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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, of 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

		e 2010 calendar year, or tax year beginning and ending					
B c	heck if	C Name of organization	D Employer identification number				
	Addr	ess change	07 0744 667				
<u> </u>		e change LEAD TO SERVE	27-3741627				
_ <u>_X</u>		3700011	E Telephone number				
<u></u>	Term	inated PO BOX 130998	760-444-0777				
<u> </u>	- Amer		F Group Exemption				
		abon pending CARLSBAD, CA 92013-0998	Number				
		nting Method: Cash X Accrual Other (specify) ▶	H Check If the organization is not				
		te: N/A	required to attach Schedule B				
		tempt status (check only one) _ X 501(c)(3) _ 501(c) () ◀(insert no.) _ 4947(a)(1) or _ 527	(Form 990, 990-EZ, or 990-PF).				
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not					
		190 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization c	nooses to tile a return, be sure to tile a				
_	<u> </u>	ete return.					
		les 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	104 100				
_	art I	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru					
LPG	art i	<u> </u>	ctions for Partic)				
	1	Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received	1 194,460.				
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3				
	4	Investment income	4				
	5a						
	ì	Less: cost or other basis and sales expenses 5b	 				
	[Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming and fundraising events	-				
•		Gross income from gaming (attach Schedule G if greater than					
Ĕ		\$15,000)	1 1				
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions					
Œ	ļ	from fundraising events reported on line 1) (attach Schedule G if the sum of such					
	1	gross income and contributions exceeds \$15,000)	i 1				
	C	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
	7a	Gross sales of inventory, less returns and allowances					
	Ь	Less: cost of goods sold 7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule 0)	8				
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9 194,460.				
	10	Grants and similar amounts paid (list in Schedule 0)	10				
	11	Benefits paid to or for members	11				
e S	12	Salaries, other compensation, and employee densits # 94 MMA T 7 ZUII # 1	12				
ens	13	Professional fees and other payments to independent contractors	13				
Expenses	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	14				
	15	g, po-mental produgo, and display	15 67.				
	16	Other expenses (describe in Schedule 0)	16				
	17	Total expenses. Add lines 10 through 16	▶ 17 67.				
私	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 194,393.				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
ţ		(must agree with end-of-year figure reported on prior year's return)	19 0.				
Ž	20	Other changes in net assets or fund balances (explain in Schedule 0)	20 0.				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21 194,393.				
LHA	\ For	Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2010)				

Pa	Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to respond to any question in) Beginning of year	<u> </u>	/B\ E	nd of year
		(A	0 •	22		194,393.
22		·		23	ļ	134,333.
23		}		24	<u> </u>	
24		<u> </u>	0.	_		194,393.
25		<u> </u>	0.	25	 _	194,393.
26		•	0.	26		194,393.
27		** /cas the instructions for		21		
Pa		•		X	(Required	penses for section
14/1	Check if the organization used Schedule 0 to respond to any question		<u>_</u>	<u>A</u>	501(c)(3)	and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE O					ons and section trusts; optional
	scribe what was achieved in carrying out the organization's exempt purp			е	for others.	
	services provided, the number of persons benefited, and other relevant NO SERVICES WERE PROVIDED IN 2010 S					
	CREATED IN SEPTEMBER 2010. ONLY FUN				1	
	2010.	DENISTING ACTI	ATTIES FOR	_		
					000	
00	(Grants \$) If this amount includes foreign g	rants, check here		_	28a	
29					1)	
						
	(0.1.4)	· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30				_		
				_		
				_	_	
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	30a	
	Other program services (describe in Schedule O)		ъ г	\neg		
	(Grants \$) If this amount includes foreign g	rants, check here		ᆗ	31a	
	<u>Total program service expenses (add lines 28a through 31a)</u> art IV List of Officers, Directors, Trustees, and Key E	mployoos		_	32	0.
Pé	 		en if not compensated (se	e the	instructions fo	or Part IV)
	Check if the organization used Schedule 0 to respond to any question		[() () [/d\ a		(2)5:
	63M 1 - 14	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		ontributions employee	(e) Expense account and
	(a) Name and address	position	-0)		efit plans & leferred	other allowances
<u> </u>	SPERUS CARSTENS, 171 BANHOEK ROAD,			com	pensation	
	TELLENBOSCH, SOUTH AFRICA, SOUTH	PRESIDENT			•	^
		40.00	0.		0.	0.
		VICE PRESIDEN				
	NLAMHOF, SOUTH AFRICA, SOUTH	4.00	0.		0.	0.
		SEC/TREASURER	_ 1			•
70	142 VIA OSTIONES, CARLSBAD, CA 92009	15.00	0.		0.	0.
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_			<u> </u>		_	
						_ _
0321 02-0	2-11				Form	990-EZ (2010)

	art V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			ليا
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	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, explain in Schedule O why the organization did not report the income on Form 990-T.	ĺ		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	1		
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	l		,,
	complete applicable parts of Schedule N	36	<u> </u>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	-{		х
	Did the organization file Form 1120-POL for this year?	37b		 ^
304	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	304		 ^
39	Section 501(c)(7) organizations. Enter:	1	}	1
	Initiation fees and capital contributions included on line 9	Į .		l
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		İ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	}	}
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •	l		l
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	ì		
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?		İ	l
	If "Yes," complete Schedule L, Part I	40b		Х
C	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			1
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	}	}	[
	organization 0.	1		1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter]		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. CA CORPON	4 ^	777	
42 a	The organization's books are in care of ► WAYNE GORDON Located at ► 7042 VIA OSTIONES, CARLSBAD, CA Telephone no. ► 760-44			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	200	- -	
٠	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	¥
	If "Yes," enter the name of the foreign country:	1.20		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	{		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 990-EZ	44b	ļ	X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44s, has the organization filed a Form 790 to report these payments? If "Als," provide an explanation	44c	-	X
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444		
	III Goileadae G	44d Form 9	90-F7	(2010)

<u> </u>	(2010) LEAD TO	SERVE					<u> </u>	04/		raye 4	
									Yes		
-	elated organization a controlled	•		•	, ,		<u>.</u>	45	<u> </u>	X	
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ										
-	· · · · · · · · · · · · · · · · · · ·									X	
6 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?										٠.	
Part VI	complete Schedule C, Part I			47/->/4>				46	5046	X	
Fart VI	Section 501(c)(3) org				_		-				
	organizations and section 494			•	is 47-49b a	and 52, and complete	the tables for	ines 50	and 51	·	
	Check if the organization used	Schedule U to re	spond to any question	in this Part VI		<u> </u>			W		
47 0 1 11	1.1.1.							47	Yes		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									X	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?										
	-			ganizadon?				49a	-	X	
	was the related organization a s							495			
-	ete this table for the organization	•		•	s, airectors	, trustees and key en	ipioyees) wno	eacn re	ceivea	more	
tnan \$1	00,000 of compensation from the	ie organization. It	there is none, enter 1		t	() 0	(d) =				
	(a) Name and address of an	.blaaa aa.d		(b) Title and avera		(c) Compensation	(d) Contributio to employee		e) Expe ccount		
	(a) Name and address of eac than \$100			position			benefit plans a deferred		er allov		
		,000 NON	<u> </u>	Promo			compensation				
				}							
				<u></u>							
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	·····							ı			
				<u></u> _		<u> </u>		l			
organiz	ration. If there is none, enter "Noi (a) Name and address of ea			an \$100,000		(b) Type of ser	vice	(c) Con	npensa	tion	
d Total or	umber of other independent con	tractors each reco	owing over \$100,000								
	organization complete Schedule		•		 (1) nonevo	mot					
	ble trusts must attach a complete		uon oo itujtoj urganiz	auviis aliu 454/(8)	(i) ilullexe	uiht	_	v	es T	N	
Cilalitat	Under penalties of perjury, I declare to correct, and complete Declaration of	hat i have examined	this return, including acco	impanying schedules a	ınd statemen	ts, and to the best of my	knowledge and I	Deller, it is	es ∟ strue,	<u></u>	
	correct, any complete Declaration of	77	officer) is based on all info	ormation of which prep	arer has any	knowledge	- 12L	- 0	577		
Sign	Signature of officer	ford of	<u> </u>				Date	al)//		
Here	11/2000	1 Roo	don	•	Trai	isurer					
	Type of print name and title	C. DOIL	auru		rec	iswoo					
	Print/Type preparer's name	- 	Preparer's signature		Date	Check	if IPTIN				
Paid	Jee kroparor e name	Į	sparer o oignatulo		20.0	self- emplo	- I ''				
r <i>a</i> iu Preparer	.	ļ		ļ		John Chilpho	"				
Use Only					 :						
USE UIIIY						Firm's EIN					
	Firm's address					Phone no.					
M /5 /5.6			0.0							- 	
J32174	discuss this return with the prep	arer snown above	e / See instructions				. •		es L	No	
03-04-11								Form :	990-EZ	(2010	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

LEAD TO SERVE

Employer identification number 27 – 3741627

Pa	नि	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.				
L The	organi	zation is not a	private foundation	because it is: (For lines	1 through	11. check	only one b	 ox.)					
1		nization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	\sqcap	A nospital or a cooperative nospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
7	_												
5	\Box	An organization operated for the henefit of a college or university owned or operated by a governmental unit described in											
3		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.)											
_				•	.		470/1-1/-						
6	=	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
1	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
_			b)(1)(A)(vi). (Comple		.								
8				section 170(b)(1)(A)(vi).									
9	X			eives. (1) more than 33									
				nctions - subject to certa									
				axable income (less sec	tion 511 ta	ex) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	75.
			509(a)(2). (Complete										
10	닐	_		perated exclusively to te	•	-			•				
11	ш	An organizati	on organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes o	f one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se o	ction 509 (a)(3). Che	eck the box	that	
			··	organization and compl		•					•		
		a L Type		**		e III - Fund	•	-		d└─	Type III - (
е	. Ш	By checking	this box, I certify tha	at the organization is not	t controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons oth	er tha	ın
		foundation m	anagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check th	nis box									
g	I	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontribution	n from any	of the foll	owing per	sons?			
		(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	tescribed	ın (ii) and (ııi) below,		Yes	No
		the gove	eming body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	•	•		•	•		11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)		
h	1		-	about the supported or									<u> </u>
			J		J	(-/-							
	Name	of supported	(ii) EIN	(iii) Type of	(Iv) Is the c	organization	(v) Did voi	L notify the	(vi) ls	the	/sell\ Am	ount o	
(1)	′	nization	(11) = 114	organization	in col. (i) is	sted in your	organizat	ion in col.	organizátio	n in col.	(vii) Am sup		1
	or gu	1112011011		(described on lines 1-9 above or IRC section		document?		support?	(i) organız U.S	.?	Sup	puit	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants ")			<u> </u>			
2	Tax revenues levied for the organ-					. —	
	ızatıon's benefit and either paid to		•		ĺ		
	or expended on its behalf			<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u> </u>		<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions				ļ		
	by each person (other than a		ļ	1			
	governmental unit or publicly						
	supported organization) included		İ	ł			
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,		ľ				
	column (f)						
	Public support. Subtract line 5 from line 4	<u></u>		ļ	<u> </u>		
	ction B. Total Support		1 .	,		,	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			1		1	
	dividends, payments received on					1	
	secunties loans, rents, royalties			İ			
	and income from similar sources	<u> </u>	-		ļ		
9	Net income from unrelated business			1	\	1	
	activities, whether or not the				•		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			1	•	1	
	assets (Explain in Part IV.)	-		-	 	 	<u> </u>
	Total support. Add lines 7 through 10	-4- (<u> </u>		<u> L</u>	101	L
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop		s iirst, secono, tri	ira, tourtri, or mith t	ax year as a section	on 501(c)(3)	_
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (fl)		14	
	Public support percentage from 2009			COIGITIIT (1))		15	
	33 1/3% support test - 2010.If the o			n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies						▶ □
t	33 1/3% support test - 2009.If the o		•		I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali					•	ightharpoons
17a	10% -facts-and-circumstances test	t - 2010.If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	
Ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	ightharpoons
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 LEAD TO SERVE 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 or if the organization failed to qualify under Part II. If the organization fails to

Sar	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)			,	-
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(a) 2006	(0) 2007	(0) 2008	(4) 2009	(6) 2010	(i) Total
	include any "unusual grants.")			_		194,460.	194,460.
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 bus-			ļ			
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	 -					
5	The value of services or facilities		,				
	furnished by a governmental unit to		İ	ŀ]	
	the organization without charge	L			<u></u>		
6	Total. Add lines 1 through 5					194,460.	194,460.
72	Amounts included on lines 1, 2, and		ļ			l i	
	3 received from disqualified persons	ļ	<u> </u>		ļ	ļ	0.
	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						0.
c	: Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						194,460.
_	ction B. Total Support	, - 	,			· · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010 194,460.	(f) Total 194,460.
	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources					194,460.	194,400.
b	Unrelated business taxable income		}	1			1
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				ļ.,		
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.)						
	Total support (Add lines 9, 10c, 11, and 12)					194,460.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
	check this box and stop here		<u> </u>			<u> </u>	
_	ction C. Computation of Publi					, - ,	100 00
	Public support percentage for 2010 (I			column (f))			100.00 %
16	Public support percentage from 2009					[16]	%
	ction D. Computation of Inves					T	00
17	Investment income percentage for 20	,	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	•	•	on line 4.4 4.7	a 45 ja Al-	18	%
198	33 1/3% support tests - 2010. If the						7 is not
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the						-
_	line 18 is not more than 33 1/3%, che					=	▶ □
20	Private foundation. If the organization		_			_	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name o	of th	e organ	ization	L	EAD T	O SERVE	, <u>-</u>			Employer identific 27-37416	ation number
FORM	1 9	990-	EZ,	PART	III,	PRIMARY	EXEMPT	PURPOSE	- LEADERSHI	P TRAINING	FOR
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