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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
LEADINGAGE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2519 CONNECTICUT AVENUE NW

Room/suite

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200081520

D Employer identification number
13-6213525

E Telephone number
(202)783-2242

G Gross receipts $ 27,283,600

F Name and address of principal officer
WILLIAM L MINNIX JR
2519 CONNECTICUT AVENUE NW
WASHINGTON,DC 200081520

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LEADINGAGE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1965

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE QUALITY CARE FOR THE ELDERLY THROUGH APPLIED RESEARCH, SHARED LEARNING AND ADVOCACY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	93
6	Total number of volunteers (estimate if necessary)	**6**	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	883,866
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,520,507	3,014,878
9	Program service revenue (Part VIII, line 2g)	15,241,716	14,899,036
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	333,248	619,263
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	592,596	1,121,893
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,688,067	19,655,070
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	348,367	195,391
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,089,996	10,290,835
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶67,684		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,425,158	7,543,209
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,863,521	18,029,435
19	Revenue less expenses Subtract line 18 from line 12	-175,454	1,625,635
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	27,356,708	28,116,055
21	Total liabilities (Part X, line 26)	22,317,115	21,737,494
22	Net assets or fund balances Subtract line 21 from line 20	5,039,593	6,378,561

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

****** 2012-08-15
Signature of officer Date

WILLIAM L MINNIX JR PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
SUBRINA L WOOD	SUBRINA L WOOD			

Firm's name ▶ TATE AND TRYON — Firm's EIN ▶

Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036 — Phone no ▶ (202) 293-2200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE THE PROVISION, BY NOT-FOR-PROFIT SENIOR SERVICE ORGANIZATIONS, CONTINUING CARE RETIREMENT COMMUNITIES, ASSISTED LIVING AND SENIOR HOUSING FACILITIES, AND COMMUNITY SERVICE ORGANIZATIONS, OF HEALTHY, AFFORDABLE AND ETHICAL LONG-TERM SERVICES AND SUPPORT FOR THE ELDERLY, PROVIDE OR OTHERWISE MAKE AVAILABLE TO ITS MEMBER ORGANIZATIONS EDUCATIONAL SEMINARS AND MATERIALS RELATED TO THE PROMOTION OF EXCELLENCE IN THE DELIVERY OF CHRONIC OR LONG-TERM CARE SERVICES, PROMOTE AND SUPPORT INNOVATIVE RESEARCH INITIATIVES THAT LEAD TO EVIDENCE BASED SOLUTIONS TO SUPPORTING PEOPLE AS THEY AGE, AND PROMOTE A COMPREHENSIVE SYSTEM OF CARE AND SERVICES BY ORGANIZATIONS THAT RECOGNIZE THE DIGNITY OF ALL PERSONS AND ENHANCES THE QUALITY OF LIFE FOR OLDER ADULTS AND OTHERS WITH SPECIAL NEEDS

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 $ 4,276,238 including grants of $) (Revenue $ 4,431,587)

MARKETING AND CONFERENCE SERVICES - DEVELOP AND DISTRIBUTE EDUCATIONAL PUBLICATIONS FOR SALE, COMMUNICATE WITH MEMBERS AND THE PUBLIC, AND PLAN AND EXECUTE LOGISTICS FOR THE ORGANIZATION'S CONFERENCES AND MEETINGS

4b (Code) (Expenses $ 3,777,873 including grants of $ 96,413) (Revenue $)

ADVOCACY - PROVIDE EDUCATION AND ADVOCACY SUPPORT ON PUBLIC POLICY ISSUES AFFECTING AGING SERVICES

4c (Code) (Expenses $ 2,561,460 including grants of $) (Revenue $ 1,099,781)

CENTER FOR APPLIED RESEARCH - ADVANCE THE DEVELOPMENT AND DIFFUSION OF HIGH-QUALITY AGING AND LONG-TERM CARE SERVICES AND SUPPORTS THROUGH RESEARCH

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 5,368,067 including grants of $ 72,885) (Revenue $)

4e **Total program service expenses** ▶ $ 15,983,638

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	63		
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	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	93		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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?			6a		No
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?			7a		No
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?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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?	2			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? . .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Does the organization have members or stockholders?	6		Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		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	9			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?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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?	16a		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , CO , DC , IL , ME , MN , NM , NY , OR

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

☐ Own website ☐ Another's website ☑ 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 ▶

THE ORGANIZATION
2519 CONNECTICUT AVENUE NW
WASHINGTON,DC 200081520
(202)783-2242

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,235,993	0	244,791

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 ▶ 30

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
VERIS CONSULTING INC 11710 PLAZA AMERICA DRIVE RESTON, VA 20190	ACCOUNTING	627,193
O'KEEFE COMMUNICATIONS INC 4301 CONNECTICUT AVE NW 200 WASHINGTON, DC 20008	AUDIO VISUAL	556,497
LEADING AUTHORITIES INC 1990 M STREET NW WASHINGTON, DC 20036	SPEAKERS	262,381
ARAMARK SPORTS AND ENTERTAINMENT SVCS 1201 FIGUEROA STREET LOS ANGELES, CA 90015	MEETING & CATERING	250,906
WASHINGTON CONVENTION 801 MOUNT VERNON PLACE NW WASHINGTON, DC 20001	MEETING & CATERING	244,075

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 ▶ 17

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					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,014,878				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		3,014,878			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	8,460,355	8,460,355		
	b REGISTRATION/EXHIBITS	900099	4,431,587	4,431,587		
	c RESEARCH PROGRAMS	900099	1,099,781	1,099,781		
	d SHARED SERVICES	541900	907,313	419,804	487,509	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		14,899,036			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		230,528		-315	230,843
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	457,039				
	b Less rental expenses	597,094				
	c Rental income or (loss)	-140,055				
	d Net rental income or (loss) . . . . . ▶		-140,055		-140,055	
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7,420,171				
	b Less cost or other basis and sales expenses	7,012,664	18,772			
	c Gain or (loss)	407,507	-18,772			
	d Net gain or (loss) . . . . . ▶		388,735			388,735
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	42,623				
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		42,623	42,623		
	Miscellaneous Revenue	Business Code				
	11a PERIODICAL ADVERTISING	541800	257,050		257,050	
	b WEBSITE ADVERTISING	541800	199,337		199,337	
	c EMAIL ADVERTISING	541800	80,340		80,340	
	d All other revenue		682,598	682,598		
	e **Total.** Add lines 11a–11d . . . . . ▶		1,219,325			
	12 **Total revenue.** See Instructions . . . ▶		19,655,070	15,136,748	883,866	619,578

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	195,391	195,391		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	2,261,854	1,737,199	524,655	
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	6,312,238	4,845,325	1,466,913	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,173,085	905,312	267,773	
10 Payroll taxes	543,658	434,257	109,401	
a Fees for services (non-employees) Management				
b Legal	92,472	1,846	90,626	
c Accounting	49,642		49,642	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	70,329		70,329	
g Other	783,480	723,973	59,507	
12 Advertising and promotion				
13 Office expenses	473,675	339,431	134,244	
14 Information technology				
15 Royalties	78,521	78,521		
16 Occupancy	465,216	29,646	435,570	
17 Travel	683,327	510,816	172,511	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,173,822	2,134,970	38,852	
20 Interest	534,912		534,912	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	367,766		367,766	
23 Insurance	121,536		121,536	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONTRACT SERVICES	779,918	147,727	624,252	7,939
b EQUIPMENT EXPENSES	289,161	7,365	281,796	
c DUES & SUBSCRIPTIONS	195,170	102,574	92,596	
d BANK & CC CHARGES	113,084	106,407	6,677	
e TAXES & LICENSES	104,144	1,459	102,091	594
f All other expenses	167,034	3,681,419	-3,573,536	59,151
25 **Total functional expenses.** Add lines 1 through 24f	18,029,435	15,983,638	1,978,113	67,684
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		987,115	1	998,365
	2	Savings and temporary cash investments		1,862,489	2	1,753,299
	3	Pledges and grants receivable, net		403,574	3	867,736
	4	Accounts receivable, net		2,507,561	4	2,432,013
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,087,657	9	1,454,988
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 17,797,209			
	b	Less accumulated depreciation	10b 5,461,039	12,563,494	10c	12,336,170
	11	Investments—publicly traded securities		7,439,743	11	7,827,750
	12	Investments—other securities See Part IV, line 11		59,867	12	59,282
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		445,208	15	386,452
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,356,708	16	28,116,055
Liabilities	17	Accounts payable and accrued expenses		1,602,989	17	1,435,352
	18	Grants payable			18	
	19	Deferred revenue		4,721,800	19	5,115,412
	20	Tax-exempt bond liabilities		11,036,378	20	11,038,701
	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		4,000,000	23	3,695,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		955,948	25	453,029
	26	**Total liabilities.** Add lines 17 through 25		22,317,115	26	21,737,494
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,704,113	27	4,892,387
	28	Temporarily restricted net assets		607,761	28	762,955
	29	Permanently restricted net assets		727,719	29	723,219
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		5,039,593	33	6,378,561
	34	Total liabilities and net assets/fund balances		27,356,708	34	28,116,055

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	19,655,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,029,435
3	Revenue less expenses Subtract line 2 from line 1	3	1,625,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,039,593
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-286,667
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,378,561

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	2c	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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ 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?	3a	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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

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 described in **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar 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 include any "unusual grants ")						
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						
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						

Section B. Total Support

Calendar 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, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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 include any "unusual grants ")	4,067,535	3,444,814	2,979,106	2,520,507	3,014,870	16,026,832
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	14,670,044	14,446,030	14,512,656	14,514,880	14,454,150	72,597,760
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	18,737,579	17,890,844	17,491,762	17,035,387	17,469,020	88,624,592
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,976,666	2,329,710	2,092,511	1,786,262	1,467,363	9,652,512
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	2,647,728	3,285,219	2,693,921	4,032,340	3,757,969	16,417,177
c Add lines 7a and 7b	4,624,394	5,614,929	4,786,432	5,818,602	5,225,332	26,069,689
8 **Public Support** (Subtract line 7c from line 6)						62,554,903

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	18,737,579	17,890,844	17,491,762	17,035,387	17,469,020	88,624,592
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	744,204	731,409	608,081	676,500	688,197	3,448,391
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	744,204	731,409	608,081	676,500	688,197	3,448,391
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)	181,298	383,550	560,224	416,542	682,598	2,224,212
13 **Total support** (Add lines 9, 10c, 11 and 12)	19,663,081	19,005,803	18,660,067	18,128,429	18,839,815	94,297,195

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	66 340 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	67 140 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	3 660 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	3 260 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
LEADINGAGE INC	13-6213525

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	28,216	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	437,845	
c Total lobbying expenditures (add lines 1a and 1b)	466,061	
d Other exempt purpose expenditures	18,085,389	
e Total exempt purpose expenditures (add lines 1c and 1d)	18,551,450	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	458,103	561,658	523,513	466,061	2,009,335
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	27,446	72,060	52,432	28,216	180,154

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	938,419	862,402	850,687		
b Contributions		850	500		
c Investment earnings or losses	-17,444	75,167	38,439		
d Grants or scholarships					
e Other expenditures for facilities and programs	45,436		27,224		
f Administrative expenses					
g End of year balance	875,539	938,419	862,402		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 82 600 %
- c Term endowment ▶ 17 400 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,471,500		2,471,500
b Buildings		13,068,482	3,489,413	9,579,069
c Leasehold improvements		7,638	6,174	1,464
d Equipment		1,922,315	1,638,178	284,137
e Other		327,274	327,274	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,336,170

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP AGREEMENTS	453,029
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	453,029

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	19,655,070
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,029,435
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,625,635
4	Net unrealized gains (losses) on investments	4	-286,672
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	5
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-286,667
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,338,968

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	19,895,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-286,672		
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	-286,672
3	Subtract line **2e** from line **1**			3	20,181,835
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	70,329		
b	Other (Describe in Part XIV)	4b	-597,094		
c	Add lines **4a** and **4b**			4c	-526,765
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,655,070

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

1	Total expenses and losses per audited financial statements			1	18,626,529
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	597,094		
e	Add lines **2a** through **2d**			2e	597,094
3	Subtract line **2e** from line **1**			3	18,029,435
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,029,435

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	LEADINGAGE BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR INCOME TAX POSITIONS TAKEN THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS GENERALLY, INCOME TAX RETURNS RELATED TO THE FISCAL YEARS ENDED SEPTEMBER 30, 2008 THROUGH 2011 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -597,094
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 597,094

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

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? . . . . ☐ Yes ☑ No

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) LIFE SERVICES NETWORK OF ILLINOIS 1001 WARRENVILLE RD SUITE 150 LISLE,IL 60532	36-3512871	501(C)(6)	20,000				GRANTS
(2) LEADINGAGE KANSAS 217 SE 8TH AVENUE TOPEKA,KS 666033906	48-0832501	501(C)(6)	12,464				GRANTS
(3) ADVANCE CLASS INC 1875 K STREET NW WASHINGTON,DC 20006	27-3524792	501(C)(3)	66,514				GRANTS
(4) MISSIONS UNITED INC 2429 MISSION WAY BILLINGS,MT 59102	81-0499281	501(C)(3)	96,413				GRANTS

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

3 Enter total number of other organizations . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS FOR FINANCIAL ASSISTANCE TO STATE ORGANIZATIONS ARE BASED ON DEMONSTRATION BY THE ORGANIZATION THAT FUNDS ARE REQUIRED, AND AMOUNTS ARE BASED ON FINANCIAL POSITION OF EACH ORGANIZATION STATE ASSOCIATIONS ARE REQUIRED TO APPLY FOR THESE GRANTS THE GRANT APPLICATIONS ARE THEN REVIEWED AND APPROVED BY THE COO OTHER GRANTS ARE PROVIDED ON AN AS-NEEDED BASIS AND REQUIRE APPROVAL OF THE PRESIDENT/CEO THESE GRANTS MUST BE IN SUPPORT OF THE ORGANIZATION'S MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) WILLIAM L MINNIX JR	(i)	386,062	61,613	19,932	17,150	18,357	503,114	0
	(ii)	0	0	0	0	0	0	0
(2) KATRINKA SMITH SLOAN	(i)	262,800	16,246	17,916	17,150	5,276	319,388	0
	(ii)	0	0	0	0	0	0	0
(3) ROBYN STONE	(i)	241,403	3,147	17,292	17,150	11,685	290,677	0
	(ii)	0	0	0	0	0	0	0
(4) SUSAN WEISS	(i)	198,671	101	43,071	15,940	12,169	269,952	0
	(ii)	0	0	0	0	0	0	0
(5) ZACHARY SIKES	(i)	172,741	6,862	1,008	13,083	24,029	217,723	0
	(ii)	0	0	0	0	0	0	0
(6) SHARON SULLIVAN	(i)	159,656	3,095	1,020	11,781	17,277	192,829	0
	(ii)	0	0	0	0	0	0	0
(7) BARBARA MANARD	(i)	150,403	7,902	2,424	10,892	11,786	183,407	0
	(ii)	0	0	0	0	0	0	0
(8) HELAINE RESNICK	(i)	157,900	101	1,020	11,487	6,915	177,423	0
	(ii)	0	0	0	0	0	0	0
(9) ADRIENNE RUFFIN	(i)	157,169	101	276	11,242	4,553	173,341	0
	(ii)	0	0	0	0	0	0	0
(10) MADJ ALWAN	(i)	143,891	1,150	1,020	10,798	21,061	177,920	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228011012

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DISTRICT OF COLUMBIA	53-6001131	254839K36	09-01-2005	11,090,000	ADVANCE REFUNDING OF PRIOR BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	11,090,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	11,014,714			
7	Issuance costs from proceeds	75,286			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	5 000 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	5 000 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	MORGAN STANLEY							
c	Term of hedge	7 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493228011012

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LEADINGAGE INC

Employer identification number
13-6213525

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		LEADINGAGE HAS TWO CLASSES OF MEMBERSHIP THEY ARE MEMBERS AND ASSOCIATE MEMBERS MEMBERS INCLUDE NONPROFIT, VOLUNTARY HOMES, FACILITIES, AND SERVICE PROVIDERS PROVIDING CARE AND HOUSING FOR THE AGED, GOVERNMENT HOMES, FACILITIES, AND SERVICE PROVIDERS PROVING CARE AND HOUSING FOR THE AGING, AND NONPROFIT, VOLUNTARY OR GOVERNMENTAL ORGANIZATIONS OFFERING CARE, SERVICES AND HOUSING PROGRAMS FOR THE AGING EACH MEMBER SHALL APPOINT A REPRESENTATIVE TO REPRESENT IT AT ANY ANNUAL MEETING OR SPECIAL MEETING OF THE ASSOCIATION SUCH REPRESENTATIVE SHALL BE ENTITLED TO ONE VOTE OTHER CLASSES OF MEMBERSHIP SHALL NOT BE ENTITLED TO VOTE AND INCLUDE INDIVIDUAL AND HONORARY MEMBERS, ORGANIZATIONS, BUSINESSES AND AGENCIES OTHER THAN HOMES AND SERVICE PROVIDERS FOR THE AGING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		AT THE ANNUAL BUSINESS MEETING AT THE TIME OF THE ANNUAL MEETING, THE MEMBERS SHALL ELECT INDIVIDUALS TO FILL AVAILABLE VACANCIES ON THE BOARD OF DIRECTORS THE NOMINATIONS COMMITTEE SHALL PRESENT TO THE MEMBERS ITS NOMINATION OF A SLATE OF CANDIDATES TO FILL EACH VACANCY THE MEMBERSHIP WILL VOTE TO APPROVE THE SLATE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MEMBERS THROUGH THEIR HOUSE OF DELEGATES REPRESENTATION HAVE THE FOLLOWING POWERS AND PEROGATIVES TO DELIBERATE THE MAJOR ISSUES CONFRONTING THE ASSOCIATION AND THEN TO REFLECT A CONSENSUS FOR THE GUIDANCE OF THE BOARD OF DIRECTORS, TO AMEND THE BYLAWS, TO APPROVE DUES INCREASES AND SPECIAL ASSESSMENTS, TO BE CONSULTED AND TO MAKE RECOMMENDATIONS ON THE ANNUAL BUDGET, AND TO ELECT AND/OR RECALL OFFICERS, DIRECTORS OF THE ASSOCIATION, AND MEMBERS OF THE NOMINATIONS COMMITTEE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS FIRST REVIEWED BY MANAGEMENT THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS VIA E-MAIL FOR REVIEW AND COMMENT IF THERE ARE NO RECOMMENDED CHANGES FROM THE BOARD, THE FORM 990 IS FILED WITH THE IRS IF THERE ARE RECOMMENDED CHANGES, THESE CHANGES ARE INCORPORATED INTO THE FORM 990, AND A REVISED FORM 990 IS THEN DISTRIBUTED VIA E-MAIL TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, SENIOR STAFF, AND STAFF DIRECTORS SIGN A CONFLICT OF INTEREST AGREEMENT ON AN ANNUAL BASIS THE FORM REQUIRES THAT THEY DISCLOSE ANY CONFLICTS OF POTENTIAL CONFLICTS, OUTSIDE INTERESTS, ETC FOR STAFF, IN THE EVENT SUCH A DISCLOSURE IS MADE, CONVERSATIONS TAKE PLACE BETWEEN THE CEO AND STAFF IN QUESTION ABOUT THE CONFLICT, AND THEY DETERMINE A RESOLUTION IN THE PAST, STAFF MEMBERS HAVE HAD TO RESIGN FROM ORGANIZATIONS WHICH CAUSE A CONFLICT, CHANGE THEIR ROLE, ETC THE CEO MAKES THE FINAL DETERMINATION ON A POTENTIAL STAFF CONFLICT FOR THE BOARD OF DIRECTORS, THE DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT/CEO AND THE COO THE BOARD IS NOTIFIED IF A BOARD MEMBER DISCLOSES A CONFLICT THE BOARD MEMBER IS ASKED TO RESIGN OR TO RECUSE HIMSELF FROM ANY CONFLICTED DISCUSSION OR DECISION THE ORGANIZATION ALSO SENDS ITS CONFLICT OF INTEREST POLICY TO MEMBERS WHO SERVE ON THE ORGANIZATION'S COMMITTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION TARGETS ITS EXECUTIVE CASH COMPENSATION PACKAGES AT THE UPPER MIDDLE OF THE COMPETITIVE MARKET, AS DEFINED PRIMARILY BY THE WASHINGTON DC MARKET FOR MEMBERSHIP AND ADVOCACY ASSOCIATIONS WITH SIMILAR MISSIONS AND SCOPE OF OPERATIONS THE ORGANIZATION WILL ALSO LOOK TO THE EXECUTIVE PAY PRACTICES ITS LARGE MEMBERS WHERE WE EXPECT TO FIND THE KEY COMPETENCIES NECESSARY FOR SUCCESS IN OUR ORGANIZATION THE EXECUTIVE COMMITTEE OF THE BOARD WILL BE RESPONSIBLE FOR THE INDEPENDENT ANNUAL REVIEW OF THE CEO'S PAY PACKAGE, WORKING WITH OUTSIDE ADVISORS AS NEEDED, ENSURING THE FULL BOARD SUPPORTS THE OVERALL COMPENSATION PHILOSOPHY, AND PROVIDING SPECIFIC RECOMMENDATIONS TO THE BOARD FOR PAY PLAN DESIGN AND ANNUAL COMPENSATION DECISIONS THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM WILL INCLUDE - TOTAL CASH COMPENSATION TARGETED AT THE 60TH-75TH PERCENTILE OF THE COMPETITIVE MARKETPLACE AS DEFINED IN THE COMPENSATION PHILOSOPHY SALARIES WILL BE MAINTAINED IN THIS RANGE, AND INCENTIVES WILL BE USED TO ACHIEVE OUR TOTAL COMPENSATION GOALS BASED ON ANNUAL AND LONG TERM PERFORMANCE - THE ORGANIZATION WILL USE MODERATE LEVELS OF INCENTIVE PAY TO SUPPORT SECURITY AND AVOID OVER EMPHASIS ON SHORT-TERM RESULTS THE LONG TERM NATURE OF THE ORGANIZATION'S MISSION AND STRATEGIES REQUIRES THAT PERFORMANCE-BASED PAY BALANCE SHORT TERM ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHED THROUGH THE EXERCISE OF INFLUENCE AND CONSENSUS BUILDING AND NOT DIRECT IMPACT ON PUBLIC/EXTERNAL POLICIES OR MARKETS - INCENTIVES WILL BE TIED TO ANNUAL ACHIEVEMENT OF THE ORGANIZATION'S BUDGETARY, OPERATIONAL, AND MEMBER DEVELOPMENT GOALS THE ORGANIZATION'S INCENTIVE PLAN EMPHASIZES OBJECTIVE EVALUATION OF ANNUAL AND LONG TERM PERFORMANCE AND INCLUDES A BALANCE OF FINANCIAL DATA, OPERATIONAL AND MEMBERSHIP STATISTICS, AND THE ASSESSMENT OF RESULTS PRODUCED VIA THE ORGANIZATION'S INFLUENCE ON PUBLIC POLICY AND MARKET ISSUES - BENEFITS WILL BE PRUDENT AND COMPETITIVE WITH THE LOCAL MARKETPLACE TO SUPPORT OUR RECRUITING AND RETENTION EFFORTS - PENSIONS AND DEFERRED BENEFITS WILL BE PROVIDED WITHIN OUR FISCAL RESOURCES TO ENSURE OUR EXECUTIVES ARE PROVIDED WITH APPROPRIATE SECURITY AND POST-EMPLOYMENT BENEFITS BASED ON THEIR SERVICE TO THE ASSOCIATION THE ANNUAL OPERATIONAL PROCESS FOR DETERMINING THE SALARIES OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS AS FOLLOWS - NEW HIRES TARRGET STARTING SALARY RANGES FOR THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED UPON A RELEVANT FACTOR REVIEW OF THE ORGANIZATION'S COMPREHENSIVE POSITION DESCRIPTION AGAINST APPROPRIATE PUBLISHED EXTERNAL SALARY SURVEYS IN THE WASHINGTON METROPOLITAN AREA (E.G HRA-NCA SALARY SURVEY, PRM CONSULTING NON-PROFIT MANAGEMENT SURVEY, SALARY SURVEY OF DC AREA NON-PROFITS, ASAE COMPENSATION SURVEY, ETC) AND COMPARABLE EXISTING INTERNAL POSITIONS, IF ANY, BY THE SENIOR DIRECTOR, HR & ADMINISTRATION, THE COO AND/OR THE THE PRESIDENT AND CEO BASED ON THE FACTORS ABOVE, THE STATED SALARY REQUIREMENTS OF THE CANDIDATE, THE QUALIFICATIONS OF THE CANDIDATE, CURRENT MARKET CONDITIONS AND THE ORGANIZATION'S BUSINESS NEEDS, SALARY OFFERS ARE RECOMMENDED BY THE SR DIRECTOR, HR & ADMINISTRATION (AND THE DESIGNATED HIRING MANAGER, IF ANY) AND APPROVED AND EXTENDED BY THE COO AND/OR THE PRESIDENT AND CEO - ANNUAL SALARY REVIEWS THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE CONSIDERED FOR SALARY INCREASES ON THE BASIS OF THEIR INDIVIDUAL AND GROUP PERFORMANCE AGAINST THE ACHIEVEMENTS DESCRIBED IN THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY AND ARCHITECTURE. ANNUAL SALARY INCREASES ARE NOT GUARANTEED OR AUTOMATIC SALARIES ARE GENERALLY REVIEWED AS OF THE BEGINNING OF EACH CALENDAR YEAR (JANUARY 1ST) FOR INDIVIDUAL PERFORMANCE AND GROUP GOAL ACHIEVEMENT DURING THE PRIOR FISCAL/PERFORMANCE YEAR (OCTOBER 1 - SEPTEMBER 30TH) PERCENTAGE INCREASES ARE ALSO SUBJECT TO THE TOTAL SALARY BUDGET INCREASE APPROVED BY THE BUDGET & FINANCE COMMITTEE FOR THAT PERFORMANCE YEAR JUSTIFIABLE EXCEPTIONS ARE CONSIDERED ON A LIMITED BASIS, AS THE BUDGET PERMITS THE PRESIDENT & CEO AND THE COO DETERMINE ANNUAL SALARY INCREASE PERCENTAGES FOR THE OFFICERS AND KEY EMPLOYEES UNDER THEIR SUPERVISION OTHER KEY EMPLOYEE ANNUAL SALARY INCREASE PERCENTAGES ARE DETERMINED BY THE APPROPRIATE SENIOR VICE PRESIDENT SUPERVISING THAT INDIVIDUAL THE ACCURACY OF THE PROPOSED SALARY INCREASES IS CONFIRMED BY THE SR DIRECTOR, HR & ADMINISTRATION PRIOR TO REVIEW AND APPROVAL BY THE COO OR PRESIDENT & CEO, AS APPROPRIATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAINTAINS ITS ANNUAL REPORT WITH FINANCIAL STATEMENTS ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -286,672 PRIOR PERIOD ADJUSTMENTS 5 TOTAL TO FORM 990, PART XI, LINE 5 -286,667

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 13-6213525
Name: LEADINGAGE INC

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			
WINTHROP F MARSHALL CHAIR	4 00	X		X				0	0	0
AUDREY S WEINER CHAIR ELECT	4 00	X		X				0	0	0
THOMAS W SLEMMER IMMEDIATE PAST CHAIR	4 00	X		X				0	0	0
DOUGLAS A STRUYK TREASURER	4 00	X		X				0	0	0
BONNIE GAUTHIER SECRETARY	4 00	X		X				0	0	0
MICHAEL L BELL MEMBER	2 00	X						0	0	0
JAMES F BERNARDO MEMBER	2 00	X						0	0	0
JASMINE BORREGO MEMBER	2 00	X						0	0	0
JO-ANN CONSTANTINO MEMBER	2 00	X						0	0	0
MAUREEN HEWITT MEMBER	2 00	X						0	0	0
STEVEN JABERG MEMBER	2 00	X						0	0	0
ROBERT KRETZINGER MEMBER	2 00	X						0	0	0
DANIEL A LINDH MEMBER	2 00	X						0	0	0
CONNIE S MARCH MEMBER	2 00	X						0	0	0
KATHRYN ROBERTS MEMBER	2 00	X						0	0	0
JILL A SCHUMANN MEMBER	2 00	X						0	0	0
E KERN TOMLIN MEMBER	2 00	X						0	0	0
DELVIN ZOOK MEMBER	2 00	X						0	0	0
GEORGE LINIAL EX-OFFICIO	2 00	X						0	0	0
WILLIAM L MINNIX JR PRESIDENT/CEO	37 50	X		X				467,607	0	33,405
KATRINKA SMITH SLOAN COO/SR VP OF MEMBER SVCS	37 50			X				296,962	0	20,450
ROBYN STONE SR VP OF RESEARCH & EXEC DIR OF CFAR	37 50				X			261,842	0	26,787
SUSAN WEISS SR VP OF ADVOCACY	37 50				X			241,843	0	25,960
ZACHARY SIKES SR VP OF CORP RELATIONS & BUS DEVELOP	37 50				X			180,611	0	35,219
SHARON SULLIVAN VP OF MARKETING & CONFERENCE SVCS	37 50					X		163,771	0	27,165

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			
BARBARA MANARD VP OF LONG TERM CARE HEALTH STRATEGY	37 50					X		160,729	0	20,529
HELAINE RESNICK DIRECTOR OF RESEARCH	37 50					X		159,021	0	11,487
ADRIENNE RUFFIN DEPUTY DIRECTOR, CFAR	37 50					X		157,546	0	13,855
MADJ ALWAN DIRECTOR OF CAST	37 50					X		146,061	0	29,934

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

4d. Other program services

(Code	) (Expenses $	2,392,561	including grants of $	59,885) (Revenue $	)
MEMBERSHIP AND STATE RELATIONS					
(Code	) (Expenses $	1,291,678	including grants of $	13,000) (Revenue $	)
EDUCATIONAL AND LEADERSHIP DEVELOPMENT					
(Code	) (Expenses $	970,909	including grants of $	) (Revenue $	)
CORPORATE AND BUSINESS DEVELOPMENT					
(Code	) (Expenses $	712,919	including grants of $	) (Revenue $	)
CENTER FOR AGING SERVICES TECHNOLOGY					