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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: LEADS. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 159 Wilson Street. Room/suite. City or town, state or country, and ZIP + 4: Newark, OH 43055

D Employer identification number: 31-0718027. E Telephone number: (740) 349-8606. G Gross receipts \$ 9,621,639

F Name and address of principal officer: KENNETH KEMPTON, 159 WILSON STREET, Newark, OH 43055

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: www.leadscaa.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1966

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities. LEADS is a private non-profit corporation which seeks to identify and remove the causes of poverty and provide direct assistance to alleviate the effects of poverty to result in greater self-sufficiency among low-income citizens of our area

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members of the governing body (17), 4 Number of independent voting members of the governing body (17), 5 Total number of employees (192), 6 Total number of volunteers (1,138), 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, line 34 (0)

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (7,536,315 / 7,389,174), 9 Program service revenue (2,130,232 / 1,645,797), 10 Investment income (551,598 / 586,668), 11 Other revenue (-24,183 / 0), 12 Total revenue—add lines 8 through 11 (10,193,962 / 9,621,639)

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (1,289,887 / 1,406,435), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (4,502,964 / 4,636,641), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (61,925 / 0), 17 Other expenses (3,401,439 / 3,071,872), 18 Total expenses Add lines 13-17 (9,194,290 / 9,114,948), 19 Revenue less expenses Subtract line 18 from line 12 (999,672 / 506,691)

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (17,489,194 / 18,267,445), 21 Total liabilities (7,881,497 / 7,760,246), 22 Net assets or fund balances Subtract line 21 from line 20 (9,607,697 / 10,507,199)

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2011-02-08. Name and title: KENNETH KEMPTON CEO

Paid Preparer's Use Only

Preparer's signature: Richard Ruvelson Date: 2011-02-08 Check if self-employed Preparer's identifying number: Firm's name (or yours if self-employed), address, and ZIP + 4: WIPFLI LLP, 7601 FRANCE AVENUE SOUTH SUITE 400, MINNEAPOLIS, MN 55435 EIN: Phone no: (952) 548-3400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

LEADS is a private non-profit corporation which seeks to identify and remove the causes of poverty and provide direct assistance to alleviate the effects of poverty to result in greater self-sufficiency among low-income citizens of our area

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,412,965 including grants of \$) (Revenue \$ 23,635)

child education - This program promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families Approximately 513 children and families were served by Head Start and 72 children were served by Early Head Start

4b (Code) (Expenses \$ 1,628,883 including grants of \$ 661,171) (Revenue \$ 1,614,874)

HOUSING PROJECTS- program and services that provide affordable housing to low and moderate income families Rehabilitation is also provided to residences to give the families modern conveniences Professional management is available to maintain a stable resident base and provide needed housing for the community This program also provides affordable multi-family housing for low-moderate income families In addition, Leads provides housing management services to multiple low-income housing properties including services Leads also provides rehabilitation assistance to low-income participants This program served approximately 1,250 households during the year

4c (Code) (Expenses \$ 1,765,139 including grants of \$ 710,709) (Revenue \$ 5,730)

weatherization/ENERGY ASSISTANCE PROGRAM - This program provides energy assistance to eligible low income households with full-scale home energy conservation services The program also helps eligible low-income customers meet costs of heating their homes and avoiding the threat of being disconnected Approximately 5,120 households were served during the year

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 803,154 including grants of \$ 34,555) (Revenue \$ 1,558)

4e Total program service expenses \$ 8,610,141

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| | 1a 68 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 192 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | Yes | |
| | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | No |
| | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | No |
| | 4a | | |
| b | If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| | 4b | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | No |
| | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| | 5b | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | No |
| | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | No |
| | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | No |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | a The governing body? | Yes | |
| 8b | b Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | No |
| 10b | b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | b Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions) | Yes | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | Yes | |
| 16b | b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | No |

Section C. Disclosure

| | |
|-----------|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> OH |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> AMY MASON 159 WILSON STREET NEWARK, OH 43055 (740) 349-8606 |

| | | | |
|---------------------------|---------|---|--------|
| 1b Total | 275,874 | 0 | 34,717 |
|---------------------------|---------|---|--------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**0

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | | | | | | |
|---|--|--|---|--|---|---|-----------------------------|---|--|--|----------------|--------------------------------|----------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | | | | | | | | |
| | b | Membership dues 1b | | | | | | | | | | | |
| | c | Fundraising events 1c | | | | | | | | | | | |
| | d | Related organizations 1d | | | | | | | | | | | |
| | e | Government grants (contributions) 1e | 7,361,023 | | | | | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 28,151 | | | | | | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 14,428 | | | | | | | | | | | |
| | h | Total. Add lines 1a-1f ▶ | 7,389,174 | | | | | | | | | | |
| Program Service Revenue | 2a | LOW-INCOME RENTAL | 531,110 | 1,394,945 | 1,394,945 | | | | | | | | |
| | b | Administrative Housing | 531,390 | 250,852 | 250,852 | | | | | | | | |
| | c | | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| | e | | | | | | | | | | | | |
| | f | All other program service revenue | | | | | | | | | | | |
| | g | Total. Add lines 2a-2f ▶ | 1,645,797 | | | | | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | 586,668 | | | 586,668 | | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | | | | | | | |
| | 5 | Royalties ▶ | | | | | | | | | | | |
| | 6a | b | c | d | (i) Real | (ii) Personal | | | | | | | |
| | | | | | Gross Rents | Less rental expenses | Rental income or (loss) | Net rental income or (loss) ▶ | | | | | |
| | | | | | 7a | b | c | d | (i) Securities | (ii) Other | | | |
| | | | | | | | | | Gross amount from sales of assets other than inventory | Less cost or other basis and sales expenses | Gain or (loss) | Net gain or (loss) ▶ | |
| | 8a | b | c | a | b | a | b | | | | | | |
| | | | | | | | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | Less direct expenses | Net income or (loss) from fundraising events . . ▶ | | | |
| | | | | | | | | 9a | b | c | a | b | a |
| | Gross income from gaming activities See Part IV, line 19 | Less direct expenses | Net income or (loss) from gaming activities . . ▶ | | | | | | | | | | |
| | 10a | b | c | a | b | a | b | | | | | | |
| Gross sales of inventory, less returns and allowances | | | | | | | | Less cost of goods sold | Net income or (loss) from sales of inventory . . ▶ | | | | |
| Miscellaneous Revenue | | | | | | | | Business Code | | | | | |
| 11a | b | c | d | e | a | b | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | All other revenue | Total. Add lines 11a-11d ▶ | | | | | |
| 12 | Total revenue. See Instructions ▶ | 9,621,639 | 1,645,797 | 0 | 586,668 | | | | | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 1,406,435 | 1,406,435 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 298,252 | 291,242 | 4,919 | 2,091 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,854,217 | 2,784,956 | 47,069 | 22,192 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 68,800 | 67,183 | 1,135 | 482 |
| 9 | Other employee benefits | 1,066,947 | 1,041,870 | 17,596 | 7,481 |
| 10 | Payroll taxes | 348,425 | 342,415 | 5,746 | 264 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 9,213 | 9,213 | | |
| c | Accounting | 38,800 | 38,800 | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 317,175 | 289,951 | 6,966 | 20,258 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 485,695 | 485,003 | | 692 |
| 14 | Information technology | 26,915 | 26,915 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 770,858 | 761,082 | 8,387 | 1,389 |
| 17 | Travel | 36,756 | 34,957 | 1,747 | 52 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 55,420 | 55,420 | | |
| 20 | Interest | 7,437 | 7,437 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 363,886 | 310,622 | 53,264 | |
| 23 | Insurance | 9,673 | 9,673 | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Bad Debt Expense | 633,124 | 337,071 | 296,053 | |
| b | Other Expenses | 258,942 | 251,918 | | 7,024 |
| c | Program Expenses | 43,550 | 43,550 | | |
| d | Inkind Supplies | 14,428 | 14,428 | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 9,114,948 | 8,610,141 | 442,882 | 61,925 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--|--|-------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 527,953 | 1 | 731 |
| | 2 Savings and temporary cash investments | | 2 | 788,210 |
| | 3 Pledges and grants receivable, net | 790,652 | 3 | 717,415 |
| | 4 Accounts receivable, net | 632,408 | 4 | 512,946 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 7,204,692 | 7 | 7,754,692 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,964 | 9 | |
| | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10,303,495 | | |
| | b Less accumulated depreciation | 3,972,835 | 6,589,235 | 10c 6,330,660 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,741,290 | 15 | 2,162,791 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 17,489,194 | 16 | 18,267,445 | |
| Liabilities | 17 Accounts payable and accrued expenses | 861,923 | 17 | 640,311 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 110,920 | 19 | 225,787 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 6,648,461 | 23 | 6,535,611 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 260,193 | 25 | 358,537 |
| | 26 Total liabilities. Add lines 17 through 25 | 7,881,497 | 26 | 7,760,246 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,067,697 | 27 | 3,417,199 |
| | 28 Temporarily restricted net assets | 6,540,000 | 28 | 7,090,000 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 9,607,697 | 33 | 10,507,199 | |
| 34 Total liabilities and net assets/fund balances | 17,489,194 | 34 | 18,267,445 | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| 2c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . | Yes | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LEADS

Employer identification number

31-0718027

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

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

Part II Support Schedule for Organizations Described in IRC 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) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|------------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 8,965,954 | 10,015,981 | 7,459,088 | 7,536,315 | 7,389,174 | 41,366,512 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 8,965,954 | 10,015,981 | 7,459,088 | 7,536,315 | 7,389,174 | 41,366,512 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 41,366,512 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 8,965,954 | 477,200 | 7,459,088 | 7,536,315 | 7,389,174 | 41,366,512 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 431,869 | 477,200 | 750,366 | 551,598 | 586,668 | 2,797,701 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 1,875,276 | 2,127,060 | 1,911,585 | 2,106,049 | 1,645,797 | 9,665,767 |
| 11 Total support (Add lines 7 through 10) | | | | | | 53,829,980 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 9,492,450 |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 76 850 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 93 620 % |

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LEADS

Employer identification number 31-0718027

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

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

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

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

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

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

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

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

Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|---|--|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | LEADS has determined there are no amounts to record as assets or liabilities related to uncertain tax positions Federal returns for the tax years 2006, 2007, and 2008 remain subject to examination by the Internal Revenue Service |

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LEADS

Employer identification number

31-0718027

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

LEADS

Employer identification number

31-0718027

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| KENneth kempton | (i) | 179,412 | 0 | 2,772 | 0 | 23,182 | 205,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
LEADS

Employer identification number

31-0718027

| Identifier | Return Reference | Explanation |
|--|-----------------------------|---|
| Form 990, Part III, line 2 | New Program Services | Early Head Start program was added during the year |
| Form 990, Part III, line 3 | Changes in Program Services | ELI program was eliminated during the year |
| Form 990, Part VI, Section B, line 11 | | The Form 990 is reviewed and approved by management, finance committee, and audit committee. The Form 990 is then reviewed and approved by the entire board of directors. |
| Form 990, Part VI, Section B, line 12c | | The written conflict of interest policy is reviewed and signed annually. |
| Form 990, Part VI, Section B, line 15 | | The organization conducts a wage and comparability study. In addition, the independent board of directors appoints a committee of board members to do a performance evaluation of the CEO. The evaluation is used to determine the CEO's compensation. The evaluation is documented in the board meeting minutes. |
| Form 990, Part VI, Section C, line 19 | | the organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request and through the annual report. |
| Form 990, Part XI, Line 2c | | The board of directors assumes responsibility for the audit of its financial statements and selection of an independent accountant. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LEADS

Employer identification number

31-0718027

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
|---|-------------------------|--|----------------------------|---|----------------------------------|

Leads-Windsor Heights Inc
159 Wilson Street
Newark, OH 43055
37-1422755

Low Income Housing

OH

501(c)(3)

Line 9

LEADS

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
| | | | | | | | Yes | No | | Yes | No |

See Additional Data Table

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|

See Additional Data Table

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | Yes | |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| | | |
| 1o | | No |
| 1p | Yes | |
| | | |
| 1q | | No |
| 1r | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|------------|------------------------------------|------------------------------|------------------------|
| (1) | Millersport Ltd Lakeland Townhomes | K | 4,788 |
| (2) | Millersport Ltd Lakeland Townhomes | P | 4,474 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |

Software ID:
Software Version:
EIN: 31-0718027
Name: LEADS

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income (\$) | (g) Share of end-of-year assets (\$) | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 (\$) | (j) General or Managing Partner? | |
|--|-------------------------|---|---|---|--------------------------------------|---|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| Millersport Ltd Lakeland Townhomes 159 Wilson Street Newark, OH43055 31-6162283 | Low Income Housing | OH | LEADS | Related | -13,433 | 354,764 | | No | | Yes | |
| Brookside Place Limited Partnership 159 Wilson Street Newark, OH43055 31-1394355 | low Income Housing | OH | Pataskala Housing Partnership Inc | RElated | -767 | -93,024 | | No | | Yes | |
| Hebron Apartments Ltd 159 Wilson Street newark, OH43055 31-1421844 | low Income Housing | OH | Licking Housing Partnership Inc | related | -1,160 | 139,403 | | No | | Yes | |
| Johnstown Apartments Ltd 159 Wilson Street newark, OH43055 31-1635478 | low Income Housing | OH | Johnstown Housing Partners Inc | related | -140 | 82,748 | | No | | Yes | |
| Johnstown Apartments II Ltd 159 Wilson Street newark, OH43055 31-1655754 | low Income Housing | OH | Johnstown Housing Partners Inc | related | -141 | 265,566 | | No | | Yes | |
| Adams County Housing Partners Ltd 159 Wilson Street newark, OH43055 31-1676375 | low Income Housing | OH | SWP Partners Inc | related | -128 | 11,948 | | No | | Yes | |
| Pleasant View Housing Partners Ltd 159 Wilson Street newark, OH43055 31-1766842 | low Income Housing | OH | Pleasant View Housing Partners Inc | related | -103 | 247,420 | | No | | Yes | |
| Arbourway Housing Partners Ltd 159 Wilson Street newark, OH43055 31-1766840 | low Income Housing | OH | Arbourway Housing Partners Inc | related | -94 | 250,067 | | No | | Yes | |
| Westtown Housing Partners Ltd 159 Wilson Street Newark, OH43055 31-1766838 | Low Income Housing | OH | Westtown Housing Partners Inc | Related | -124 | -107 | | No | | Yes | |
| Bellaire Housing Partners Ltd 159 Wilson Street Newark, OH43055 31-1635375 | Low Income Housing | OH | Belmont Housing Partners Inc | Related | -164 | 3 | | No | | Yes | |
| Zanesville Homes Partners Ltd 159 Wilson Street Newark, OH43055 31-1687477 | low Income Housing | OH | Zanesville Historic Partners Inc | related | -37 | 368 | | No | | Yes | |
| Owensville Housing Partners Ltd 159 Wilson Street newark, OH43055 20-3011092 | low Income Housing | OH | Owensville Housing Partners Inc | related | -9 | 299,084 | | No | | Yes | |
| Springfield Housing Partners II Ltd 346B Mt Vernon Road Springfield, OH45503 31-1635499 | Low Income Housing | OH | Springfield Historic Partners Inc | Related | -44 | 406 | | No | | Yes | |
| Homestead Estates Ltd 220 Marion Avenue Mansfield, OH44903 34-1857664 | low Income Housing | OH | Homestead Affordable Housing LLC | related | -5,340 | 15,960 | | No | | Yes | |
| Griggs Village LLC 6880 Tussing Road Reynoldsburg, OH43068 47-0955488 | low Income Housing | OH | Griggs Leads Inc | related | -5 | 73 | | No | | Yes | |
| Zanesville Homes Partners II Ltd 159 Wilson Street Newark, OH43055 61-1444908 | Low Income Housing | OH | Falls Manor Housing Partners Inc | Related | -143 | -1,670 | | No | | Yes | |
| Central Hotel Apartments Ltd 454 East Main Street Suite 236 Columbus, OH43215 01-0604551 | Low Income Housing | OH | Central Hotel Housing Corp | RElated | -153 | 164,413 | | No | | Yes | |
| Blue Heron Limited Partnership 159 Wilson Street newark, OH43055 31-1339607 | low Income Housing | OH | LEADS | related | -8,140 | 1,446,144 | | No | | | No |
| Blue Heron Limited Partnership 159 Wilson Street Newark, OH43055 31-1336125 | low Income Housing | OH | Licking County Housing Partnership Inc | related | -82 | -468,485 | | No | | Yes | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income (\$) | (g) Share of end-of-year assets (\$) | (h) Percentage ownership |
|--|-------------------------|--|----------------------------------|--|-----------------------------------|---|-----------------------------|
| Johnstown Housing Partners Inc 159 Wilson Street Newark, OH43055 31-1635472 | Low Income Housing | OH | LEADS | C | -281 | 78,848 | 100 000 % |
| Arbourway Housing Partners Inc 159 Wilson Street newark, OH43055 31-1766839 | low Income Housing | OH | leADS | C | -94 | 3,565 | 100 000 % |
| Falls Manor Housing Partners Inc 159 Wilson Street newark, OH43055 20-0921479 | low Income Housing | OH | leaDS | C | -143 | 116 | 100 000 % |
| Springfield Historic Partners Inc 159 Wilson Street newark, OH43055 38-3645743 | low Income Housing | OH | IEADS | C | -33 | -618 | 75 000 % |
| swp partners inc 159 Wilson Street newark, OH43055 31-1635307 | low Income Housing | OH | IEADS | C | -128 | -24,292 | 100 000 % |
| Pleasant View Housing Partners Inc 159 Wilson Street newark, OH43055 31-1766841 | low Income Housing | OH | IEADS | C | -103 | -33,938 | 100 000 % |
| Westown Housing Partners Inc 159 Wilson Street newark, OH43055 31-1766837 | low Income Housing | OH | IEADS | C | -124 | -1,273 | 100 000 % |
| Belmont Housing Partners Inc 159 Wilson Street newark, OH43055 20-0707633 | low Income Housing | OH | IEADS | C | -123 | -1,452 | 75 000 % |
| pataskala Housing Partnership Inc 159 Wilson Street newark, OH43055 31-1405453 | low Income Housing | OH | IEADS | C | -606 | -216,991 | 79 000 % |
| Licking Housing Partnership Inc 159 Wilson Street newark, OH43055 31-1350226 | low Income Housing | OH | IEADS | C | -916 | -15,065 | 79 000 % |
| Owensville Housing Partners Inc 159 Wilson Street newark, OH43055 20-3010905 | low Income Housing | OH | IEADS | C | -9 | 213,490 | 100 000 % |
| Griggs Leads Inc 159 Wilson Street Newark, OH43055 20-3011229 | Low Income Housing | OH | IEADS | C | -5 | 33 | 100 000 % |
| Homestead Affordable Housing LLC 159 Wilson Street newark, OH43055 01-0788950 | low Income Housing | OH | IEADS | C | -5,340 | -15,852 | 100 000 % |
| Trail West Housing Partners Inc 159 Wilson Street newark, OH43055 27-0390832 | low Income Housing | OH | IEADS | C | -6 | 49,994 | 100 000 % |
| Mid Ohio Housing Development Corp 159 Wilson Street newark, OH43055 20-8465653 | low Income Housing | OH | IEADS | C | -213 | 25,227 | 100 000 % |
| Central Hotel Housing Corp 159 Wilson Street newark, OH43055 90-0150159 | low Income Housing | OH | IEADS | C | -153 | 162,657 | 100 000 % |
| Zanesville Historic Partners Inc 159 Wilson Street Newark, OH43055 31-1809060 | low Income Housing | OH | IEADS | C | -28 | -290 | 75 000 % |
| Lockwood Housing Members Corp 159 Wilson Street newark, OH43055 26-0147118 | low Income Housing | OH | IEADS | C | -20 | | 75 000 % |
| Vinton Perry Partners Inc 159 Wilson Street newark, OH43055 31-1635504 | low Income Housing | OH | IEADS | C | | | 100 000 % |
| Licking County Housing Partnership Inc 159 Wilson Street newark, OH43055 31-1336125 | low Income Housing | OH | IEADS | C | -82 | -516,905 | 100 000 % |

Additional Data

Software ID:
Software Version:
EIN: 31-0718027
Name: LEADS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 351,798 including grants of \$ 3,562) (Revenue \$ 20)

Community Services-this program targets individuals and families living in poverty to become self-sufficient, strengthen local communities, and to increase the capacity for those in need to create their own opportunities. Approximately 6,796 households were served by this program during the year.

(Code) (Expenses \$ 173,616 including grants of \$ 30,993) (Revenue \$ 1,538)

older adult program - This program provides minor home repairs and handicap accessibility for seniors. This includes plumbing repairs, electrical repairs, HVAC repairs and replacements, roofs and wheelchair ramps or any kind of handicap accessibility needs. Approximately 2,693 individuals were served by this program during the year.

(Code) (Expenses \$ 277,740 including grants of \$) (Revenue \$)

FOOD PROGRAM - is a program through Children and Adult food Program funding that supplements food costs and labor for the head start program. Approximately 585 individuals were served by this program during the year.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROCHELLE PAUL Chairperson | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Iori tabler vice-chairperson | 1 00 | X | | X | | | | 0 | 0 | 0 |
| hubert gillman secretary/treasurer | 1 00 | X | | X | | | | 0 | 0 | 0 |
| shirley colley director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Marcia J Phelps director | 1 00 | X | | | | | | 0 | 0 | 0 |
| bruce smith director | 1 00 | X | | | | | | 0 | 0 | 0 |
| kelly baldwin director | 1 00 | X | | | | | | 0 | 0 | 0 |
| carOLYN MARTIN director | 1 00 | X | | | | | | 0 | 0 | 0 |
| george croom director | 1 00 | X | | | | | | 0 | 0 | 0 |
| john eshelman director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Dr Richard Prystowsky director | 1 00 | X | | | | | | 0 | 0 | 0 |
| betty spurgeon director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Judy Booth director | 1 00 | X | | | | | | 0 | 0 | 0 |
| alice MEADOWS director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Anna Mae Rhoads director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Stacy L Thompson director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Herbert Wise DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KENneth kempton CEO | 40 00 | | | X | | | | 182,184 | 0 | 23,182 |
| Amy Mason Fiscal Director | 40 00 | | | X | | | | 93,690 | 0 | 11,535 |