	46,285
26	TOTAL LIABILITIES (describe ▶ See Attached Worksheet.)	811	946
27	NET ASSETS OR FUND BALANCES (line 27 of column (B) MUST agree with line 21)	50,419	45,339

SCANNED FEB 23 2004

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Educational
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

Table with 2 columns: Line number (28-32) and Amount. Line 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 10,228. Line 32: TOTAL PROGRAM SERVICE EXPENSES (add lines 28a through 31a) 32 10,228.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 of the instructions)

Table with 5 columns: (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. Row 1: See Statement Attached.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Form with questions 33-43 and Yes/No columns. 33: Did the organization engage in any activity not previously reported to the IRS? No (X). 34: Were any changes made to the organizing or governing documents but not reported to the IRS? No (X). 35: If the organization had income from business activities... No (X). 36: Was there a liquidation, dissolution, termination, or substantial contraction during the year? No (X). 37a: Enter amount of political expenditures... None (X). 38a: Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... No (X). 39: 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9... None (X). b Gross receipts, included on line 9, for public use of club facilities... None (X). 40a: 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 None; section 4912 None; section 4955 None. 40b: 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? No (X). 41: List the states with which a copy of this return is filed. Ohio. 42: The books are in care of Dittrick and Associates, Inc. Telephone no. 440-834-9686. Located at P.O. Box 501, Burton, Ohio ZIP + 4 44021. 43: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of FORM 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year 43.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

Date Jan 30, 2004

P5A5

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

Department of the Treasury  
Internal Revenue Service

**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**

**Supplementary Information - (See separate instructions.)**

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

OMB No 1545-0047

**2002**

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 2 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 (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying, compensation, and grants. Includes handwritten note 'SEE FORM 990-EZ PART IV STMT.' and a shaded area at the bottom.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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.)
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.)
11 a [X] 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.)
11 b [ ] A community trust. Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A.)
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.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes three empty rows for data entry.

- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,107	33,783	15,221	14,020	84,131	
<b>16</b> Membership fees received	3,710	2,415	2,180	1,310	9,615	
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	32,750	27,850	23,250	29,772	113,622	
<b>18</b> 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	1,748	2,778	2,564	2,238	9,328	
<b>19</b> Net income from unrelated business activities not included in line 18					0	
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
<b>21</b> 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	
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0	
<b>23</b> Total of lines 15 through 22	59,315	66,826	43,215	47,340	216,696	
<b>24</b> Line 23 minus line 17	26,565	38,976	19,965	17,568	103,074	
<b>25</b> Enter 1% of line 23	593	668	432	473		
<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 2,061	
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts					<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 103,074	
<b>d</b> Add: Amounts from column (e) for lines:	18	19	20	21	<b>26d</b>	
	9,328	0	0	0	9,328	
	0	0	0	0		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 93,746	
<b>f</b> PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					<b>26f</b> 90.95%	
<b>27</b> ORGANIZATIONS DESCRIBED ON LINE 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year:						
(2001) _____ (2000) _____ (1999) _____ (1998) _____						
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) DO NOT FILE THIS LIST WITH YOUR RETURN After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2001) _____ (2000) _____ (1999) _____ (1998) _____						
<b>c</b> Add: Amounts from column (e) for lines:	15	16	17	20	21	<b>27c</b>
	0	0	0	0	0	0
	0	0	0	0	0	
<b>d</b> Add: Line 27a total _____ and line 27b total _____						<b>27d</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)						<b>27e</b> 0
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)						<b>27f</b> 0
<b>g</b> PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))						<b>27g</b> 0.00%
<b>h</b> INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))						<b>27h</b> 0.00%
<b>28</b> UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.						

**Part V**

**Private School Questionnaire** (See page 7 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 separate statement )		
34 a 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 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a [ ] if the organization belongs to an affiliated group. Check b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount breakdown.

Caution: If there is an amount on either line 43 or line 44, you must 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 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B

Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 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:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i, with 'X' marks in the Yes/No columns and shaded cells in the Amount column.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Leadership Geauga County  
P.O. Box 261  
Chardon, Oh 44024-0261

EIN 34-1794467  
Year End 6/30/03

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Part I, Line 16 (Other Expenses)

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Internet Expense	669
Automobile Expense	185
Supplies	686
Workers' Compensation	76
Meals and Entertainment	198
Bank Service Charge	104
Miscellaneous	50
Promotion	515
Dues and Membership	225
Conference Fees	3,091
Insurance	1,345
Telephone	745
Class Expenses	10,228
Alumni Expenses	2,949
Recruiting Expenses	<u>508</u>
	<u><u>21,574</u></u>

**Line 24 (990-EZ) - Other Assets**

		Beginning	End
1	NSF check receivable		560
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	0	560

**Line 26 (990-EZ) - Liabilities**

		Beginning	End
1	Accrued Payroll Taxes	811	946
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	811	946

990EZ

Total:

0

1	Alice Sems, Executive Director, 10020 Chardon-Kirtland Road, Chardon, Ohio 44024 (20 hrs)	1	19,089.00
2	Paula Aveni, Trustee, 7435 Dines Rd., Russell, Oh 44072 (1hr)	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	Kristina 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	Charles F. Bixler, Trustee, P.O. Box 151, Burton, Oh 44021 (1hr)	7	
8	Kristen G. Haskell, Trustee, 11595 Cherry Hollow, Chardon, Ohio (1 hr)	8	
9	Sheila Heller, Trustee, 13495 Forest Rd, Burton, Oh 44021 (1hr)	9	
10	Louis A. Mucci, Trustee, 23240 Chagrin Blvd., Beachwood, Ohio (1 hr)	10	
11	Laurel Hildebrand, Trustee, 9252 S. Brown Rd., Chardon, Oh 44024 (1hr)	11	
12	John A. Ralph, Trustee, P.O. Box 566, Chesterland, Ohio (1 hr)	12	
13	Tracy Jemison, Trustee, 14470 North Rider Rd., Burton, Oh 44021 (1hr)	13	
14	Ellen Leavitt, Trustee, 7935 Sunrise Lane, Novelty, Oh 44072 (1hr)	14	
15	Sandy Nativio, Sr., Trustee, 401 North St., Chardon, Oh 44024 (1hr)	15	
16	Douglas Yoder, Trustee, 14888 Burton-Windsor Rd., Burton, Oh 44021 (1hr)	16	
17	Linda Ropchock, Business Director, 15405 Rock Creek Road, Chardon, Oh 44024 (20 hrs)	17	19,089.00
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

\* 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 <b>LEADERSHIP GEAUGA COUNTY</b>	EMPLOYER IDENTIFICATION NUMBER <b>34-1794467</b>
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. <b>P.O. BOX 261</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARDON, OHIO 44024-0261</b>	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input 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 checked="" 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 2/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year \_\_\_\_\_ or

tax year beginning 7/1/2002, and ending 6/30/2003

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

**3 a** 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 \$ \_\_\_\_\_ 0

**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 \$ \_\_\_\_\_ 0

**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 J. Dittus* Title CPA Date 10/27/03

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)