

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Oct 1, 2007, and ending Sep 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Cleveland Lesbian Gay Bi Trans Pride. D Employer identification number: 34-1723892. E Telephone number: (216) 856-2677. F Accounting method: Accrual.

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

G Web site: www.clevelandpride.org

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 157,199.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rental income; 7 Other investment income; 8a-8d Gross amount from sales of assets; 9 Special events; 10a-10c Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets or fund balances.

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

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0.	0.		
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0.	0.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27	0.	0.	0.	0.
28 Employee benefits not included on lines 25a - 27	28	0.	0.	0.	0.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	6,862.	4,128.	2,130.	604.
34 Telephone	34	2,497.	1,249.	1,248.	0.
35 Postage and shipping	35	769.	319.	150.	300.
36 Occupancy	36	900.	900.	0.	0.
37 Equipment rental and maintenance	37	0.	0.	0.	0.
38 Printing and publications	38	4,931.	2,530.	1,500.	901.
39 Travel	39	1,029.	276.	753.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a <u>Coordinator Fees</u>	43a	10,350.	8,350.	1,000.	1,000.
b <u>Talent Expenses</u>	43b	0.	0.	0.	0.
c <u>Insurance</u>	43c	9,101.	7,800.	1,301.	0.
d <u>OFFICE EXPENSES</u>	43d	6,442.	0.	6,442.	0.
e <u>Event Production</u>	43e	51,678.	51,678.	0.	0.
f <u>Business Expenses</u>	43f	5,303.	0.	5,303.	0.
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	99,862.	77,230.	19,827.	2,805.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 3,149.; (ii) the amount allocated to Program services \$ 1,231.; (iii) the amount allocated to Management and general \$ 751.; and (iv) the amount allocated to Fundraising \$ 1,167.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>Promote Public Awareness of GLBT issues</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Conduct a Lesbian Gay Bi Trans Festival & Parade to promote GLBTQ awareness and issues. The event takes place in June and attracts upwards of 10,000 people to Voinovich Park in downtown Cleveland.</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	73,900.
b <u>Year Round Events to support GLBTQ pride and awareness and to support the June Festival</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,330.
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	77,230.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	3,353.	45	33,652.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable	4,242.	49	1,000.
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b
	55 a Investments – land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
	56 Investments – other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	57 a		
	b Less: accumulated depreciation (attach schedule)	57 b		57 c
58 Other assets, including program-related investments (describe ▶			58	
59 Total assets (must equal line 74). Add lines 45 through 58	7,595.	59	34,652.	
LIABILITIES	60 Accounts payable and accrued expenses	22,792.	60	5,291.
	61 Grants payable		61	
	62 Deferred revenue	750.	62	0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶		65	
	66 Total liabilities. Add lines 60 through 65	23,542.	66	5,291.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-15,947.	72	29,361.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-15,947.	73	29,361.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,595.	74	34,652.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

		N/A
a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on Part I, line 12:	
	1 Net unrealized gains on investments	b1
	2 Donated services and use of facilities	b2
	3 Recoveries of prior year grants	b3
	4 Other (specify): _____	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 12, but not on line a :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify): _____	d2
	Add lines d1 and d2	d
e	Total revenue (Part I, line 12). Add lines c and d	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on Part I, line 17:	
	1 Donated services and use of facilities	b1
	2 Prior year adjustments reported on Part I, line 20	b2
	3 Losses reported on Part I, line 20	b3
	4 Other (specify): _____	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify): _____	d2
	Add lines d1 and d2	d
e	Total expenses (Part I, line 17). Add lines c and d	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Todd J Saporito 1450 Cohassatt Ave Lakewood OH 44107	President 10.00	0.	0.	0.
Kim Hunyor 16109 Colletta Lane Cleveland OH 44111	Board Member 5.00	0.	0.	0.
David Essi 525 Seaton Ct Amhurst OH 44133	Secretary 5.00	0.	0.	0.
N Lee Dybo 10062 Ravenna Rd Chardon Twp, OH 44024	Treasurer 5.00	0.	0.	0.
See List See List for Additional Bd Members See OH 44113	See List 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 11		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ... If 'Yes,' attach a statement that includes the information described in the instructions.		X
d Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				
	0.	0.	0.	0.

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81 a		
b Did the organization file Form 1120-POL for this year?	n/a	

BAA

Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 8,900.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
85 h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
88 b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, 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?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed See States Filed In		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
90 b			
91 a	The books are in care of Office Telephone number (216) 371-0214 Located at PO Box 91031, Cleveland Oh 44 OH ZIP + 4 3031		
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		X
91 b			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a festival booths					14,260.
b electrical Booths					740.
c permits food					195.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments	Memb	135.			0.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			2	9,099.	
103 Other revenue: a					
b Rain Insurance			1	55,000.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		135.		64,099.	15,195.
105 Total (add line 104, columns (B), (D), and (E))					79,429.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	Conduct a Lesbian/Gay Festival

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes	No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *Nancy Lee Dyro* Date: 5-14-09

Type or print name and title: NANCY LEE DYRO

Paid Preparer's Use Only

Preparer's signature: *Michael Flickinger* Date: 5/14/09

Firm's name (or yours if self-employed), address, and ZIP + 4: M.H. FLICKINGER, CPA
3037 Circle Ct
Cleveland OH 44113-3001

Check if self-employed: Preparer's SSN or PTIN (See General instructions): *20-20-20*

EIN: Phone no.: (216) 696-7343

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization: **Cleveland Lesbian Gay Bi Trans Pride**
Employer identification number: **34-1723892**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	None	

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

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

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	66,797.	60,309.	57,874.	32,833.	217,813.
16 Membership fees received	55.	0.	135.	0.	190.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	24,728.	23,142.	17,115.	-1,822.	63,163.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	0.	0.	0.	0.	0.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See I-22 Stmt	20,447.	21,740.	26,375.	0.	68,562.
23 Total of lines 15 through 22	112,027.	105,191.	101,499.	31,011.	349,728.
24 Line 23 minus line 17	87,299.	82,049.	84,384.	32,833.	286,565.
25 Enter 1% of line 23	1,120.	1,052.	1,015.	310.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	
d Add: Amounts from column (e) for lines:	18 _____ 19 _____	26d	
	22 _____ 26b _____	26e	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	%

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2006) _____ (2005) _____ (2004) _____ 0. (2003) _____ 0.	
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006) _____ (2005) _____ (2004) _____ (2003) _____ 0.	
c Add: Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	281,166.
	17 63,163. 20 0. 21 0.	27d	0.
d Add: Line 27a total	0. and line 27b total	27e	281,166.
e Public support (line 27c total minus line 27d total)		27f	349,728.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27g	80.40 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	0.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Response (Yes/No). Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and organizational requirements.

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked 'a' and 'limited control' provisions apply.

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Includes rows 36-44 for lobbying expenditures and nontaxable amounts.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Includes rows 45-50 for averaging period data.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

Table with 3 columns: Description, Yes, No, Amount. Includes rows a-i for lobbying activity types.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Cleveland Lesbian Gay Bi Trans Pride

Employer identification number

34-1723892

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule -- see instructions.)

General Rule -

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test...
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor...
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor... \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

Cleveland Lesbian Gay Bi Trans Pride

34-1723892

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Twist ----- 11633 Clifton Blvd ----- Cleveland OH 44102-1319	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	Time Warner Cable ----- 3400 Lakeside Avenue ----- Cleveland OH 44114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Cleveland Lesbian Gay Bi Trans Pride

34-1723892

1

Form 990, Part VI, Page 7, Line 90a

States Filed In

Ohio

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Raffles					
T shirt Sales					
Concessions					
Beer Refund					

Total

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
Beer Sales	17,622.	3,053.	14,569.
Ice	52.	1,100.	-1,048.
Pop, Water & Candy	1,500.	992.	508.
T-Shirts	210.	4,284.	-4,074.
Canopies	1,600.	2,600.	-1,000.
Tables & Chairs	144.	0.	144.
Total	<u>21,128.</u>	<u>12,029.</u>	<u>9,099.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
program income	20,447.				20,447.
Total	<u>20,447.</u>				<u>20,447.</u>

Cleveland Lesbian Gay Bi Trans Pride

34-1723892

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Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
Parade	150.
Board of Directors	2,250.
Gate	21,457.
Individuals	1,210.
Organizations/Business	500.
Sponsors	32,270.
Office Donarions	1,078.
Events	150.
Entertainment	3,650.
Tips	313.
Infrastructure	2,713.
Total	<u>65,741.</u>

Supporting Statement of:

Form 990 p 2/Line 34 column (B)

Description	Amount
1/2 TELEPHONE	1,249.
Total	<u>1,249.</u>

Supporting Statement of:

Form 990 p 2/Line 34 column (C)

Description	Amount
1/2 TELEPHONE	1,248.
Total	<u>1,248.</u>

Supporting Statement of:

Form 990 p 2/Line 38 column (B)

Description	Amount
PROMOTIONAL ITEMS	1,300.
MAGAZINES	250.
PRINTING	980.
Total	<u>2,530.</u>

Cleveland Lesbian Gay Bi Trans Pride

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Supporting Statement of:

Form 990 p 2/Line 39 column (B)

Description	Amount
GEN TRAVEL MEETINGS	276.
Total	<u>276.</u>

Supporting Statement of:

Form 990 p 2/Line 39 column (C)

Description	Amount
OTHER TRAVEL	753.
Total	<u>753.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-1

Description	Amount
PARADE COORDINATOR	1,050.
FESTIVAL	7,000.
WEB	300.
Total	<u>8,350.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-3

Description	Amount
INS - EVENT	7,599.
INS OFFICE 1/2	201.
Total	<u>7,800.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-3

Description	Amount
INSURANCE BOARD	1,100.
INSURANCE OFFCIE 1/2	201.

Cleveland Lesbian Gay Bi Trans Pride

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Continued

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-3

Description	Amount
Total	<u>1,301.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-4

Description	Amount
CREDIT CARD FEES	253.
DELIVERY & SHIPPING	32.
MEETING FOOD	376.
OFFICE LEASE	2,100.
WEB SITE	630.
OFFICE UTILITIES	653.
OFFICE BUILDING	2,297.
MISC	101.
Total	<u>6,442.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (B)-5

Description	Amount
FOOD	600.
GIFTS	4,284.
PERMITS	640.
RENTAL	26,930.
SERVICES	12,899.
TALENT	6,325.
Total	<u>51,678.</u>

Supporting Statement of:

Form 990 p 2/Line 43 Column (C)-6

Description	Amount
bUS eXP - REDUCTION OF ap	-21,388.
BUS EXP - LOSSES	21,400.
bUS eXP	5,291.
Total	<u>5,303.</u>

Cleveland Lesbian Gay Bi Trans Pride

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Supporting Statement of:

Form 990 p 4/Line 45, column (A)

Description	Amount
Charter One Checking	3,353.
Total	<u>3,353.</u>

Supporting Statement of:

Form 990 p 7/Line 82b, Amount

Description	Amount
Electrical Services	2,300. 2,300
Food & Soft Drinks	2,700. 5,000
Adverstising & Promotion	4,500. 4,500
Total	<u>8,900.</u> 11,800

Cleveland Lesbian-Gay-Bi-Trans Pride, Inc.**Board As Of 990 Filing May 15, 2009**

1. Todd J. Saporito (President)
1450 Cohassatt Ave.
Lakewood, OH 44107
2. David Essi (Secretary - starting August 2008)
525 Seaton Ct.
Amherst, OH 44001
3. Josh Dudeck (Secretary - until August '08; still on board)
11440 Harbour Light Drive
North Royalton, OH 44133
4. N.L. Dybo (Treasurer)
10062 Ravenna Road
P.O. Box 708
Chardon Twp., OH 44024
5. Kevin Gianotto
180 North Michigan Avenue, Suite 1870
Chicago, IL 60601
6. Denise Rembert
1001 Huron Road Apt. 209
Cleveland Ohio 44115
7. Tameka Jones (Devinity)
1220 West 104th
Cleveland, OH 44102
8. Kim Hunyor
16109 Colletta Lane
Cleveland, OH 44111
9. Keith Madden (joined August 2008)
840 East 209th Street
Euclid, OH 44119
10. Sonja Leftwich (joined December 2008)
23951 Lakeshore Blvd., Suite 905B
Euclid, OH 44123
11. Jon Brittain (joined December 2008)
15108 Arden Ave.
Lakewood, OH 44107

Cleveland Lesbian-Gay-Bi-Trans Pride, Inc.**Board October 1, 2007 to Present**

1. Todd J. Saporito (President)
1450 Cohassatt Ave.
Lakewood, OH 44107
2. Alexander Leopold (President until November 2007/exp)
14011 Lake Avenue
Cleveland, OH 44102
3. Rachel Randall (joined March 2008 - Feb 2009 resigned)
(Vice President)
1310 Hathaway Ave.
Lakewood, OH 44107
4. Carol L. Carbary (resigned March 2008 resigned)
(Vice President)
Cleveland Heights, OH 44118
5. Keli Zehnder (Vice President until November 2007/exp)
3237 Fairmount Blvd.
Cleveland Hgts, OH 44118
6. David Essi (Secretary - starting August 2008)
525 Seaton Ct.
Amherst, OH 44001
7. Josh Dudeck (Secretary - until August 2008)
11440 Harbour Light Drive
North Royalton, OH 44133
8. Bryan Peters (Secretary - resigned 2007)
9. N.L. Dybo (Treasurer)
10062 Ravenna Road
P.O. Box 708
Chardon Twp., OH 44024
10. Jean Kosmac (Treasurer until November 2007/exp)
1305 Belle Avenue
Lakewood, OH 44107
11. Kevin Gianotto
180 North Michigan Avenue, Suite 1870
Chicago, IL 60601

Cleveland Lesbian-Gay-Bi-Trans Pride, Inc.**Board October 1, 2007 to Present**

12. Judy Benson #1604 (exp. Aug 2008)
12520 Edgewater Drive
Lakewood, OH 44107
13. W. Doug Anderson (resigned August 2008)
1630 Olivewood Avenue
Lakewood, OH 44107
14. Denise Rembert
1001 Huron Road Apt. 209
Cleveland Ohio 44115
15. M. Victoria Simpkins (exp. August 2008)
1331 W. 112th Street
Cleveland, Ohio 44102
16. Patti Harris (resigned 4-09)
3405 Montclair Avenue
Cleveland, OH 44109
17. Tameka Jones (Devinity)
1220 West 104th
Cleveland, OH 44102
18. Brian P. Tavolier (resigned August 2008)
1444 West 10th , #201
Cleveland, OH 44113
19. James Orosz (exp August 2008)
7648 White Oak Drive
Solon, OH 44139
20. Chad Shawber (resigned October 2008)
2237 Emily Avenue
Lakewood, OH 44107
21. Kim Hunyor
16109 Colletta Lane
Cleveland, OH 44111
22. Molly Grace McNeil (exp 2007)
2815 East 130th Street
Cleveland, OH 44120

Cleveland Lesbian-Gay-Bi-Trans Pride, Inc.**Board October 1, 2007 to Present**

23. Tim McCue (resigned 2007)
1234 Cleveland Way
Cleveland, OH
24. Sarah Dick (exp 2007)
25. Glenn Lenhart (exp 2007)
26. Scott F. Simpson (joined August '08 -res February '09)
2484 West 6th Avenue, Apt 2
Cleveland, OH 44113
27. Keith Madden (August 2008)
840 East 209th Street
Euclid, OH 44119
28. Jennifer Walker (joined Dec '08-res April '09)
1448 Olivewood Ave.
Lakewood, OH 44107
29. Sonja Leftwich (joined December 2008)
23951 Lakeshore Blvd., Suite 905B
Euclid, OH 44123
30. Jon Brittain (joined December 2008)
15108 Arden Ave.
Lakewood, OH 44107
31. Jamie Moore (joined August '08 -res December '08)
14730 Clifton Blvd., #1
Lakewood, OH 44107
32. Chris Rogers (joined August '08 -res January '09)
(Interim Secretary - September - December 2008)
1283 W. 112th Street
Cleveland, Ohio 44102

