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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**B Check if applicable**

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY (CFLC)

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

9080 LEAVITT ROAD

City or town, state or country, and ZIP + 4

ELYRIA, OH 44035

F Name and address of principal officer BRIAN FREDERICK

SAME AS C ABOVE

D Employer identification number

34-1322781

E Telephone number

(440) 984-7390

G Gross receipts \$ 12,595,695.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

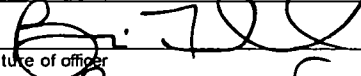
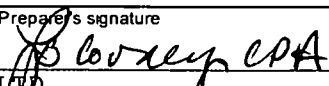
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.PEOPLEWHOCARE.ORG**H(c) Group exemption number** ▶**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1980 **M State of legal domicile** OH**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities TO MAKE LORAIN COUNTY A BETTER PLACE TO LIVE AND WORK. THE CFLC DOES THIS BY TURNING DONORS' CHARITABLE DREAMS INTO PERMANENT LEGACIES, AND ENGAGING IN STRATEGIC GRANTMAKING.						
2	Check this box <input type="checkbox"/> 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	20.				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11.				
6	Total number of volunteers (estimate if necessary)	6	115.				
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a					
b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		4,702,406.		2,939,090.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-418,081.		2,136,206.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		179,180.		190,457.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,463,505.		5,265,753.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		3,955,359.		3,251,980.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		698,853.		678,695.		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 340,641.		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		731,654.		504,899.		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,385,866.		4,435,574.		
19	Revenue less expenses Subtract line 18 from line 12		-922,361.		830,179.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		76,124,245.		83,521,076.		
22	Net assets or fund balances Subtract line 21 from line 20		15,065,795.		16,355,160.		
			61,058,450.		67,165,916.		

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 8/3/11
	Type or print name and title Brian Frederick President/CEO	
Paid Preparer Use Only	Print/Type preparer's name KB Cooney, CPA	Preparer's signature 
	Firm's name ▶ MEADEN & MOORE, LTD.	Date JUL 28 2011
	Firm's address ▶ 1100 SUPERIOR AVENUE CLEVELAND, OH 44114-2523	Check if self-employed <input type="checkbox"/>
		PTIN P00285983
		Firm's EIN ▶ 34-1818258
		Phone no 216-241-3272
May the IRS discuss this return with the preparer shown above? (see instructions)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 \$ 3,350,109. including grants of \$ 2,959,380.) (Revenue \$ _____)
 FROM HOMELESS SHELTERS TO LEADERSHIP PROGRAMS, HISTORICAL
 PRESERVATION TO HEALTH CARE FOR THE UNINSURED, DISCRETIONARY
 GRANTS REPRESENT EVERY AREA OF CHARITABLE GIVING. IN 2010, THE
 FOUNDATION AWARDED 126 COMPETITIVE GRANTS, TOTALING \$1,317,205. IN
 ADDITION, ANOTHER 482 GRANTS WERE DISTRIBUTED THROUGH OUR SCHOOL,
 AGENCY, AND SPECIAL PROJECT FUNDS. THESE GRANTS TOTALED
 \$2,277,690 IN INVESTMENT BACK INTO THE COMMUNITY.

4b (Code _____) (Expenses \$ 292,600. including grants of \$ 292,600.) (Revenue \$ _____)
 OVER 200 SCHOLARSHIPS FOR EDUCATION BEYOND HIGH SCHOOL WERE
 AWARDED TO STUDENTS AS DIVERSE AS THE DONORS WHO CREATED THE
 SCHOLARSHIP FUNDS. IN 2010, \$292,600 WAS AWARDED FOR TECH
 PROGRAMS, CREATIVE WRITING, JOURNALISM, MEDICAL SCHOOL, AND MANY
 OTHER ADVANCED LEARNING PURSUITS.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 3,642,709.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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	X	
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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	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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 8		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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 instructions for 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?	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		
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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20		
b Enter the number of voting members included in line 1a, above, who are independent 1b 20		
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 governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant 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		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b 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.
☒ Own website ☐ Another's website ☒ 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 9080 LEAVITT ROAD ELYRIA, OH 44035
 440-984-7390

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAYLE REEVES CHAIRPERSON	2.00	X		X				0.	0.	0.
(2) JIM VANDEMARK VICE CHAIR	2.00	X		X				0.	0.	0.
(3) KENT HAGEMAN TREASURER	2.00	X		X				0.	0.	0.
(4) DON ILLIG SECRETARY	2.00	X		X				0.	0.	0.
(5) JUDITH CROCKER BOARD MEMBER	2.00	X						0.	0.	0.
(6) JOE FERUT BOARD MEMBER	2.00	X						0.	0.	0.
(7) TIM HARRIS BOARD MEMBER	2.00	X						0.	0.	0.
(8) JIM BUCCI BOARD MEMBER	2.00	X						0.	0.	0.
(9) CLAUDIA JONES BOARD MEMBER	2.00	X						0.	0.	0.
(10) PATRICIA LINDLEY BOARD MEMBER	2.00	X						0.	0.	0.
(11) HEIDI MCGLAMERY BOARD MEMBER	2.00	X						0.	0.	0.
(12) KRISTIN PUTNAM-WALKERLY BOARD MEMBER	2.00	X						0.	0.	0.
(13) SAM SPECK III BOARD MEMBER	2.00	X						0.	0.	0.
(14) J. LAWRY BABITT BOARD MEMBER	2.00	X						0.	0.	0.
(15) HELEN WOODWARD BOARD MEMBER	2.00	X						0.	0.	0.
(16) JUSTINE KEENAN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) SARAH MALONE BOARD MEMBER	2.00	X						0.	0.	0.
(18) JOHN KEYSE-WALKER BOARD MEMBER	2.00	X						0.	0.	0.
(19) JOEL ARRENDONDO BOARD MEMBER	2.00	X						0.	0.	0.
(20) GEORGE BENT BOARD MEMBER	2.00	X						0.	0.	0.
(21) BRIAN FREDERICK PRESIDENT/CEO	40.00			X				120,500.	0.	20,611.
(22) CHERYL MCKENNA CFO	40.00			X				71,611.	0.	2,924.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								192,111.	0.	23,535.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								192,111.	0.	23,535.

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**

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

	Yes	No
3		X
4		X
5		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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **1**

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	33,867.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,905,223.			
	g	Noncash contributions included in lines 1a-1f \$		53,818.			
	h	Total. Add lines 1a-1f		2,939,090.			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,512,408.			1,512,408.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents	34,719.				
	b	Less rental expenses					
	c	Rental income or (loss)	34,719.				
	d	Net rental income or (loss)		34,719.			34,719.
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,938,831.				
	b	Less cost or other basis and sales expenses	7,315,033.				
	c	Gain or (loss)	623,798.				
	d	Net gain or (loss)		623,798.			623,798.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		25,459.			
	b	Less direct expenses	14,909.				
	c	Net income or (loss) from fundraising events .	ATCH. 2.	10,550.			10,550.
	9a	Gross income from gaming activities See Part IV, line 19					
b	Less direct expenses						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	OTHER INCOME	900099	145,188.	145,188.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		145,188.				
12	Total revenue. See instructions			5,265,753.	145,188.	2,181,475.	

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	2,959,380.	2,959,380.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	292,600.	292,600.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	192,111.	80,245.	59,459.	52,407.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	364,077.	152,075.	112,682.	99,320.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,795.	8,686.	6,436.	5,673.
9 Other employee benefits	58,672.	24,507.	18,159.	16,006.
10 Payroll taxes	43,040.	17,978.	13,321.	11,741.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	3,056.		3,056.	
c Accounting	19,670.		19,670.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	121,032.		121,032.	
g Other	14,492.		14,492.	
12 Advertising and promotion	41,182.			41,182.
13 Office expenses	93,064.	34,978.	28,330.	29,756.
14 Information technology	30,635.	12,796.	9,482.	8,357.
15 Royalties	0.			
16 Occupancy	87,207.	36,426.	26,991.	23,790.
17 Travel	8,899.	3,717.	2,754.	2,428.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,220.	2,598.	1,925.	1,697.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	12,182.	5,088.	3,771.	3,323.
23 Insurance	6,067.	2,534.	1,878.	1,655.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EDUCATIONAL EVENTS	37,362.			37,362.
b STAFF DEVELOPMENT	21,788.	9,101.	6,743.	5,944.
c BOARD DEVELOPMENT	2,043.		2,043.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,435,574.	3,642,709.	452,224.	340,641.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	100.	1	100.
	2 Savings and temporary cash investments	2,915,920.	2	5,111,784.
	3 Pledges and grants receivable, net	68,812.	3	69,759.
	4 Accounts receivable, net		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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,131.	9	16,125.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2,072,780.		
	b Less accumulated depreciation	10b 112,120.	1,595,492.	10c 1,960,660.
	11 Investments - publicly traded securities	39,194,129.	11	46,214,663.
	12 Investments - other securities. See Part IV, line 11	32,299,419.	12	30,111,102.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	28,242.	15	36,883.
16 Total assets. Add lines 1 through 15 (must equal line 34)	76,124,245.	16	83,521,076.	
Liabilities	17 Accounts payable and accrued expenses	7,762.	17	22,543.
	18 Grants payable	1,019,984.	18	799,058.
	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	14,038,049.	25	15,533,559.
	26 Total liabilities. Add lines 17 through 25	15,065,795.	26	16,355,160.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	59,163,564.	27	65,136,557.
	28 Temporarily restricted net assets	1,894,886.	28	2,029,359.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	61,058,450.	33	67,165,916.
34 Total liabilities and net assets/fund balances.	76,124,245.	34	83,521,076.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,265,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,435,574.
3	Revenue less expenses Subtract line 2 from line 1	3	830,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,058,450.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,277,287.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	67,165,916.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **THE COMMUNITY FOUNDATION OF LORAIN COUNTY**
(CFLC)

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,310,298.	3,183,034.	2,472,841.	2,614,206.	2,116,730.	12,697,109.
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	2,310,298.	3,183,034.	2,472,841.	2,614,206.	2,116,730.	12,697,109.
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).						36,404.
6 Public support. Subtract line 5 from line 4						12,660,705.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,310,298.	3,183,034.	2,472,841.	2,614,206.	2,116,730.	12,697,109.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,473,946.	2,297,595.	2,326,203.	-386,857.	1,547,127.	7,258,014.
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) . ATCH 1	141,186.	140,730.	160,954.	136,617.	145,188.	724,675.
11 Total support. Add lines 7 through 10						20,679,798.
12 Gross receipts from related activities, etc. (see instructions)					12	46,969.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	61.22%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	63.90%
16a 33 1/3% support test - 2010. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2010. 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. <input type="checkbox"/>		
b 33 1/3% support tests - 2009. 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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions)ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	141,186.	140,730.	160,954.	136,617.	145,188.	724,675.
TOTALS	<u>141,186.</u>	<u>140,730.</u>	<u>160,954.</u>	<u>136,617.</u>	<u>145,188.</u>	<u>724,675.</u>

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

2010

Open to Public
Inspection

Name of the organization (CFLC) 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	69.	
2 Aggregate contributions to (during year)	749,716.	
3 Aggregate grants from (during year)	831,831.	
4 Aggregate value at end of year	16,545,149.	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and not on a historic structure listed in the National Register	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 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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	1,173,819.	128,250.		1,302,069.
b Buildings		620,858.	2,401.	618,457.
c Leasehold improvements				
d Equipment		149,853.	109,719.	40,134.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				1,960,660.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests	242,667.	ATTACHMENT 1
(3) Other		
(A) FIXED INCOME	15,038,797.	FMV
(B) ALTERNATIVE INVESTMENTS	14,829,638.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	30,111,102.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	29,367.	
(3) AGENCY FUNDED ENDOWMENTS	15,504,192.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	15,533,559.	

2. FIN 48 (ASC 740) 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 (ASC 740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE DISCLOSURE

PART X, LINE 2

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

THE FOUNDATION ADOPTED THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH PRESCRIBE A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES ACCRUED, IF ANY, RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE.

AS A RESULT OF IMPLEMENTATION OF THIS STANDARD, THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

THE FOUNDATION IS SUBJECT TO U.S. FEDERAL JURISDICTION INCOME TAX EXAMINATIONS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

ATTACHMENT 1		
SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS		
DESCRIPTION	BOOK VALUE	COST OR FMV
INVESTMENT IN LLC	242,667.	COST
TOTALS	242,667.	

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

2010

Open To Public
Inspection

Name of the organization
(CFLC) **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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		POWER OF THE PU (event type)	GALA (event type)	3. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	7,000.	6,184.	12,275.	25,459.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	7,000.	6,184.	12,275.	25,459.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	500.		1,036.	1,536.
	7 Food and beverages	1,236.	3,575.	4,941.	9,752.
	8 Entertainment		1,790.		1,790.
	9 Other direct expenses	820.	618.	393.	1,831.
	10 Direct expense summary: Add lines 4 through 9 in column (d)				14,909.
	11 Net income summary: Combine line 3, column (d), and line 10				10,550.

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				

- 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? ☐ Yes ☐ No
- b If "No," explain _____
- 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
(CFLC)

THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number
34-1322781

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

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

OMB No. 1545-0047

2010

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Inspection

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? ☒ 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. Part III can be duplicated 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
(1)	GRANTS - SEE ATTACHED SCHEDULE			2,502,064.				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

JSA

5454CC 5744
0E1288 2000

5788CFD

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(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
1	SCHOLARSHIPS	208.	292,600.			
2						
3						
4						
5						
6						
7						

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 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

2010

**Open To Public
Inspection**

Name of the organization (CFLC) **THE COMMUNITY FOUNDATION OF LORAIN COUNTY**

Employer identification number
34-1322781

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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.	53,818.	FMV
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 Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, line 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?

	Yes	No
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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

--	--	--

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
(CFLC)

THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number
34-1322781

PROCESS TO REVIEW FORM 990

PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND DETAIL REVIEWED BY THE
CHIEF FINANCIAL OFFICER. THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE
PRIOR TO FILING. ONCE APPROVED BY THE AUDIT COMMITTEE, A COPY IS
DISTRIBUTED TO THE BOARD FOR ACCEPTANCE.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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).

TOP MANAGEMENT OFFICIAL COMPENSATION

PART VI, SECTION B, LINE 15A:

THE ANNUAL PROCESS FOR DETERMINING THE CEO COMPENSATION IS FOR AN AD HOC
COMPENSATION REVIEW COMMITTEE EMPOWERED BY THE EXECUTIVE COMMITTEE TO

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)

Employer identification number
34-1322781

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 FOUNDATIONS SIMILAR IN BOTH REGION AND SIZE, AND OTHER OUTSIDE INFORMATION AS APPROPRIATE (E.G., 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 ANNUAL REVIEW OF THE CEO'S PERFORMANCE.

OTHER OFFICER COMPENSATION

PART VI, SECTION B, LINE 15B:

THE ANNUAL PROCESS FOR DETERMINING THE CFO 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.

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)

Employer identification number
34-1322781

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.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5:

UNREALIZED GAINS & LOSSES \$5,277,287

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DALE YOST CONSTRUCTION 260 SOUTH LOGAN STREET ELYRIA, OH 44035	ARCHITECT/CONSTRUCT	193,608.
	TOTAL COMPENSATION	<u>193,608.</u>

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
WOMEN'S POWER OF PURSE	7,000.	2,556.	4,444.
HISPANIC GALA	6,184.	5,983.	201.
HISPANIC STEAK FRY	3,838.	1,695.	2,143.
HISPANIC WINE #1	2,650.	1,435.	1,215.
AFRICAN AMERICAN STEAK FRY	2,627.	1,548.	1,079.
HISPANIC WINE #2	1,700.	882.	818.

Name of the organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY
(CFLC)

Employer identification number
34-1322781

ATTACHMENT 2 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HISPANIC WINE #3	1,460.	810.	650.
TOTALS	<u>25,459.</u>	<u>14,909.</u>	<u>10,550.</u>

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITIES	20,688,236.	FMV
MUTUAL FUNDS	25,526,427.	FMV
TOTALS	<u>46,214,663.</u>	

**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

2010

Open to Public
Inspection

Name of the organization
(CFLC)

THE COMMUNITY FOUNDATION OF LORAIN COUNTY

Employer identification number
34-1322781

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(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	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MAJIC FOUNDATION 9080 LEAVITT ROAD ELYRIA, OH 44035 61-1463513	GRANTMAKING	OH	509 (A) (3)	11A, TYPE 1	N/A		X
(2)	CHARITABLE PROPERTIES OF LORAIN COUNTY 9080 LEAVITT ROAD ELYRIA, OH 44035 20-5752262	SEE STMT	OH	509 (A) (3)	11A, TYPE 1	N/A		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2010

JSA

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5788CFD

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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** ☒ **Yes** ☒ **No**

b Gift, grant, or capital contribution to other organization(s) **1b** ☒ **Yes** ☒ **No**

c Gift, grant, or capital contribution from other organization(s) **1c** ☒ **Yes** ☒ **No**

d Loans or loan guarantees to or for other organization(s) **1d** ☒ **Yes** ☒ **No**

e Loans or loan guarantees by other organization(s) **1e** ☒ **Yes** ☒ **No**

f Sale of assets to other organization(s) **1f** ☒ **Yes** ☒ **No**

g Purchase of assets from other organization(s) **1g** ☒ **Yes** ☒ **No**

h Exchange of assets **1h** ☒ **Yes** ☒ **No**

i Lease of facilities, equipment, or other assets to other organization(s) **1i** ☒ **Yes** ☒ **No**

j Lease of facilities, equipment, or other assets from other organization(s) **1j** ☒ **Yes** ☒ **No**

k Performance of services or membership or fundraising solicitations for other organization(s) **1k** ☒ **Yes** ☒ **No**

l Performance of services or membership or fundraising solicitations by other organization(s) **1l** ☒ **Yes** ☒ **No**

m Sharing of facilities, equipment, mailing lists, or other assets **1m** ☒ **Yes** ☒ **No**

n Sharing of paid employees **1n** ☒ **Yes** ☒ **No**

o Reimbursement paid to other organization for expenses **1o** ☒ **Yes** ☒ **No**

p Reimbursement paid by other organization for expenses **1p** ☒ **Yes** ☒ **No**

q Other transfer of cash or property to other organization(s) **1q** ☒ **Yes** ☒ **No**

r Other transfer of cash or property from other organization(s) **1r** ☒ **Yes** ☒ **No**

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MAJIC FOUNDATION	C	33,867.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

PART II, LINE 2

CHARITABLE PROPERTIES OF LORAIN COUNTY

VEHICLE FOR REAL AND PERSONAL PROPERTY GIFTS

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
American Red Cross 1929 W. River Road N. Elyria, OH 44035	34-0900019	501(c)(3)	18,556	General operating support
Beech Brook of Lorain County 347 Midway Plaza, Suite 204 Elyria, OH 44035		501(c)(3)	9,721	General operating support
Big Brothers Big Sisters of Lorain County, Inc. 1917 N. Ridge Road E, Ste. A Lorain, OH 44055	34-1809153	501(c)(3)	32,000	General operating support
Blessing House 5440 Grove Avenue Lorain, OH 44055	30-0130029	501(c)(3)	25,000	General operating support
Boys & Girls Clubs of Lorain County P.O. Box 516 Oberlin, OH 44074	34-1856214	501(c)(3)	43,000	General operating support
Catholic Charities Services of Lorain County 628 Poplar St. Elyria, OH 44035	26-1323950	501(c)(3)	35,000	Community connections family night

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Center for Leadership in Education 201 Burns Road Elyria, OH 44035		501(c)(3)	5,780	General operating support
Children's Developmental Center 150 Erie Ct. Amherst, OH 44001	34-0789758	501(c)(3)	30,000	General operating support
City of Norwalk Norwalk, OH			6,000	General operating support
Cleveland Clinic Foundation 9500 Euclid Ave. DV2 Cleveland, OH 44195	34-0714585	501(c)(3)	8,000	General operating support
Cleveland Hearing & Speech Center 11635 Euclid Ave. Cleveland, OH 44106	34-0714648	501(c)(3)	18,500	Community Services for Deaf and Hard of Hearing 30th Anniversary Grant
Cleveland Museum of Natural History 1 Wade Oval Drive University Circle, OH 44106	34-0714338	501(c)(3)	10,080	Health and natural history outreach education for Lorain County schools

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Coalition for the Uninsured of Lorain County Lorain Co Gen Health District 9880 S. Murray Ridge Rd. Elyria, OH 44035	34-6001704	501(c)(3)	20,000	Lorain County Drug Rep
Common Ground 14240 Baird Rd. Oberlin, OH 44074	34-1838503	501(c)(3)	227,760	2010 PAYOUT General operating support
Community Health Partners Foundation 3700 Kolbe Road Lorain, OH 44053	34-0714704	501(c)(3)	469,423	General operating support
Cornerstone Pregnancy Services 364 Griswold Road Elyria, OH 44035	34-1487107	501(c)(3)	7,255	2010 payout 30th Anniversary Grant
Cuyahoga Valley National Park Association 3675 Oak Hill Road Peninsula, OH 44264	34-1917357	501(c)(3)	22,750	General operating support
Easter Seals Northern Ohio 41641 North Ridge Road, Suite D Elyria, OH 44035	31-4380051	501(c)(3)	9,440	2010 payout - vision s

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Echoing Hills Village, Inc. 36272 CR 79 Warsaw, OH 43844	31-0735747	501(c)(3)	35,698	2010 PAYOUT sponsor 1 week campers Lorian resident
El Centro de Servicios Sociales, Inc. 1888 E. 31 St. Lorain, OH 44055	34-1165756	501(c)(3)	46,750	General operating support
Elyria City Schools 42101 Griswold Rd. Elyria, OH 44035	34-6000-937	501(c)(3)	57,000	Music Department Sunshine to Seniors Metropark volunteers, Food bank volunteers
Elyria Club of Negro Business and Professional Women's Club, Inc. P.O. Box 366 Elyria, OH 44036	34-1271966	501(c)(3)	6,000	General operating support
Elyria Rotary Club P. O. Box 627 Elyria, OH 44036-0627	34-6608216	501(c)(4)	23,050	2010 Scholarship Program
Family Planning Services of Lorain County 602 Leona Street Elyria, OH 44035	34-1042711	501(c)(3)	24,000	Operational support fo Medical Director

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Family Promise of Lorain County, Inc. P. O. Box 179 Elyria, OH 44036	20-5804251	501(c)(3)	25,000	Interfaith Hospitality of Greater Lorain Coun
Firelands Association for the Visual Arts New Union Center for the Arts 39 South Main St., Ste. 21 Oberlin, OH 44074	34-1282501	501(c)(3)	28,484	2010 payout
Firelands School District 11970 Vermilion Rd. Oberlin, OH 44074		501(c)(3)	11,983	Communicating with Kin Assisted Living residents Staff Grants
First Congregational Church 423 Washington Ave. Lorain, OH 44052		501(c)(3)	20,659	General operating support
Fund for Our Economic Future 1360 East 9th St., Suite 210 Cleveland, OH 44114	27-0606927	501(c)(3)	33,333	General operating support
Girl Scouts of North East Ohio One Girl Scout Way Macedonia, OH 44056-2156	34-0931195	501(c)(3)	62,607	2010 payout LORAIN COUNTY PROGRAMS

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Golden Acres Home P.O. Box 190 Amherst, OH 44001		501(c)(3)	11,046	2010 payout
Great Lakes Theater Festival 1501 Euclid Ave., Ste. 300 Cleveland, OH 44115	34-0901212	501(c)(3)	25,432	2010-2011 Education pr in Lorain County
Hard Hatted Women 4220 Prospect Ave. Cleveland, OH 44103		501(c)(3)	20,000	General operating support
Harrison Cultural Community Centre 1922 Hamilton Ave. Lorain, OH 44052	34-1736668	501(c)(3)	20,000	General operating supp
Herrick Memorial Library 101 Willard Memorial Square Wellington, OH 44090	34-1418545	501(c)(3)	9,993	Early literacy and con literacy 2010 payout
Ideastream 1375 Euclid Ave. Cleveland, OH 44115	34-1943865	501(c)(3)	10,000	General operating support
Invent Now, Inc. 3701 Highland Park St. NW North Canton, OH 44720		501(c)(3)	20,000	General operating support

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Junior Achievement of Greater Cleveland 1422 Euclid Avenue, Ste. 525 Cleveland, OH 44115	34-0733164	501(c)(3)	21,911	K-12 Economic education LORAIN COUNTY PROGRAMS
Kidney Foundation of Ohio, Inc. 2831 Prospect Avenue Cleveland, OH 44115		501(c)(3)	5,000	General operating support
Kiwanis Club of Avon Lake 161 Tomahawk Lane Avon Lake, OH 44012	23-7275321	501(c)(4)	13,600	2010 Scholarship Program
Lake Avenue United Church of Christ 310 Lowell St. Elyria, OH 44035		501(c)(3)	6,000	General operating support
Leadership Lorain County 201 Burns Road, Suite A Elyria, OH 44035	34-1695613	501(c)(3)	30,919	30th Anniversary Grant Expanding community ca
Legal Aid Society of Cleveland 1223 West Sixth St., Floor 4 Cleveland, OH 44113	34-0866026	501(c)(3)	21,880	2010 payout 30th Anniversary Grant Access to justice for County residents

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Lorain City Schools 2350 Pole Ave. Lorain, OH 44052	34-6001701	501(c)(3)	44,245	2010 payout Collaboration with Ohio Theatre Keep Lorain Warm: One at a time
Lorain Co Lutheran Presbyterian Cooperative Ministries First Lutheran Church 603 Washington Blvd. Lorain, OH 44055	34-1671674	501(c)(3)	15,000	Caring for our community Phase 2
Lorain County Alcohol and Drug Abuse Services, Inc. 2115 West Park Drive Lorain, OH 44053	34-1341788	501(c)(3)	51,074	General operating support
Lorain County Free Clinic 3323 Pearl Avenue Lorain, OH 44055	34-1506180	501(c)(3)	49,512	General operating support
Lorain County Heritage, Inc. 8025 Leavitt Road Amherst, OH 44001	43-614214	501(c)(3)	5,500	Lorain County Beautiful
Lorain County Historical Society 509 Washington Ave. Elyria, OH 44035	34-0868574	501(c)(3)	17,860	2010 payout 30th Anniversary Grant

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Lorain County Metropolitan Park District 12882 Diagonal Road LaGrange, OH 44050	31-1566725	501(c)(3)	8,716	2010 payout Miller Nature Preserve 30th Anniversary Grant
Lorain County Office on Aging 226 Middle Avenue Elyria, OH 44035	34-1136543	501(c)(3)	26,063	Connecting Rural Seniors
Lorain County Safe Harbor Genesis House P.O. Box 718 Lorain, OH 44052-0718	34-1774211	501(c)(3)	24,100	Aftercare Services
Lorain County Urban League 401 Broad St., Suite B Elyria, OH 44035	34-1263379	501(c)(3)	24,000	Health and quality of Save our families diabetes prevention project
Lorain Palace Civic Center 617 Broadway Lorain, OH 44052	23-7370856	501(c)(3)	119,535	2010 payout
Lorain Rotary Club Memorial P.O. Box 509 Elyria, OH 44036	34-6563637	501(c)(4)	12,150	General operating support
Lutheran Metropolitan Ministry Association 1468 West 25th St. Cleveland, OH 44113-3102	34-1043756	501(c)(3)	15,000	Volunteer Guardianship of Lorain County

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Main Street Elyria 104 Middle Avenue Elyria, OH 44035	34-1886278	501(c)(3)	10,000	General operating support
Main Street Wellington 118 W Herrick Avenue P.O. Box 1 Wellington, OH 44090	34-1860478	501(c)(3)	11,000	General operating support
Neighborhood House Association of Lorain County P. O. Box 1039 Lorain, OH 44055-2363	34-0714471	501(c)(3)	55,257	SOCIAL SERVICES CITYVIEW CENTER Haven Center
New Union Center for the Arts c/o Nord Family Foundation 39 S. Main St., Ste. 320 Oberlin, OH 44074	34-1595929	501(c)(3)	45,000	2010 operating expense
North Ridgeville Community Care 34015 Center Ridge Rd. North Ridgeville, OH 44039	34-1377378	501(c)(3)	13,500	Essentials
Oberlin Choristers New Union Center for the Arts 39 S. Main St., Suite 242 Oberlin, OH 44074	02-0737741	501(c)(3)	10,000	General operating supp 2010 payout 30th Anniversary Grant

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Oberlin City Schools 153 N. Main St. Oberlin, OH 44074	34-6002072	501(c)(3)	49,862	General operating support
Oberlin Community Services Council 285 S. Professor St. Oberlin, OH 44074	34-0907948	501(c)(3)	31,000	General operating support
Oberlin Early Childhood Center 317 E. College St. Oberlin, OH 44074-1310	23-7313925	501(c)(3)	11,207	2010 PAYOUT-FACILITIES MAINTENANCE
Oberlin Heritage Center/O.H.I.O. 73 1/2 S. Professor St. P.O. Box 455 Oberlin, OH 44074-0455	34-6533053	501(c)(3)	38,273	ARTS 2010 payout- support o Dir. position
Ohio Dance Theatre New Union Center for the Arts 39 S Main St, Ste. 241 Oberlin, OH 44074	34-1691994	501(c)(3)	10,000	30th Anniversary Grant General operating supp
Opera Cleveland 1422 Euclid Ave., Suite 1052 Cleveland, OH 44115	34-1184816	501(c)(3)	16,000	General operating support

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
 Grantees receiving \$ 5000 or more
 Tax Year 2010
 Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Salvation Army Elyria Corps 716 Broad St. Elyria, OH 44035	13-5562351	501(c)(3)	21,769	General operating support
Save Our Children, Inc. 1621 Middle Ave. Elyria, OH 44035	31-1547340	501(c)(3)	27,500	General operating supp 30th Anniversary Grant After school program
Second Harvest Food Bank of North Central Ohio 7445 Deer Trail Ln. Lorain, OH 44053	34-1446685	501(c)(3)	23,500	General operating support
TrueNorth Cultural Arts 4530 Colorado Ave. Sheffield Village, OH 44054	34-1939023	501(c)(3)	16,000	General operating support
United Way of Greater Lorain County 1875 N. Ridge Rd. E., Ste. H Lorain, OH 44055	34-1011104	501(c)(3)	7,792	SOCIAL SERVICES 2010 PAYOUT
Voices for Children 225 Court St.-2nd floor Elyria, OH 44035	34-1685993	501(c)(3)	10,253	30th Anniversary Grant Volunteer recruitment training
W. G. Nord Mental Health Center 6140 S. Broadway Lorain, OH 44053	34-0949459	501(c)(3)	11,118	2010 payout 30th Anniversary Grant

The Community Foundation of Lorain County

Grantee 990 - Part 2 Organizations
Grantees receiving \$ 5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Western Reserve Land Conservancy P. O. Box 314 Novelty, OH 44072	34-1571233	501(c)(3)	15,548	Land preservation in Lorain County 2010 Payout
Young Audiences of Northeast Ohio 13100 Shaker Sq., Ste. C203 Cleveland, OH 44120	34-1241756	501(c)(3)	20,000	General operating support
Youth Challenge 800 Sharon Drive Westlake, OH 44145	34-1396825	501(c)(3)	18,500	General operating support
YWCA of Elyria 318 West Ave. Elyria, OH 44035-5730	34-0718418	501(c)(3)	10,526	2010 payout 30th Anniversary Grant
YWCA of Lorain 200 West 9th St. Lorain, OH 44052	34-0810147	501(c)(3)	6,595	General operating support
Zion Community Development Corporation 81 Locust Street Oberlin, OH 44074	31-1577772	501(c)(3)	10,500	General operating support

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization THE COMMUNITY FOUNDATION OF LORAIN COUNTY	Employer identification number 34-1322781
	Number, street, and room or suite no. If a P.O. box, see instructions. 9080 LEAVITT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ELYRIA, OH 44035	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **BRIAN FREDERICK**

Telephone No. ▶ **440 984-7390**

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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ▶ ☒ **X** calendar year 20 **10** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

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.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)