

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**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*

OMB No 1545-1150

**2005**

**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning** 7/1/2005 **and ending** 6/30/2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <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 GEAUGA COUNTY		<b>D Employer identification number</b> 34-1794467
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O BOX 261		<b>E Telephone number</b>
		City, town, or country CHARDON	State OHIO	ZIP + 4 44024-0261
				<b>F Group Exemption Number</b> ►

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

**G Accounting method**  Cash  Accrual  
Other (specify) ►

**I Website** ► www.leadershipgeauga.org

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

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. **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** ► \$ 95,064

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	22,444
	2	Program service revenue including government fees and contracts	2	47,657
	3	Membership dues and assessments	3	2,740
	4	Investment income	4	644
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less cost or other basis and sales expenses	5b	0
	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). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 21,844 of contributions reported on line 1)	6a	21,279
6b	Less direct expenses other than fundraising expenses	6b	20,421	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	858	
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 ► See attached statement)	8	300	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	74,643	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	2,713
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	31,405
	13	Professional fees and other payments to independent contractors	13	900
	14	Occupancy, rent, utilities, and maintenance	14	6,048
	15	Printing, publications, postage, and shipping	15	1,457
	16	Other expenses (describe ► See attached statement)	16	23,699
	17	<b>Total expenses</b> (add lines 10 through 16)	17	66,222
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	8,421
	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	70,192
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	78,613

**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 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,999	78,834
23 Land and buildings		
24 Other assets (describe ► See attached statement)	367	767
25 <b>Total assets</b>	71,366	79,601
26 <b>Total liabilities</b> (describe ► Accrued Payroll Taxes)	1,174	988
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	70,192	78,613

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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(HTA)

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Part III Statement of Program Service Accomplishments (See page 42 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? <u>Educational</u>			
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	<u>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.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,642
29	..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>15,642</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(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
Name <u>See Attached</u> Str City <u>Statement</u> ST ZIP	Title Hr/WK	0	0	0
Name _____ Str City _____ ST ZIP	Title Hr/WK			
Name _____ Str City _____ ST ZIP	Title Hr/WK			
Name _____ Str City _____ ST ZIP	Title Hr/WK			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
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.		X
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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a		
37b	Did the organization file Form 1120-POL for this year?		X
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?		X
38b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39a	501(c)(7) organizations Enter:		
39b	a Initiation fees and capital contributions included on line 9		
	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 <input type="checkbox"/> None ; section 4912 <input type="checkbox"/> None ; section 4955 <input type="checkbox"/> None		
40b	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		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="checkbox"/> None		
	d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> None		

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

- 41** List the states with which a copy of this return is filed ▶ Ohio
- 42 a** The books are in care of ▶ Name Ditruck and Associates, Inc. Telephone no. ▶ 440-834-9686  
 Located at ▶ P.O. Box 501 City, Burton ST OH ZIP + 4 ▶ 44021
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 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 | N/A

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

**Please Sign Here**

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.

Signature of officer: Mary M. McBride, President Date: 5.14.07

Type or print name and title: Mary M. McBride, President Leadership Geauga County

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 5/11/2007 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): 297-42-7982

Firm's name (or yours if self-employed): Ditruck and Associates, Inc. EIN: 34-1934240

address, and ZIP + 4: P.O. Box 501, Burton, OH 44021 Phone no: 440-834-9686

**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 4947(a)(1) Nonexempt Charitable Trust

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

OMB No 1545-0047

**2005**

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		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**Part III Statements About Activities** (See page 2 of the instructions )

		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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		X
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			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
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)? See Attached Schedule	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	18,470	1,054	14,545	21,107	55,176		
16 Membership fees received	9,255	4,330	3,955	3,710	21,250		
17 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	47,374	42,644	35,364	32,750	158,132		
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	718	727	1,155	1,748	4,348		
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	0	0	0	0		
23 Total of lines 15 through 22	75,817	48,755	55,019	59,315	238,906		
24 Line 23 minus line 17	28,443	6,111	19,655	26,565	80,774		
25 Enter 1% of line 23	758	488	550	593			
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	1,615	
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b		
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c	80,774	
d Add: Amounts from column (e) for lines	18	19	20	21	26d	4,348	
	4,348	0	0	0			
e Public support (line 26c minus line 26d total)					26e	76,426	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	94.62%	
27 Organizations described on line 12:	a 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						
	(2004)	(2003)	(2002)	(2001)			
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 11b, 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	(2004)	(2003)	(2002)	(2001)			
c Add: Amounts from column (e) for lines	15	16	17	20	21	27c	0
	0	0	0	0	0		
d Add: Line 27a total					27d	0	
e Public support (line 27c total minus line 27d total)					27e	0	
f Total support for section 509(a)(2) test Enter amount from 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 2001 through 2004, 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)**

	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 )

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

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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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



**Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received**

1	Contributions	1	600
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	21,844
7	.....	7	
8	.....	8	
9	.....	9	
10	Total	10	22,444

**Line 6 (990-EZ) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Emerald Ball	Race Night			
1a Number of special events	1	1			
2 Gross receipts	36,027	7,096			43,123
3 Less contributions	21,844				21,844
4 Gross revenue	14,183	7,096	0	0	21,279
5 Less direct expenses	16,414	4,007			20,421
6 Net income or (loss)	-2,231	3,089	0	0	858

**Line 8 (990-EZ) - Other revenue**

1	Advertisement (Emerald Ball)	1	300
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	
6	.....	6	
7	.....	7	
8	.....	8	
9	.....	9	
10	Total other revenue	10	300



Line 10 (990-EZ) - Donee and allocations

Check box if donee is a business	Class of activity	Donee's name	Address	City	State	Zip code	Amount given	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
<input checked="" type="checkbox"/>	Donation	Women's Safe, Inc	P O Box 635	Chardon	OH	44024	1,213				0		1,213		
2	Totals						1,213				0		1,213		

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

367

767

		Beginning	End
1	Rent deposit	367	367
2	Holiday Party	0	400
3			
4			
5			
6			
7			
8			
9			
10			

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

1,174

988

		Beginning	End
1	Accrued Payroll Taxes	1,174	988
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

EIN 34-1794467  
Year Ended 6/30/06

**Part I, Line 6a, Event A (detail)**

**Emerald Ball Fundraising Event:**

<b>Description</b>	<b># Tickets</b>	<b>Ticket Total</b>	<b>Deductable</b>	<b>Total Revenue</b>	<b>Contribution</b> <small>(Line 6a bracketed)</small>	<b>Fair Market Value</b> <small>(Line 6a)</small>
Individual Tickets	114	\$85 00	\$35 00	9,690	3,990	5,700
Preview Tickets	39	\$25 00	\$12 50	975	488	488
Hospital Sponsor	1	\$6,000 00	\$4,100 00	6,000	4,100	1,900
Ruby Sponsor	1	\$3,000 00	\$2,175 00	3,000	2,175	825
Sapphire Sponsor	4	\$1,500 00	\$1,000 00	6,000	4,000	2,000
Amethyst Sponsor	5	750	660	3,750	3300	450
Donations			\$970 00	970	970	0
Raffle, Auction & Advertisement Donations				5,642	2,821	2,821
				<u>36,027</u>	<u>21,844</u>	<u>14,184</u>

**Leadership Geauga County**

P.O. Box 261  
Chardon, Oh 44024-0261

**EIN** 34-1794467

Year End 6/30/2006

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**Part I, Line 16 (Other Expenses)**

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Automobile Expense	362
Supplies	1,040
Workers' Compensation	214
Meals and Entertainment	634
Bank Service Charge	137
Miscellaneous	470
Promotion	36
Dues and Membership	100
Conference Fees/ Travel	489
Insurance	1,482
Telephone/ Internet	1,438
Class Expenses	15,642
Alumni Expenses	1,655
	<u>23,699</u>

**Part III, Line 3a (Sch A (990/990-EZ)) - Fellowships, Scholarships, and Student Loans**

Do you make grants for scholarships, fellowships, student loans, etc.?

Yes  No

If "Yes," attach an explanation of how you determine that recipients qualify to receive payments

Scholarships are awarded based on the individual merits of the applicants

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

EIN 34-1794467  
Year End 06/30/06

Sch A, Part III, Line 2 d

Name	Title	Hrs. Week	Compensation
Bob Faehnle	Executive Director	20	\$24,180
Chuck Bixler	Trustee	1	0
Forrest Burt	Trustee	1	0
Andy Bushman	Trustee	1	0
Nancy Chartrand	Trustee	1	0
Melissa Dahlhausen	Trustee	1	0
Lois Danku	Secretary	1	0
Shelia Heller	Trustee	1	0
Laurel Hildebrand	Vice President	1	0
John Karlovec	Trustee	1	0
James Knapp	Trustee	1	0
Cheryl Lanese	Trustee	1	0
Mary Margaret McBride	President	1	0
Pam Plott	Treasurer	1	0
Peggy Secura	Trustee	1	0
Michael Stefanek	Trustee	1	0

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

OMB No 1545-1709

▶ 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).

**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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>	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 |

● The books are in the care of ▶ Dittrick and Associates, Inc.

Telephone No. ▶ 440-834-9686

FAX No. ▶ \_\_\_\_\_

- 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-months for a **Form 990-T corporation**) extension of time until 2/15/2007 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 7/1/2005 and ending 6/30/2006

**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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>LEADERSHIP GEAUGA COUNTY</b>	Employer identification number <b>34-1794467</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 261</b>	For IRS use only
	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 (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 4720                               |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- 1 The books are in the care of **Dittrick and Associates, Inc.**  
 Telephone No. **440-834-9686** FAX No
- 2 If the organization does not have an office or place of business in the United States, check this box
- 3 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 is for.

- 4 I request an additional 3-month extension of time until **5/15/2007**
- 5 For calendar year , or other tax year beginning **7/1/2005**, and ending **6/30/2006**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **More time is requested to acquire all information needed to complete and file an accurate return.**

8 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **\$ 0**

c **Balance Due.** Subtract line 8b from line 8a. 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. Dittrick*** Title **CPA** Date **5/15/07**

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other

Director  Date

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Dittrick and Associates, Inc.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>P.O. Box 501</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Burton, OH 44021</b>