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OMB No. 1545-1150

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Leadership Lakeland Alumni Association, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
 PO Box 2903
 City or town, state or province, country, and ZIP or foreign postal code
 Lakeland, FL 33806

D Employer identification number
59-2736319

E Telephone number
863-838-6691

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶ www.leadershiplakelandalum.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 73,280

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

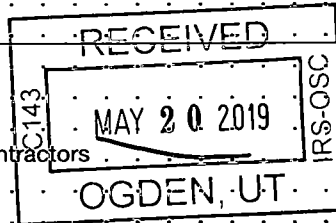
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	14,000
	2	Program service revenue including government fees and contracts	2	18,879
	3	Membership dues and assessments	3	25,225
	4	Investment income	4	71
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 14,000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	15,105
c	Less: direct expenses from gaming and fundraising events	6c	13,441	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,664	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,839	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	43,369
	17	Total expenses. Add lines 10 through 16	17	43,369
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,470
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13,095
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,565

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,075	22 39,745
23 Land and buildings		23
24 Other assets (describe in Schedule O)	7,983	24 1,122
25 Total assets	28,058	25 40,867
26 Total liabilities (describe in Schedule O)	14,963	26 11,302
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,095	27 29,565

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 The organization serves graduates of the Leadership Lakeland Program by providing opportunities for networking and additional service to the community		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	13,441
29 _____		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) _____		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐	32	13,441

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ben Munday President	1 00	-0-	-0-	-0-
Nick Nicholas Vice-President	1 00	-0-	-0-	-0-
Lana Swartzwelder Treasurer	1 00	-0-	-0-	-0-
Cynthia Haffey Secretary	1 00	-0-	-0-	-0-
Marganta Alfaro Board Member	1 00	-0-	-0-	-0-
Kelly Andrews Board Member	1.00	-0-	-0-	-0-
Kevin Calkins Board Member	1 00	-0-	-0-	-0-
Matthew Cantrill Board Member	1 00	-0-	-0-	-0-
William Cloyd Board Member	1 00	-0-	-0-	-0-
Dan Fowler Board Member	1 00	-0-	-0-	-0-
John Gnffin Board Member	1 00	-0-	-0-	-0-
Schatzie Haines	1 00	-0-	-0-	-0-

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Sheila Phelp Telephone no. ▶ 863-687-8603 Located at ▶ 1029 Avon Ave ,Lakeland, FL ZIP + 4 ▶ 33801-5803		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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 <i>[Signature]</i>	Date <i>5-14-19</i>			
	Type or print name and title <i>CYNTHIA HARRY</i>				
Paid Preparer Use Only	Print/Type preparer's name <i>Sheila Costine Preyer</i>	Preparer's signature <i>[Signature]</i>	Date	Check ☒ if self-employed	PTIN <i>P00143044</i>
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
Leadership Lakeland Alumni Association, Inc

Employer identification number
59-2736319

Part IV- List of Officers, Directors, Trustees and Key Employees

John Loute - Board Member 1.00 -0- -0- -0-

Mike McGee - Board Member 1.00 -0- -0- -0-

Peggy McKeel - Board Member 1.00 -0- -0- -0-

Gene Stinckland - Board Member 1.00 -0- -0- -0-

Charlene Vocelle - Board Member 1.00 -0- -0- -0-

Sarah Breed - Board Member 1.00 -0- -0- -0-

Sarah Case - Board Member 1.00 -0- -0- -0-

Xuchitl Coso - Board Member 1.00 -0- -0- -0-

Pamela Craven - Board Member 1.00 -0- -0- -0-

Patrick Fagan - Board Member 1.00 -0- -0- -0-

Dave Houston - Board Member 1.00 -0- -0- -0-

Michael Huff - Board Member 1.00 -0- -0- -0-

Chrsanne Long - Board Member 1.00 -0- -0- -0-

Lon Martini - Board Member 1.00 -0- -0- -0-

Stephen Moore, Jr - Board Member 1.00 -0- -0- -0-

Alice O'Reilly - Board Member 1.00 -0- -0- -0-

Cindy Young Petterson - Board Member 1.00 -0- -0- -0-

Brian West- Board Member 1.00 -0- -0- -0-

Linda Bagley Wiggs - Board Member 1.00 -0- -0- -0-

Grady Judd - Board Member 1.00 -0- -0- -0-

Sheila Phelps- Board Member 1.00 -0- -0- -0-

Name of the organization

Leadership Lakeland Alumni Association, Inc

Employer identification number

59-2736319

Form 990 EZ, Part I, Line 16, Other Expenses

Description of Other Expenses	Amount
Administrative Expenses	13,070
Supplies	3,750
Insurance	992
Taxes and Registrations	61
Miscellaneous	1,188
Class Expense	358
Jere Annis Expneses	1,891
Program Event Expenses	16,030
Committees Expenses	6,029
TOTAL TO FORM 990EZ, Line 16	43,369

Form 990EZ, Part II, Line 24, Other Assets

Description	Beg of Year	End of Year
Prepaid	7,603	1,108
Accounts Receivable	380	14
TOTAL TO FORM 990EZ, Line 24	7,983	1,122

TOTAL LIABILITIES

Description	Beg of Year	End of Year
Accounts Payable & Accrued Prepaid Dues & Events	14,963	11,302

Form 990 EZ, Information Regarding Personal Benefit Contracts

The Organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The

Organization, did not, during the year, pay any premiums, directly or indirectly, on a personal benefit contract.