

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)

OMB No 1545-0047

2019**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. **1912**

A For the 2019 calendar year, or tax year beginning , 2019, 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 06
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: ▶	
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 ▶ \$	

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 ☒

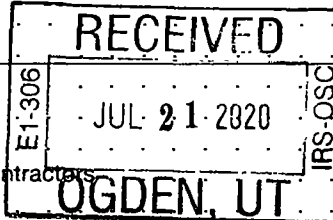
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	19,250
	2 Program service revenue including government fees and contracts	2	17,305
	3 Membership dues and assessments	3	23,077
	4 Investment income	4	107
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost 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 \$19,250 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	12,141	
c Less: direct expenses from gaming and fundraising events 6c	15,531		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		(3,390)	
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		320	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9		56,669	
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		450
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		
	16 Other expenses (describe in Schedule O) 16		42,993
	17 Total expenses. Add lines 10 through 16 17		43,443
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18		13,226
	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		29,565
	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		42,791

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

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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	39,745	22	49,776
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,122	24	1,195
25 Total assets	40,867	25	50,971
26 Total liabilities (describe in Schedule O)	11,302	26	8,180
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,565	27	42,791

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 providing opportunities for networking and additional service to the community		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	15,531
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	15,531

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
Nick Nicholas President	1 00	0	0	0
Lana Swartzwelder President Elect	1 00	0	0	0
Cynthia Haffey Treasurer	1 00	0	0	0
Patnck Fagan Board Meeting	1 00	0	0	0
Kelley Andrews Board Member	1 00	0	0	0
Jack Lowman Board Member	1 00	0	0	0
Sarah Breed Board Member	1 00	0	0	0
Pamela Craven Board Member	1 00	0	0	0
Schatzie Haines Board Member	1 00	0	0	0
Michael Huff Board Member	1 00	0	0	0
Crissanne Long Board Member	1 00	0	0	0
Scott MacDonald	1 00	0	0	0

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		☒
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		☒
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)?		☒
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		☒
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		☒
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		☒
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	Florida	
42a The organization's books are in care of	Sheila Phelps	Telephone no. 863-660-9528
Located at	1029 Avon Ave, Lakeland, FL 33801	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	42b	☒
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	☒

16 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

	Yes	No
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 ☐

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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		☒
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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

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

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	Date
	Cynthia Haffey, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Sheila Phelps	Preparer's signature	Date	Check ☒ if self-employed	PTIN P00143044
	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

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

	Yes	No
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 ☐

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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		☒
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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

f Total number of other employees paid over \$100,000 **▶** 0

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."

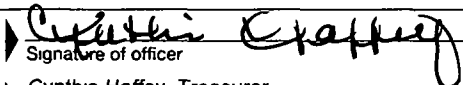
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

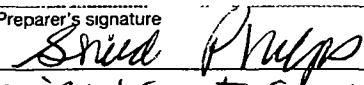
d Total number of other independent contractors each receiving over \$100,000 **▶** 0

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		Date 6-23-2020
	Cynthia Haffey, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Sheila Phelps	Preparer's signature 	Date 6-23-2020	Check ☒ if self-employed	PTIN P00143044
	Firm's name ▶ Phelps Bookkeeping & Grant Services	Firm's EIN ▶ 265-02-118			
	Firm's address ▶ 1029 Aven Ave. Lakeland, FL 33801	Phone no 863-660-9528			

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Leadership Lakeland Alumni Association, Inc.

Employer identification number
59-273631

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

a ☐ Mail solicitations	e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations	f ☐ Solicitation of government grants
c ☐ Phone solicitations	g ☐ Special fundraising events
d ☐ 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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.

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 <u>Leadercast Lakelanc</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	31,391			31,391
	2 Less: Contributions	-19,250			-19,250
	3 Gross income (line 1 minus line 2)	12,141			12,141
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,407			2,407
	8 Entertainment				
	9 Other direct expenses	13,124			13,124
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,531
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(3,390)

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: N/A

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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

2019

**Open to Public
Inspection**

Name of the organization

Leadership Lakeland Alumni Association, Inc.

Employer identification number

59-273631

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

Kelly Andrews- Board Member 1.00 -0- -0- -0-

Jack Lowman - Board Member 1.00 -0- -0- -0-

Nick Nicholas - Board Member 1.00 -0- -0- -0-

Sarah Breed -Board Memberr 1.00 -0- -0- -0-

Pamela Craven - Board Memberr 1.00 -0- -0- -0-

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

Cynthia Haffey - Board Member 1.00 -0- -0- -0-

Schatzie Haines -Board Member 1.00 -0- -0- -0-

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

Chrissanne Long - Board Member 1.00 -0- -0- -0-

Scott MacDonald -Board Member 1.00 -0- -0- -0-

Lori Martini -Board Member 1.00 -0- -0- -0-

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

Lana Swartzwalder - Board Member 1.00 -0- -0- -0-

Margarita Alfaro - Board Member 1.00 -0- -0- -0-

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.

TOTAL LIABILITIES

Description	Beg of Year	End of year
Prepaid Dues & Events	\$11,302	\$8,180

Name of the organization

Leadership Lakeland Alumni Association, Inc

Employer identification number

59-2736319

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

Administrative Expenses 17,182

Supplies 444

Insurance 1,023

Committees Expense 2,271

Class Expense 496

Service Charges 1,709

Lakeland Chamber 1,400

Taxes & Registration 61

Jere Annis Expense 440

Misc. 1,376

Scholarships 4,000

Program Events 13,040

TOTAL FORM 990EZ, Line 16 43,442

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

Description	Beg of Year	End of Year
Accounts Receivable		95
Prepaid		1,100
TOTAL FORM 990EZ, Line 24		1,195