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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

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

C Name of organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 1865 NORTH RIDGE ROAD — Room/suite: A

City or town, state or country, and ZIP + 4: LORAIN, OH 44055

D Employer identification number: 34-1322781

E Telephone number: 440-277-0142

G Gross receipts $ 14,985,772.

F Name and address of principal officer: BRIAN FREDERICK
1865 NORTH RIDGE ROAD, SUITE A, LORAIN, OH

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.PEOPLEWHOCARE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1980 **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO MAKE LORAIN COUNTY A BETTER PLACE TO LIVE AND WORK. THE COMMUNITY FOUNDATION OF LORAIN COUNTY

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,972,841.	4,702,406.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,294,979.	-418,081.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,215.	179,180.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,409,035.	4,463,505.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,145,762.	3,955,359.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	685,836.	698,853.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 477,961.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	769,626.	731,654.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,601,224.	5,385,866.
	19	Revenue less expenses. Subtract line 18 from line 12	1,807,811.	-922,361.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	62,935,466.	76,124,245.
	21	Total liabilities (Part X, line 26)	12,799,452.	15,065,795.
	22	Net assets or fund balances. Subtract line 21 from line 20	50,136,014.	61,058,450.

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Part II Signature Block

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

Sign Here ▶ Signature of officer — Date 8/11/10

▶ CHERYL MCKENNA, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 7-13-11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BARNES WENDLING CPAS INC.
5050 WATERFORD DRIVE
SHEFFIELD VILLAGE, OHIO 44035

EIN ▶

Phone no ▶ (440)934-3850

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED AUG 31 2010

G15

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE FOUNDATION AWARDS CHARITABLE GRANTS AND SCHOLARSHIPS FROM ENDOWMENT FUNDS ESTABLISHED BY INDIVIDUALS, FAMILIES, BUSINESSES, NONPROFIT ORGANIZATIONS AND SCHOOLS IN ORDER TO MAKE LORAIN COUNTY A BETTER PLACE TO LIVE AND WORK.

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

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

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

4a (Code:) (Expenses $ 3,678,885. including grants of $ 3,678,885.) (Revenue $)
FROM HOMELESS SHELTERS TO LEADERSHIP PROGRAMS, HISTORICAL PRESERVATION TO HEALTH CARE FOR THE UNINSURED, DISCRETIONARY GRANTS REPRESENT EVERY AREA OF CHARITABLE GIVING. IN 2009, THE FOUNDATION AWARDED 165 COMPETITIVE GRANTS, TOTALING $1,653,590. IN ADDITION, ANOTHER 327 GRANTS WERE DISTRIBUTED THROUGH OUR SCHOOL, AGENCY, AND SPECIAL PROJECT FUNDS. THESE GRANTS TOTALED $2,025,295 IN INVESTMENT BACK INTO THE COMMUNITY.

4b (Code:) (Expenses $ 276,474. including grants of $ 276,474.) (Revenue $)
SCHOLARSHIPS FOR EDUCATION BEYOND HIGH SCHOOL WERE AWARDED TO STUDENTS AS DIVERSE AS THE DONORS WHO CREATED THE SCHOLARSHIP FUNDS. IN 2009, $264,474 WAS AWARDED FOR TECH PROGRAMS, CREATIVE WRITING, JOURNALISM, MEDICAL SCHOOL, AND MANY OTHER ADVANCE LEARNING PURSUITS

4c (Code:) (Expenses $ 553,603. including grants of $) (Revenue $)
OTHER PROGRAM SERVICES

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

4e **Total program service expenses** ▶ $ 4,508,962.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes: [ ] No: [X]	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	19		
b	Enter the number of voting members that are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BRIAN FREDERICK - 440-277-0142
1865 NORTH RIDGE ROAD, LORAIN, OH 44055

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JAMES BUCCI BOARD MEMBER	2.00	X						0.	0.	0.
CLAUDIA JONES BOARD MEMBER	2.00	X						0.	0.	0.
MARIA ESCURO BOARD MEMBER	2.00	X						0.	0.	0.
DONALD ILLIG SECRETARY	2.00	X						0.	0.	0.
PATRICIA LINDLEY BOARD MEMBER	2.00	X						0.	0.	0.
HELEN WOODWARD BOARD MEMBER	2.00	X						0.	0.	0.
JOEL ARREDONDO BOARD MEMBER	2.00	X						0.	0.	0.
JUDITH CROCKER BOARD MEMBER	2.00	X						0.	0.	0.
TIM HARRIS BOARD MEMBER	2.00	X						0.	0.	0.
GEORGE BENT BOARD MEMBER	2.00	X						0.	0.	0.
HEIDI MCGLAMERY BOARD MEMBER	2.00	X						0.	0.	0.
SAM SPECK III BOARD MEMBER	2.00	X						0.	0.	0.
JIM VANDEMARK BOARD MEMBER	2.00	X						0.	0.	0.
J. LAWRY BABITT BOARD MEMBER	2.00	X						0.	0.	0.
JOE FERUT BOARD MEMBER	2.00	X						0.	0.	0.
KRISTEN PUTNAM-WALKERLY BOARD MEMBER	2.00	X						0.	0.	0.
BRIAN FREDERICK PRESIDENT/CEO	40.00			X		X		121,000.	0.	22,786.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN KEYSE-WALKER CHAIRPERSON	2.00			X				0.	0.	0.
GAYLE REEVES VICE-CHAIRPERSON	2.00			X				0.	0.	0.
KENT HAGEMAN TREASURER	2.00			X				0.	0.	0.
CHERYL MCKENNA CFO	40.00			X				72,111.	0.	3,444.
1b Total ▶								193,111.	0.	26,230.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 298.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 37,425.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,664,683.				
	g Noncash contributions included in lines 1a-1f $ 19,076.					
	h **Total.** Add lines 1a-1f ▶		4,702,406.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,702,721.			1702721.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents	31,224.				
	b Less: rental expenses					
	c Rental income or (loss)	31,224.				
	d Net rental income or (loss) ▶		31,224.			31,224.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	8393537.				
	b Less: cost or other basis and sales expenses	10514339				
	c Gain or (loss)	-2120802				
	d Net gain or (loss) ▶		-2120802.			-2120802.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 19,267.				
	b Less: direct expenses	b 7,928.				
	c Net income or (loss) from fundraising events ▶		11,339.	11,339.		
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a OTHER INCOME		136,617.	136,617.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		136,617.			
	12 **Total revenue** See instructions ▶		4,463,505.	147,956.	0.	-386,857.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,955,359.	3,955,359.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,000.	54,204.	33,162.	33,634.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	447,220.	189,020.	133,480.	124,720.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,365.	8,289.	5,679.	5,397.
9 Other employee benefits	67,012.	28,684.	19,653.	18,675.
10 Payroll taxes	44,256.	18,944.	12,979.	12,333.
11 Fees for services (non-employees):				
a Management				
b Legal	617.		617.	
c Accounting	21,078.		21,078.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	336,693.	148,145.	94,274.	94,274.
g Other	826.		745.	81.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	75,426.	32,286.	22,120.	21,020.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,900.	2,954.	2,023.	1,923.
23 Insurance	18,741.	3,742.	2,563.	12,436.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COMMUNICATIONS	94,032.			94,032.
b PRINTING AND PUBLICATIO	88,108.	31,327.	21,462.	35,319.
c EMPLOYEE ACTIVITIES	40,083.	17,157.	11,755.	11,171.
d EQUIPMENT RENTAL AND MA	29,127.	12,468.	8,542.	8,117.
e WEBSITE DEVELOPMENT	12,633.	5,407.	3,705.	3,521.
f All other expenses	7,390.	976.	5,106.	1,308.
25 **Total functional expenses.** Add lines 1 through 24f	5,385,866.	4,508,962.	398,943.	477,961.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		10,412.	1	100.
	2	Savings and temporary cash investments		2,620,000.	2	2,915,920.
	3	Pledges and grants receivable, net		61,019.	3	68,812.
	4	Accounts receivable, net		4,388.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,271.	9	22,131.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,747,066.			
	b	Less: accumulated depreciation	10b 151,574.	1,732,025.	10c	1,595,492.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		58,432,008.	12	71,493,548.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		56,343.	15	28,242.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		62,935,466.	16	76,124,245.
Liabilities	17	Accounts payable and accrued expenses		10,490.	17	7,762.
	18	Grants payable		934,549.	18	1,019,984.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		11,854,413.	25	14,038,049.
	26	**Total liabilities.** Add lines 17 through 25		12,799,452.	26	15,065,795.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		48,533,760.	27	59,163,564.
	28	Temporarily restricted net assets		1,602,254.	28	1,894,886.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		50,136,014.	33	61,058,450.
	34	Total liabilities and net assets/fund balances		62,935,466.	34	76,124,245.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number 34-1322781

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3124964.	2310298.	3183034.	2472841.	2614206.	13705343.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3124964.	2310298.	3183034.	2472841.	2614206.	13705343.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						124,924.
6 **Public support.** Subtract line 5 from line 4						13580419.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3124964.	2310298.	3183034.	2472841.	2614206.	13705343.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1074413.	1473946.	2297595.	2326203.	-386,857.	6785300.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	183,669.	141,186.	140,730.	160,954.	136,617.	763,156.
11 **Total support.** Add lines 7 through 10						21253799.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.90 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	68.17 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number: 34-1322781

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	67	
2	Aggregate contributions to (during year)	600,309.	
3	Aggregate grants from (during year)	837,074.	
4	Aggregate value at end of year	15,310,787.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (e.g., recreation or pleasure)
[ ] Preservation of an historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,565,092.			1,565,092.
b Buildings	9,875.			9,875.
c Leasehold improvements	24,977.		24,977.	0.
d Equipment	147,122.		126,597.	20,525.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,595,492.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
EQUITIES	39,194,129.	END-OF-YEAR MARKET VALUE
FIXED INCOME	18,852,475.	END-OF-YEAR MARKET VALUE
ALTERNATIVE INVESTMENTS	13,446,944.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	71,493,548.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
SPLIT INTEREST AGREEMENTS	23,725.
AGENCY FUNDED ENDOWMENT	14,014,324.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	14,038,049.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,463,505.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,385,866.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-922,361.
4	Net unrealized gains (losses) on investments	4	14,189,733.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,344,936.
9	Total adjustments (net). Add lines 4 through 8	9	11,844,797.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,922,436.

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

1	Total revenue, gains, and other support per audited financial statements			1	15,355,810.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	14,189,733.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-2,960,735.		
e	Add lines **2a** through **2d**			2e	11,228,998.
3	Subtract line **2e** from line **1**			3	4,126,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	336,693.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	336,693.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,463,505.

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

1	Total expenses and losses per audited financial statements			1	4,433,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	-615,799.		
e	Add lines **2a** through **2d**			2e	-615,799.
3	Subtract line **2e** from line **1**			3	5,049,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	336,693.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	336,693.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,385,866.

Part XIV Supplemental Information

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

PART XI - 8

NET CHANGE IN AGENCY ENDOWMENTS	(2,189,008)
CHANGE IN VALUE OF LIFE INSURANCE	(24,213)
CHANGE IN VALUE OF REAL ESTATE	(139,508)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	7,793
TOTAL PART XI - 8	(2,344,936)

Part XIV Supplemental Information *(continued)*

PART XII - 2D

CONTRIBUTION TO AGENCY ENDOWMENTS	(392,206)
NET INVESTMENT ACTIVITY OF AGENCY ENDOWMENTS	(2,412,601)
CHANGE IN VALUE OF LIFE INSURANCE	(24,213)
CHANGE IN VALUE OF REAL ESTATE	(139,508)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	7,793
TOTAL PART XII - 2D	2,960,735

PART XIII - 2D

GRANTS PAID FROM AGENCY ENDOWMENTS	(615,799)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number: 34-1322781

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

932081 02-03-10

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WINE TASTING (event type)	(b) Event #2 LIVING WELL SERIES (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,182.	4,211.	9,874.	19,267.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	5,182.	4,211.	9,874.	19,267.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,622.		1,422.	3,044.
	8 Entertainment				
	9 Other direct expenses		1,127.	3,757.	4,884.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(7,928.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				11,339.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number 34-1322781

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED LIST			0.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE FOUNDATION REQUIRES AN INTERIM GRANT REPORT APPROXIMATELY SIX MONTHS FOLLOWING A GRANT AWARD AND A FINAL GRANT REPORT APPROXIMATELY ONE YEAR AFTER AN AWARD. SPECIFIC CRITERIA REGARDING THE GRANT REPORT CONTENTS ARE PROVIDED TO THE GRANTEE. ADDITIONALLY, THE PROGRAM OFFICER WILL MAKE BOTH SCHEDULED AND PERIODIC UNANNOUNCED SITE VISITS TO ASSESS THE VIABILITY AND EFFECTIVENESS OF THE GRANTEE'S PROGRAM.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number 34-1322781

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2009

932111
02-02-10

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number: 34-1322781

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	19,076.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2009**

932141
03-12-10

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number: 34-1322781

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DOES THIS BY TURNING DONORS' CHARITABLE DREAMS INTO PERMANENT LEGACIES, ENGAGING IN STRATEGIC GRANTMAKING, AND LEADING OUR COMMUNITY TO A BETTER FUTURE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. ONCE APPROVED FOR FILING, A COPY IS DISTRIBUTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED ANNUALLY TO DISCLOSE IN WRITING (AND HAVE NOTARIZED) ALL POTENTIAL CONFLICTS OF INTEREST. THIS INFORMATION IS COMPILED AND PROVIDED TO THE BOARD. AT EACH BOARD AND COMMITTEE MEETING, THE FIRST ORDER OF BUSINESS ON EACH AGENDA IS TO ASK FOR ANY NEW UPDATES OF CONFLICTS. ALL KNOWN CONFLICTS OF INTEREST ARE NOTED ON EACH RESOLUTION PRIOR TO APPROVAL BY THE BOARD. IF A DIRECTOR HAS A CONFLICT, HE/SHE IS ALLOWED TO PARTICIPATE IN THE DISCUSSION OF THE ISSUE, BUT MUST ABSTAIN FROM ANY VOTE OR ACTION, AND SUCH ABSTENTION IS SO NOTED IN THE MINUTES (A NOTED CONFLICT ON A RESOLUTION IS AN UNDERSTOOD ABSTENTION).

FORM 990, PART VI, SECTION B, LINE 15: THE ANNUAL PROCESS FOR DETERMINING THE CEO COMPENSATION IS FOR AN AD HOC COMPENSATION REVIEW COMMITTEE EMPOWERED BY THE EXECUTIVE COMMITTEE TO REVIEW THE FOLLOWING MATERIALS: COMPARABLE CEO COMPENSATION DATA FOR COMMUNITY FOUNDATIONS PROVIDED BY THE ANNUAL COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY, COMPARABLE CEO COMPENSATION DATA GLEANED FROM FORMS 990 FOR A SMALL GROUP OF COMMUNITY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number: 34-1322781

FOUNDATIONS SIMILAR IN BOTH REGION AND SIZE, AND OTHER OUTSIDE INFORMATION AS APPROPRIATE (EX, WORLD AT WORK SALARY INCREASE PERCENTAGES FOR NOT-FOR-PROFITS). THE COMPENSATION COMMITTEE REVIEWS THESE MATERIALS AND DETERMINES AN APPROPRIATE COMPENSATION AMOUNT. THEN, THE COMMITTEE MAKES ITS RECOMMENDATION TO THE FULL BOARD. THE BOARD TAKES THIS RECOMMENDATION INTO ACCOUNT AND APPROVES AND/OR MODIFIES BASED ON ITS REVIEW OF THE CEO'S PERFORMANCE.

THE ANNUAL PROCESS FOR DETERMINING THE KEY EMPLOYEE COMPENSATION IS TO REVIEW COMPARABLE COMPENSATION DATA BY POSITION FOR SIMILARLY-SIZED COMMUNITY FOUNDATIONS PROVIDED BY THE ANNUAL COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY, TO CONSIDER THE ECONOMIC CONDITIONS OF THE LORAIN COUNTY AREA, AND TO TAKE INTO CONSIDERATION EXTERNAL PUBLISHED DATA SUCH AS THE COST OF LIVING ADJUSTMENT FOR THE YEAR. THE CEO DETERMINES THE RECOMMENDED SALARY AMOUNTS, AND THE BOARD APPROVES AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE AND TO ANYONE WHO MAY REQUEST A COPY. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AND HAVE BEEN MADE AVAILABLE UPON REQUEST TO ANYONE.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number 34-1322781

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MAJIC FOUNDATION - 61-1463513 1865 NORTH RIDGE ROAD LORAIN, OH 44055	OHIO, GRANTMAKING FOUNDATION	OHIO	509(A)(3)	11A, TYPE 1	
CHARITABLE PROPERTIES OF LORAIN COUNTY - 20-5752262, 1865 NORTH RIDGE ROAD, LORAIN, OH 44055	OHIO, VEHICLE FOR REAL AND PERSONAL PROPERTY GIFTS	OHIO	509(A)(3)	TYPE 1	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2009

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Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MAJIC FOUNDATION	C	37,425.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Altarum Institute 3520 Green Court Suite 300 Ann Arbor, MI 48105-1579	38-1983442	501(c)(3)	7,000				Healthcare Lorain County
Alzheimer's Association 23215 Commerce Park Drive Suite 300 Beachwood, OH 44122	34-1311175	501(c)(3)	597				2009 payout
Alzheimer's Association 23215 Commerce Park Drive Suite 300 Beachwood, OH 44122	34-1311175	501(c)(3)	15,000				General operating support for Lorain County Office
American Red Cross, Lorain County Chapter 2929 W River Rd , N Elyria, OH 44035	34-0900019	501(c)(3)	500				Young Professionals Grant on behalf of Denise Ybarra
American Red Cross, Lorain County Chapter 2929 W River Rd , N Elyria, OH 44035	34-0900019	501(c)(3)	1,000				Doughman Award
American Red Cross, Lorain County Chapter 2929 W River Rd , N Elyria, OH 44035	34-0900019	501(c)(3)	250				General support
American Red Cross, Lorain County Chapter 2929 W River Rd , N Elyria, OH 44035	34-0900019	501(c)(3)	10,000				Red Cross support for emergency service personnel
American Red Cross, Lorain County Chapter 2929 W River Rd , N Elyria, OH 44035	34-0900019	501(c)(3)	423				2009 payout
Amherst City Schools 185 Forest St Amherst, OH 44001	34-6000090	501(c)(3)	2,577				Evan Nord CRT - endowment
Amherst City Schools 185 Forest St Amherst, OH 44001	34-6000090	501(c)(3)	50,000				2009 payout
Amherst City Schools 185 Forest St Amherst, OH 44001	34-6000090	501(c)(3)	2,400				2009 payout
Amherst Historical Society 113 South Lake Street Amherst, OH 44001	341146887	501(c)(3)	12,885				Evan Nord CRT

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Case Western Reserve University 10900 Euclid Ave Cleveland, OH 44106-7001		501(c)(3)	5,476				Evan Nord CRT-Walter Nord Program
Catholic Charities Services of Lorain County 528 Poplar St Elyria, OH 44035	261323950	501(c)(3)	35,000				Community connections / Day shelter and Family Night Program
Children's Developmental Center 150 Erie Ct Amherst, OH 44001	34-0789758	501(c)(3)	585				2009 payout
Children's Developmental Center 150 Erie Ct Amherst, OH 44001	34-0789758	501(c)(3)	30,000				Resource Bank
CityMusic Cleveland, Inc P O Box 1930 Cleveland Hts , OH 44106	42-1639490	501(c)(3)	5,000				2009-10 season in Elyria 5 concerts
Clearview School District 1700 Broadway Ave Lorain, OH 44052	34710112	501(c)(3)	357				school grants
Clearview School District 1700 Broadway Ave Lorain, OH 44052	34710112	501(c)(3)	347				school grants
Clearview School District 1700 Broadway Ave Lorain, OH 44052	34710112	501(c)(3)	1,375				school grants
Clearview School District 1700 Broadway Ave Lorain, OH 44052	34710112	501(c)(3)	8,557				school grants
Clearview School District 1700 Broadway Ave Lorain, OH 44052	34710112	501(c)(3)	3,490				school grants
Cleveland Clinic Foundation 9500 Euclid Ave DV2 Cleveland, OH 44195	34-0714585	501(c)(3)	8,000				General support
Cleveland Clinic Foundation 9500 Euclid Ave. DV2 Cleveland, OH 44195	34-0714585	501(c)(3)	1,933				Evan Nord CRT
Cleveland Hearing & Speech Center 1635 Euclid Ave Cleveland, OH 44106	34-0714648	501(c)(3)	15,000				Community Services for the Deaf and Hard of Hearing of Lorain County

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	2,000				Youth Fund - Operating Fund
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	3,208				Women's Fund - Operating Fund
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	14,051				Interim Fund
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	875				from Giving Circle to Touch the Future
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	67,370				2009 payout
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	10,308				Evan Nord CRT
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	393				2009 payout
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	8,432				2009 payout
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	6,237				transfer events proceeds
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	844				transfer "Prelude to Pink" to WF endowment
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	6,609				transfer event proceeds
Community Foundation of Lorain County 1865 N. Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	18,713				unrestricted grant to CFLC operations
Community Foundation of Lorain County 1865 N Ridge Rd. E , Ste A Lorain, OH 44055	341322781	501(c)(3)	1,750				BoardSource Speaker for Nonprofit Event on 2/11/10
Community Foundation of Lorain County 1865 N Ridge Rd E , Ste A Lorain, OH 44055	341322781	501(c)(3)	18,713				unrestricted grant for operations (2nd 1/2 2009)

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Echoing Hills Village, Inc 36272 CR 79 Warsaw, OH 43844	31-0732747	501(c)(3)	15,000				Camp Echoing Hills
Educational Service Center of Lorain County 1885 Lake Ave. Elyria, OH 44035	34-1267597	501(c)(3)	4,520				Gifted High School Art Mentorship
Educational Service Center of Lorain County 1885 Lake Ave Elyria, OH 44035	34-1267597	501(c)(3)	5,797				2009 grants
Educational Service Center of Lorain County 1885 Lake Ave Elyria, OH 44035	34-1267597	501(c)(3)	1,938				2009 grants
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	500				Young Professionals Grant on behalf of Anita Harris
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	2,000				El Dorado Senior Program
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	2,500				Freddie's Boxing Gym
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	1,000				Professional Development-Mayra Perez
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	40,000				General operating support
El Centro de Servicios Sociales, Inc 1888 E 31 St Lorain, OH 44055-1895	34-1165756	501(c)(3)	1,289				Evan Nord CRT
Elyria Club of Negro Business and Professional Women's Clubs, Inc P O Box 366 Elyria, OH 44036	34-1271966	501(c)(3)	500				50th North Central District Conference
Elyria Club of Negro Business and Professional Women's Clubs, Inc P O. Box 366 Elyria, OH 44036	34-1271966	501(c)(3)	500				2009 North Central District Conference in Lorain County

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First Congregational Church 423 Washington Ave Lorain, OH 44052			3,915				2009 payout
First Congregational Church 423 Washington Ave Lorain, OH 44052			15,228				2009 distribution
Foundation Center Cleveland 1422 Euclid Ave , Ste 811 Cleveland, OH 44115	13-1837418	501(c)(3)	4,000				Safety net for nonprofits
Foundation Center Cleveland 1422 Euclid Ave , Ste 811 Cleveland, OH 44115	13-1837418	501(c)(3)	4,000				Program Support for 2009
Gathering Hope House 1173 N Ridge Rd E Suite 102 Lorain, OH 44055	20-0550847	501(c)(3)	800				Professional Development-Emily Russell
Gathering Hope House 1173 N Ridge Rd E Suite 102 Lorain, OH 44055	20-0550847	501(c)(3)	26,881				Homeless Outreach
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(c)(3)	3,000				2009 Scholarship Program
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(c)(3)	37,919				2009 payout
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(c)(3)	22,000				Girl Scouting in Lorain County
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(c)(3)	644				Evan Nord CRT - Lorain County programs
Golden Acres Home P O Box 190 Amherst, OH 44001		501(c)(3)	12,134				2009 payout
Great Lakes Theater Festival 1501 Euclid Ave , Ste 300 Cleveland, OH 44115	34-0901212	501(c)(3)	21,405				2009-2010 Education programs in Lorain County
Harrison Cultural Community Centre 1922 Hamilton Ave Lorain, OH 44052	34-1736668	501(c)(3)	20,000				General operating support

Grantee 990 - Part 2 Organizations
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Keystone School District P O Box 65 LaGrange, OH 44050	34-6003964	501(c)(3)	2,025				Young Audiences & Cleve Art Museum
Keystone School District P O Box 65 LaGrange, OH 44050	34-6003964	501(c)(3)	300				Alzheimer Memory Walk at Tower City
Keystone School District P O Box 65 LaGrange, OH 44050	34-6003964	501(c)(3)	300				Adopt Keystone Pointe
Keystone School District P O Box 65 LaGrange, OH 44050	34-6003964	501(c)(3)	415				Dan Arnold Middle School-Percussion instruments
Keystone School District P O Box 65 LaGrange, OH 44050	34-6003964	501(c)(3)	1,141				mini grants
Kiwanis Club of Avon Lake 161 Tomahawk Lane Avon Lake, OH 44012	237275321	501(C)4	5,200				2009 Scholarship Program
Kiwanis Club of Avon Lake 161 Tomahawk Lane Avon Lake, OH 44012	237275321	501(C)4	2,400				2009 Scholarship Program
Lake Avenue United Church of Christ 310 Lowell St Elyria, OH 44035			1,168				2009 payout
Lake Avenue United Church of Christ 310 Lowell St Elyria, OH 44035			4,000				General Fund
Lake Erie Nature and Science Center 28728 Wolf Road Bay Village, OH 44140	34-0845030	501(c)(3)	3,000				Atmosphere Adventures
Lake Erie Nature and Science Center 28728 Wolf Road Bay Village, OH 44140	34-0845030	501(c)(3)	10,000				Outreach to the Stars
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	341695613	501(c)(3)	2,500				Answering the call Why Leadership Lorain County is the community's necessity
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	341695613	501(c)(3)	3,515				2009 payout
Lorain City Schools 2350 Pole Ave Lorain, OH 44052	34-6001701	501(c)(3)	61,681				2009 payout

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(c)(3)	13,000				Community educational outreach
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(c)(3)	8,408				2009 payout
Lorain County Historical Society 509 Washington Ave Elyria, OH 44035	340868574	501(c)(3)	410				2009 payout
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	1,551				High School Students in Need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	250				Beecheler Scholarship
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	99				Adult students in need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	250				Kopronica Scholarship
Lorain County Joint Vocational School 15181 St Rt. 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	346				Water Bottle Fundraiser
Lorain County Joint Vocational School 15181 St Rt 58 S. Oberlin, OH 44074	34-1026617	501(c)(3)	2,090				High school students in need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	53				Adult Students in Need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	283				high School Students in need
Lorain County Joint Vocational School 15181 St Rt 58 S. Oberlin, OH 44074	34-1026617	501(c)(3)	575				student incentives
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	600				Achievement Awards-Natl Copmetition BPA/DECA
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	1,350				Achievement Awards, Nat'l Competitors Skills USA

Grantee 990 - Part 2 Organizations
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Lorain County Joint Vocational School 15181 St. Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	480				A Christmas Story - 43 students & tour
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	1,200				Grants
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	691				water sale fundraiser
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	400				Adults in Need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	346				Water Sale Fundraiser
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	500				Grants
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	135				grants
Lorain County Joint Vocational School 15181 St Rt. 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	11,993				high school students in need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	105				Adults Students in Need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	500				high school student incentives
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	300				Adult Ed Students in Need
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	473				grants
Lorain County Joint Vocational School 15181 St Rt 58 S Oberlin, OH 44074	34-1026617	501(c)(3)	1,108				adult students in need
Lorain County Metropolitan Park District 12882 Diagonal Road LaGrange, OH 44050	31-1566725	501(c)(3)	400				in honor of Chuck Humel

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Lorain YWCA 200 9th St Lorain, OH 44052	34-0810147	501(c)(3)	4,274				2009 payout
Lorain YWCA 200 9th St Lorain, OH 44052	34-0810147	501(c)(3)	7,366				2009 payout
Main Street Elyria 104 Middle Avenue Elyria, OH 44035	341886278	501(c)(3)	15,000				Downtown revitalization· Challenge Grant
Main Street Wellington 118 West Herrick Avenue P O Box 1 Wellington, OH 44090	34-1860478	501(c)(3)	15,000				Main Street Program
Midview School District 1010 Vivian Dr Grafton, OH 44044-1250	346003894	501(c)(3)	500				Academic Quiz Team
Midview School District 1010 Vivian Dr Grafton, OH 44044-1250	346003894	501(c)(3)	1,300				Dicken's Christman- Simonson
Midview School District 1010 Vivian Dr. Grafton, OH 44044-1250	346003894	501(c)(3)	1,200				Dicken's Christman- Simonson
Midview School District 1010 Vivian Dr Grafton, OH 44044-1250	346003894	501(c)(3)	1,200				Aquarium Ecosystem
Midview School District 1010 Vivian Dr Grafton, OH 44044-1250	346003894	501(c)(3)	1,016				Shinning Star
National Inventors Hall of Fame Foundation 221 South Broadway Akron, OH 44308	34-1580038	501(c)(3)	16,000				Club Invention in Lorain County
Neighborhood House Association of Lorain County P. O Box 1039 Lorain, OH 44055-2363	340714471	501(c)(3)	2,500				Homeless Hispanic Children Learning Initiative
Neighborhood House Association of Lorain County P O Box 1039 Lorain, OH 44055-2363	340714471	501(c)(3)	250				Women of Compassion grant on behalf of Rosyln Valentine and Early College High School
Neighborhood House Association of Lorain County P O Box 1039	340714471	501(c)(3)	1,933				Evan Nord CRT-Cityview Center

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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	6,832				grant funds 2008-2009
Oberlin City Schools 153 N. Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	9,250				partial general fund grant
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	2,220				grant funds 2009-10
Oberlin City Schools 153 N Main St. Oberlin, OH 44074-1173	34-6002072	501(c)(3)	155				Remittance Envelopes
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	2,600				partial grant 2009-2010
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	2,600				grant funds 2009-10
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	2,220				partial grant 2009-2010
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	10,000				partial grant 2009-2010
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	13,191				Ninde Collaborative 2008-2009 school year
Oberlin City Schools 153 N Main St Oberlin, OH 44074-1173	34-6002072	501(c)(3)	54,083				Ninde Collaborative 2009-2010 School Year
Oberlin College 70 N Professor St Oberlin, OH 44074	340714363	501(c)(3)	6,270				2009 payout
Oberlin Community Services Council 285 S Professor St Oberlin, OH 44074	340907948	501(c)(3)	644				Evan Nord CRT
Oberlin Community Services Council 285 S Professor St Oberlin, OH 44074	340907948	501(c)(3)	1,557				2009 payout

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Opera Cleveland 1422 Euclid Avenue, Suite 1052 Cleveland, OH 44115	34-1184816	501(c)(3)	16,000				Music! Words! Opera! in Lorain County Schools
Pathways Counseling and Growth Center 312 Third Street Elyria, OH 44035	34-1333225	501(c)(3)	10,000				Project Access Challenge Grant
Ritter Public Library 5680 Liberty Avenue Vermilion, OH 44089	34-6401510	501(c)(3)	10,000				library support-new conference room
Ritter Public Library 5680 Liberty Avenue Vermilion, OH 44089	34-6401510	501(c)(3)	4,725				2009 payout
Ronald McDonald House 10415 Euclid Avenue Cleveland, OH 44106	34-1269123	501(c)(3)	5,000				Room Sponsorship
Salvation Army Elyria Corps 716 Broad St Elyria, OH 44035	13-5562351	501(c)(3)	1,289				Evan Nord CRT
Salvation Army Elyria Corps 716 Broad St Elyria, OH 44035	13-5562351	501(c)(3)	25,000				Social Services and Community Programming
Salvation Army Lorain 2506 Broadway Lorain, OH 44052	34-0714378	501(c)(3)	25,000				Learning Zone
Salvation Army Lorain 2506 Broadway Lorain, OH 44052	34-0714378	501(c)(3)	2,782				2009 payout
Salvation Army Lorain 2506 Broadway Lorain, OH 44052	34-0714378	501(c)(3)	1,289				Evan Nord CRT
Save Our Children, Inc 1621 Middle Ave Elyria, OH 44035	311547340	501(c)(3)	1,000				Youth Programs
Save Our Children, Inc 1621 Middle Ave Elyria, OH 44035	311547340	501(c)(3)	2,000				Strong Girl Initiative
Save Our Children, Inc 1621 Middle Ave Elyria, OH 44035	311547340	501(c)(3)	1,000				art-based education for after school programs
Save Our Children, Inc 1621 Middle Ave Elyria, OH 44035	311547340	501(c)(3)	25,000				Youth programs

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
St John Endowment Fund 2143 Homewood Dr Lorain, OH 44055		501(c)(3)	10,000				repair of convent for food bank
The Center for Community Solutions 1226 Huron Rd , Ste. 300 Cleveland, OH 44115-1702	34-0714723	501(c)(3)	5,000				Ohio Health Survey-Lorain County Sampling
The Cleveland Foundation 1422 Euclid Ave , Ste 1400 Cleveland, OH 44115	34-0714588	501(c)(3)	33,333				Fund for Our Economic Future
The Cleveland Foundation 1422 Euclid Ave , Ste 1400 Cleveland, OH 44115	34-0714588	501(c)(3)	204,666				Fund for Our Economic Future
The MAD Factory New Union Center For The Arts 39 S Main St , Ste 310 Oberlin, OH 44074	341787202	501(c)(3)	1,000				Theatre Based Arts Programming and Outreach
The MAD Factory New Union Center For The Arts 39 S Main St., Ste 310 Oberlin, OH 44074	341787202	501(c)(3)	15,000				Theatre-based arts programming· Challenge Grant
United Way of Greater Lorain County 1875 N Ridge Rd E , Ste H Lorain, OH 44055	341011104	501(c)(3)	3,221				Evan Nord CRT
United Way of Greater Lorain County 1875 N Ridge Rd E , Ste H Lorain, OH 44055	341011104	501(c)(3)	9,312				2009 payout
Volunteer Guardianship Program of Lorain County 5201 Abbe Road-2nd Floor Sheffield, OH 44035	34-1899498	501(c)(3)	15,000				Guardianship services
Volunteer Guardianship Program of Lorain County 5201 Abbe Road-2nd Floor Sheffield, OH 44035	34-1899498	501(c)(3)	250				Women of Compassion grant on behalf of Basabi Ratnaparki
W G Nord Mental Health Center 6140 S Broadway Lorain, OH 44053	340949459	501(c)(3)	25,000				Sexual assault care unit
W G Nord Mental Health Center 6140 S Broadway Lorain, OH 44053	340949459	501(c)(3)	5,870				2009 payout
W G. Nord Mental Health Center 6140 S Broadway Lorain, OH 44053	340949459	501(c)(3)	28,290				2009 payout

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2009
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	4,200				Coordinator Salary
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	1,242				Sound System-Toni Novotny
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	3,296				Heart Monitors-Brandon Nolin
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	1,700				Honors Banquet-Carolyn Abbey
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	490				updating website
Wellington City Schools 201 S Main St Wellington, OH 44090	346003026	501(c)(3)	245				updating website
Wesleyan Village 807 West Avenue Elyria, OH 44035	340714611	501(c)(3)	5,750				Second Wind Dreams
Western Reserve Land Conservancy P O Box 314 Novelty, OH 44072	34-1571233	501(c)(3)	5,000				Land preservation work in Lorain County
Young Audiences of Northeast Ohio 13110 Shaker Sq , Ste C203 Cleveland, OH 44120-2313	341241756	501(c)(3)	20,000				Lorain County Schools Arts Programs
Youth Challenge 300 Sharon Drive Westlake, OH 44145	34-1396825	501(c)(3)	14,000				Lorain County Programs
YWCA of Elyria 318 West Ave Elyria, OH 44035-5730	34-0718418	501(c)(3)	4,169				2009 payout
YWCA of Elyria 318 West Ave Elyria, OH 44035-5730	34-0718418	501(c)(3)	7,366				2009 payout
Zion Community Development Corporation 11 Locust Street Oberlin, OH 44074	311577772	501(c)(3)	15,000				General operating support Challenge Grant
Totals			3,508,720	000			

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

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 ▶ [X]
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	THE COMMUNITY FOUNDATION OF LORAIN COUNTY	34-1322781
	Number, street, and room or suite no. If a P.O. box, see instructions. 1865 NORTH RIDGE ROAD, NO. A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LORAIN, OH 44055	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ BRIAN FREDERICK 1865 NORTH RIDGE ROAD - LORAIN, OH 44055
  Telephone No. ▶ 440-277-0142 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 corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

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	3a	$
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.	3b	$
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.	3c	$ N/A

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev 4-2009)

923831
05-26-09