

## Filing Instructions

### LAKEWOODALIVE

#### Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2009

**Date Due:** August 15, 2010

**Remittance:** None is required. Your Form 990-EZ for the tax year ended 12/31/09 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

H & J CERTIFIED PUBLIC ACCOUNTANTS, INC.  
37131 EUCLID AVENUE  
WILLOUGHBY, OH 44094

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

# 2009

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**LAKWOODALIVE**

Employer identification number

**55-0793987**

Name and title of officer

**MARY ANNE CRAMPTON  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	<b>185,157</b>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c)	<b>5b</b>	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **H & J CERTIFIED PUBLIC ACCOUNTANTS,** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **07/22/10**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**34396712345**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2009

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

**u** Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

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

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> <b>LAKEWOODALIVE</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>14701 DETROIT AVE.</b></p> <p>City or town, state or country, and ZIP + 4 <b>LAKEWOOD OH 44107</b></p>	<p><b>D Employer identification number</b> <b>55-0793987</b></p> <p><b>E Telephone number</b> <b>216-521-2100</b></p> <p><b>F Group Exemption Number</b> <b>u</b></p>
--	--	---	---

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

**G Accounting method:**  Cash  Accrual  
Other (specify) **u**

**I Website:** **u** WWW.LAKEWOODALIVE.COM

**J Tax-exempt status (check only one) —**  501(c) ( **3** ) **t** (insert no.)  4947(a)(1) or  527

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

**K Check u  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** **u** \$ **194,846**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>179,910</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Investment income	<b>4</b>		
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<b>14,648</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>9,689</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		<b>4,959</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>			
<b>b</b> Less: cost of goods sold	<b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>			
<b>8</b> Other revenue (describe <b>▶ SEE STATEMENT 1</b> )	<b>8</b>		<b>288</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>		<b>185,157</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>		<b>1,000</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		<b>93,051</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		<b>15,816</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		<b>3,578</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		<b>10,044</b>
	<b>16</b> Other expenses (describe <b>▶ SEE STATEMENT 2</b> )	<b>16</b>		<b>61,468</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>		<b>184,957</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>		<b>200</b>
	<b>19</b> 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)	<b>19</b>		<b>32,529</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		<b>32,729</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
<b>22</b> Cash, savings, and investments	<b>35,310</b>	<b>22</b>	<b>34,906</b>	
<b>23</b> Land and buildings		<b>23</b>		
<b>24</b> Other assets (describe <b>▶ SEE STATEMENT 3</b> )	<b>1,833</b>	<b>24</b>	<b>1,420</b>	
<b>25 Total assets</b>	<b>37,143</b>	<b>25</b>	<b>36,326</b>	
<b>26 Total liabilities</b> (describe <b>▶ SEE STATEMENT 4</b> )	<b>4,614</b>	<b>26</b>	<b>3,597</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>32,529</b>	<b>27</b>	<b>32,729</b>	

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

Form **990-EZ** (2009)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	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		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instr. <b>u</b> <b>37a</b> <b>0</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b>	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 period covered by this return?		<b>X</b>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>u</b> <b>0</b> ; section 4912 <b>u</b> <b>0</b> ; section 4955 <b>u</b> <b>0</b>		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>u</b> <b>0</b>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>u</b> <b>0</b>		
<b>e</b>	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		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed. <b>u</b> <b>OH</b>		
<b>42a</b>	The organization's books are in care of <b>u</b> <b>THE ORGANIZATION</b> Telephone no. <b>u</b> <b>216-521-2100</b> <b>14701 DETROIT AVE.</b> Located at <b>u</b> <b>LAKEWOOD, OH</b> ZIP + 4 <b>u</b> <b>44107</b>		
<b>b</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: <b>u</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <b>u</b> _____	<b>42c</b>	<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>u</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	<b>X</b>
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

**Sign Here** 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.

Signature of officer: **MARY ANNE CRAMPTON** Date: **EXECUTIVE DIRECTOR**  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: **ROLLAND B. STANDISH** Date: **07/26/10** Check if self-employed:  Preparer's Identifying Number (See instr.): **P00169705**

Firm's name (or yours if self-employed), address, and ZIP + 4: **H & J CERTIFIED PUBLIC ACCOUNTANTS, INC. 37131 EUCLID AVENUE WILLOUGHBY, OH 44094** EIN: **u 34-1602442** Phone no.: **u 440-951-2997**

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,986	62,700	61,923	121,184	179,910	463,703
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	37,986	62,700	61,923	121,184	179,910	463,703
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						463,703

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	37,986	62,700	61,923	121,184	179,910	463,703
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						463,703

**12** Gross receipts from related activities, etc. (see instructions) **12** 14,936

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	87.67 %

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

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

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

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

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**  
 Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>LAKEWOODALIVE</b>	<b>55-0793987</b>

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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**

- For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**LAKEWOODALIVE**

Employer identification number

**55-0793987**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAKEWOOD HOSPITAL 14519 DETROIT AVENUE LAKEWOOD OH 44107	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FIRST FEDERAL OF LAKEWOOD 14806 DETROIT AVENUE LAKEWOOD OH 44107	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF LAKEWOOD 14400 DETROIT AVENUE LAKEWOOD OH 44107	\$ 74,270	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS	\$ 288
TOTAL	\$ <u>288</u>

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
PROMOTION	1,846
INFORMATION TECHNOLOGY	152
TRAVEL	3,767
INTEREST	29
INSURANCE	1,350
CONTRACTS-PROGRAM	32,731
TEMPORARY HELP	2,195
SUPPLIES	12,446
TELEPHONE	2,012
FEEES, DUES & SUB	4,172
EQUIPMENT RENTAL	385
STAFF DEVELOPMENT	95
PROGRAM ADMINISTRATION	288
TOTAL	\$ <u>61,468</u>

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
OFFICE EQUIPMENT	\$ 2,260	\$ 3,034
LESS ACCUMULATED DEPRECIATION	452	1,639
WORKERS COMP DEPOSIT	25	25
	<u>1,833</u>	<u>1,420</u>

**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,614	\$ 3,597
	<u>4,614</u>	<u>3,597</u>

**Federal Statements****Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

MISSION: LAKEWOODALIVE IS AN ECONOMIC DEVELOPMENT CORPORATION WHOSE MISSION IS TO IMPROVE THE QUALITY OF LIFE OF RESIDENTS BY CREATING ALLIANCES WITH COMMUNITY LEADERS, LEVERAGING COMMUNITY ASSETS AND EXPANDING THE POOL OF AVAILABLE RESOURCES IN ORDER TO FACILITATE ECONOMIC STABILITY AND GROWTH IN THE CITY OF LAKEWOOD.

HISTORY: LAKEWOOD'S NONPROFIT ECONOMIC DEVELOPMENT ORGANIZATION WAS FOUNDED IN 2002 BY THE CHAMBER OF COMMERCE AND THE CITY OF LAKEWOOD AND SECURED 501-(C) (3) TAX-EXEMPT STATUS IN 2004. ORIGINALLY NAMED LAKEWOOD COMMUNITY PROGRESS INC., THE ORGANIZATION MERGED IN 2008 WITH LAKEWOODALIVE, A RESIDENT-BASED ORGANIZATION THAT ADVOCATED CITIZEN ENGAGEMENT IN ECONOMIC DEVELOPMENT ISSUES, AND ASSUMED ITS NAME.

A NATIONAL MAIN STREET™ COMMUNITY SINCE 2005, THE REVITALIZATION OF DOWNTOWN LAKEWOOD CONTINUED AS THE FOCUS OF LAKEWOODALIVE'S ACTIVITY IN 2009. THIS VOLUNTEER-BASED EFFORT REALIZED MARKED PROGRESS IN A VERY CHALLENGING ECONOMIC CLIMATE. IN RECOGNITION OF HOUSING QUALITY AS LAKEWOOD'S ECONOMIC LYNCHPIN, LAKEWOODALIVE LAUNCHED ITS HOUSING OUTREACH PROGRAM IN JULY. THIS PROGRAM CONNECTS LOW-MODERATE INCOME RESIDENTS WITH FINANCIAL AND PRACTICAL RESOURCES TO MAINTAIN THE EXTERIOR OF THEIR HOMES.

LAKEWOODALIVE IS A NATIONALLY ACCREDITED MEMBER OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION AND HERITAGE OHIO, WHICH IS THE OVERSIGHT ORGANIZATION FOR THE OHIO MAIN STREET PROGRAM.

BOARD STRUCTURE: LAKEWOODALIVE IS LED BY A VOLUNTEER BOARD AND A FULL-TIME, SALARIED EXECUTIVE DIRECTOR.

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

DETAILED DESCRIPTION OF LAKEWOODALIVE'S ACTIVITIES CAN BE FOUND IN OUR 2009 ANNUAL REPORT POSTED AT [HTTP://LAKEWOODALIVE.COM/DEVELOPMENT.HTML](http://LAKEWOODALIVE.COM/DEVELOPMENT.HTML)

## DOWNTOWN LAKEWOOD REVITALIZATION:

IN FACE OF THE WORSE ECONOMIC CLIMATE IN DECADES, MORE THAN \$6.00 MILLION WAS REINVESTED IN THE DOWNTOWN DISTRICT IN 2009, CULMINATING WITH THE OPENING OF FOUR NEW DINING ESTABLISHMENTS IN THE LAST 90 DAYS OF THE YEAR. INVESTOR CONFIDENCE, DRIVEN BY LAKEWOOD'S STRONG DEMOGRAPHICS, THE DETROIT AVENUE STREETScape PLAN, AND THE SUPPORT OF CITY OFFICIALS, RESULTED IN DRAMATIC STREETFRONT CHANGES IN THE 15400 BLOCK (FIVE GUYS BURGER & FRIES), THE INA BUILDING (PANERA BREAD AND NEW LOBBY) AND THE BAILEY BUILDING (REHABILITATION OF ORIGINAL 1930'S FAÇADE). IN ADDITION, LAKEWOOD HOSPITAL - A CLEVELAND CLINIC REGIONAL HOSPITAL OPENED ITS NEW \$3.2 MILLION ORTHOPAEDIC CENTER.

USING THE MAIN STREET FOUR-POINT APPROACH™, VOLUNTEERS LOGGED 4762 HOURS IN SUPPORT OF REVITALIZATION EFFORTS RANGING FROM SIGNAGE DESIGN, TO SECURITY INITIATIVES, TO FLOWER BOXES TO COMMUNITY EVENTS.

**Federal Statements****Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments (continued)**Description

## COMMUNITY ENGAGEMENT:

COMMUNITY ENGAGEMENT COMMITTEE PRESENTED TWO COMMUNITY FORUMS IN 2009:

"LAKEWOOD HOSPITAL-VISION FOR TOMORROW" TO UPDATE THE COMMUNITY ABOUT LAKEWOOD HOSPITAL'S STRATEGIC VISION AND INVESTMENT PLANS FOR THE INSTITUTION.

"WIND TURBINES ON THE HORIZON?" THE CUYAHOGA COUNTY WIND ENERGY TASK FORCE MEMBERS PRESENTED THE GREAT LAKES WIND ENERGY FEASIBILITY STUDY TO THE NORTHEAST OHIO COMMUNITY FOR THE FIRST TIME. AN ELECTRONIC SURVEY SYSTEM, PROVIDED BY TURNING TECHNOLOGIES, WAS UTILIZED AT THE FORUM AND OVER 100 ATTENDEES WERE ABLE TO PROVIDE INSTANT VALUABLE FEEDBACK TO THE TASK FORCE.

## HOUSING INITIATIVE:

IN MID-JULY, HILARY SCHICKLER JOINED LAKEWOODALIVE AS OUR HOUSING OUTREACH DIRECTOR. FUNDED BY FEDERAL COMMUNITY DEVELOPMENT BLOCK GRANT DOLLARS, HILARY LAUNCHED OUR HOUSING INITIATIVE BY WORKING WITH LOW-MODERATE INCOME RESIDENTS TO RESOLVE EXTERIOR HOUSE MAINTENANCE ISSUES. IN ADDITION TO OFFERING PRACTICAL ADVICE, THIS PROGRAM PROVIDES INFORMATION TO ELIGIBLE PROPERTY OWNERS ON GOVERNMENT PROGRAMS AVAILABLE TO HELP ADDRESS THESE ISSUES.

WE HAVE EXTENDED EXTERIOR HOUSING OUTREACH SERVICES TO OVER 600 RESIDENTS AND ENGAGED NINE IN SERVICE PROVISION. FIRST TIME HOUSING VIOLATION NOTICES FROM THE CITY BUILDING DEPARTMENT NOW INCLUDE A LAKEWOODALIVE HOUSING OUTREACH SERVICES BROCHURE.

WE CONTINUE TO WORK WITH OTHER COMMUNITY HOUSING DIVISIONS AND THE CITY TO UNDERSTAND THE FULL POTENTIAL OF HOUSING SERVICES WE MIGHT PROVIDE AND WHICH SERVICES WOULD BE MOST BENEFICIAL TO THE COMMUNITY AND NOT DUPLICATIVE OF THE CITY OR COUNTY SERVICES.

## AWARDS AND RECOGNITIONS:

GEIGER'S CLOTHING & SPORTS WAS NOMINATED BY DOWNTOWN LAKEWOOD AND RECOGNIZED AS HERITAGE OHIO'S MAIN STREET BUSINESS OF THE YEAR AT ITS STATE CONFERENCE HELD IN CLEVELAND IN MAY.

LAKEWOODALIVE'S DOWNTOWN LAKEWOOD PROGRAM WAS RECOGNIZED AS BEING NATIONALLY ACCREDITED BY THE NATIONAL MAIN STREET CENTER IN FEBRUARY. "LAKEWOODALIVE AND THE CITY OF LAKEWOOD WERE JOINTLY RECOGNIZED WITH AN ECONOMIC IMPACT AWARD FROM TEAM NEO IN JUNE FOR ITS WORK IN ATTRACTING WHOLESOME DEVELOPMENT HEADQUARTERS TO LAKEWOOD.

THE CITY OF LAKEWOOD, LAKEWOOD HISTORICAL SOCIETY AND DOWNTOWN LAKEWOOD WERE RECOGNIZED WITH A PRESERVATION AWARD BY THE CLEVELAND RESTORATION SOCIETY IN MAY FOR WORK RELATED TO THE PASSAGE OF THE PRESERVATION ORDINANCE AND OUR MAIN STREET PROGRAM.

**Federal Statements****Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments (continued)**

---

**Description**

---

LAKEWOODALIVE RECEIVED A CUYAHOGA ARTS & CULTURE \$5000 GRANT AWARD IN THE FORM OF MATCHING FUNDS FOR BAND2GETHER: ONE WORLD MUSIC SERIES PROGRAMMING IN DOWNTOWN LAKEWOOD.

IN OCTOBER, A JOINT OHIO HISTORIC PRESERVATION OFFICE AWARD WAS PRESENTED TO LAKEWOODALIVE, LAKEWOOD HERITAGE ADVISORY BOARD, THE CITY OF LAKEWOOD AND LAKEWOOD HISTORICAL SOCIETY FOR COLLECTIVE EFFORTS TO "RECOGNIZE, PRESERVE AND PROMOTE LAKEWOOD'S HISTORIC RESOURCES."

LAKEWOODALIVE RECEIVED A \$2,000 GRANT FROM TARGET FOR ITS 2009 LIGHT UP LAKEWOOD PROGRAM AND HAS BEEN NOTIFIED BY THE JUNIOR WOMEN'S CLUB OF LAKEWOOD THAT IT IS THE RECIPIENT OF A GRANT TO BE AWARDED IN 2010.

## Federal Statements

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MARY ANN CRAMPTON 14701 DETROIT AVE LAKEWOOD, OH 44107	EXEC DIR	40.00	52,000	0	0
JENNIFER BAKER 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
MARY SUE MCGORRAY 14701 DETROIT AVE LAKEWOOD, OH 44107	TREASURER	5.00	0	0	0
CURT BROSKY 14701 DETROIT AVE LAKEWOOD, OH 44107	SECRETARY	5.00	0	0	0
STEVEN OTT 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
JAY FORAN 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
MIKELANN RENSEL 14701 DETROIT AVE LAKEWOOD, OH 44107	PRESIDENT	5.00	0	0	0
PAULA REED 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
PAUL BEEGAN 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0

## Federal Statements

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
RANDY DOI 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
ED FITZGERALD 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
CHAS GEIGER 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
NATHAN KELLY 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
JOSEPH MADAK 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
MARY L MADIGAN 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
TOM MCCONNELL 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
TARI RIVERA 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
PATTY RYAN 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0

**Federal Statements****Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
DAVID SHAW 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
MIKE SUMMERS 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
STEVEN CLARK 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0
TERRY VINCENT 14701 DETROIT AVE LAKEWOOD, OH 44107	DIRECTOR	2.00	0	0	0