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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

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

C Name of organization
LEADS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
159 WILSON STREET

City or town, state or country, and ZIP + 4
NEWARK, OH 43055

D Employer identification number
31-0718027

E Telephone number
(740) 349-8606

G Gross receipts \$ 10,701,242

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.LEADSCAA.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965 **M** State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities LEADS IS A PRIVATE NON-PROFIT CORPORATION WHICH SEEKS TO IDENTIFY AND REMOVE THE CAUSES OF POVERTY AND PROVIDE DIRECT ASSISTANCE TO ALLEVIATE THE EFFECTS OF POVERTY TO RESULT IN GREATER SELF-SUFFICIENCY AMONG LOW-INCOME CITIZENS OF OUR AREA		
	2 Check this box <input type="checkbox"/> 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	160
	6 Total number of volunteers (estimate if necessary)	6	861
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,666,217	8,441,872
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,724,701	1,568,725
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	622,693	683,252
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	1,961
		10,013,611	10,695,810
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,632,187	1,555,468
	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)	4,668,283	4,461,067
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,166		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,867,320	3,505,165
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,167,790	9,521,700
19 Revenue less expenses Subtract line 18 from line 12	-154,179	1,174,110	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	18,281,986	18,065,949
	21 Total liabilities (Part X, line 26)	8,320,002	7,646,661
22 Net assets or fund balances Subtract line 21 from line 20	9,961,984	10,419,288	

Part II Signature Block

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

Sign Here

Signature of officer

2013-02-11
Date

KENNETH KEMPTON CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KRISTEN HAGER CPA Date 2013-02-11 Check if self-employed

Preparer's taxpayer identification number (see instructions) P01359220

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WIPFLI LLP
7601 FRANCE AVENUE SOUTH SUITE 400
MINNEAPOLIS, MN 55435

EIN ▶ 39-0758449
Phone no ▶ (952) 548-3400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

LEADS IS A PRIVATE NON-PROFIT CORPORATION WHICH SEEKS TO IDENTIFY AND REMOVE THE CAUSES OF POVERTY AND PROVIDE DIRECT ASSISTANCE TO ALLEVIATE THE EFFECTS OF POVERTY TO RESULT IN GREATER SELF-SUFFICIENCY AMONG LOW-INCOME CITIZENS OF OUR AREA

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 4,489,228 including grants of \$) (Revenue \$)

CHILD EDUCATION - THIS PROGRAM PROMOTES SCHOOL READINESS BY ENHANCING THE SOCIAL AND COGNITIVE DEVELOPMENT OF CHILDREN THROUGH THE PROVISION OF EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND OTHER SERVICES TO ENROLLED CHILDREN AND FAMILIES APPROXIMATELY 2,102 CHILDREN AND FAMILIES WERE SERVED BY HEAD START

4b (Code) (Expenses \$ 1,434,798 including grants of \$ 655,849) (Revenue \$ 1,568,725)

HOUSING PROJECTS- PROGRAM AND SERVICES THAT PROVIDE AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES REHABILITATION IS ALSO PROVIDED TO RESIDENCES TO GIVE THE FAMILIES MODERN CONVENIENCES PROFESSIONAL MANAGEMENT IS AVAILABLE TO MAINTAIN A STABLE RESIDENT BASE AND PROVIDE NEEDED HOUSING FOR THE COMMUNITY THIS PROGRAM ALSO PROVIDES AFFORDABLE MULTI-FAMILY HOUSING FOR LOW-MODERATE INCOME FAMILIES IN ADDITION, LEADS PROVIDES HOUSING MANAGEMENT SERVICES TO MULTIPLE LOW-INCOME HOUSING PROPERTIES INCLUDING SERVICES LEADS ALSO PROVIDES REHABILITATION ASSISTANCE TO LOW-INCOME PARTICIPANTS THIS PROGRAM SERVED APPROXIMATELY 1,371 HOUSEHOLDS DURING THE YEAR

4c (Code) (Expenses \$ 1,900,167 including grants of \$ 899,619) (Revenue \$)

WEATHERIZATION/ENERGY ASSISTANCE PROGRAM - THIS PROGRAM PROVIDES ENERGY ASSISTANCE TO ELIGIBLE LOW INCOME HOUSEHOLDS WITH FULL-SCALE HOME ENERGY CONSERVATION SERVICES THE PROGRAM ALSO HELPS ELIGIBLE LOW-INCOME CUSTOMERS MEET COSTS OF HEATING THEIR HOMES AND AVOIDING THE THREAT OF BEING DISCONNECTED APPROXIMATELY 2,480 HOUSEHOLDS WERE SERVED DURING THE YEAR

(Code) (Expenses \$ 253,222 including grants of \$) (Revenue \$)

COMMUNITY SERVICES-THIS PROGRAM TARGETS INDIVIDUALS AND FAMILIES LIVING IN POVERTY TO BECOME SELF-SUFFICIENT, STRENGTHEN LOCAL COMMUNITIES, AND TO INCREASE THE CAPACITY FOR THOSE IN NEED TO CREATE THEIR OWN OPPORTUNITIES APPROXIMATELY 2,413 HOUSEHOLDS WERE SERVED BY THIS PROGRAM DURING THE YEAR

(Code) (Expenses \$ 147,471 including grants of \$) (Revenue \$)

OLDER ADULT PROGRAM - THIS PROGRAM PROVIDES MINOR HOME REPAIRS AND HANDICAP ACCESSIBILITY FOR SENIORS THIS INCLUDES PLUMBING REPAIRS, ELECTRICAL REPAIRS, HVAC REPAIRS AND REPLACEMENTS, ROOFS AND WHEELCHAIR RAMPS OR ANY KIND OF HANDICAP ACCESSIBILITY NEEDS APPROXIMATELY 2,107 INDIVIDUALS WERE SERVED BY THIS PROGRAM DURING THE YEAR

(Code) (Expenses \$ 219,281 including grants of \$) (Revenue \$)

FOOD PROGRAM - IS A PROGRAM THROUGH CHILDREN AND ADULT FOOD PROGRAM FUNDING THAT SUPPLEMENTS FOOD COSTS AND LABOR FOR THE HEAD START PROGRAM APPROXIMATELY 3,415 INDIVIDUALS WERE SERVED BY THIS PROGRAM DURING THE YEAR

(Code) (Expenses \$ 341,212 including grants of \$) (Revenue \$)

CORPORATE DISCRETIONARY PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses \$ 961,186 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 8,785,379

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 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 made 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 made 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
 AMY MASON
 159 WILSON STREET
 NEWARK, OH 43055
 (740) 349-8606

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROCHELLE PAUL CHAIRPERSON	1 00	X		X				0	0	0
(2) LORI TABLER VICE-CHAIRPERSON	1 00	X		X				0	0	0
(3) HUBERT GILLMAN SECRETARY/TREASURER	1 00	X		X				0	0	0
(4) SHIRLEY COLLEY DIRECTOR	1 00	X						0	0	0
(5) MARCIA J PHELPS DIRECTOR	1 00	X						0	0	0
(6) BRUCE SMITH DIRECTOR	1 00	X						0	0	0
(7) KELLY BALDWIN DIRECTOR	1 00	X						0	0	0
(8) CAROLYN MARTIN DIRECTOR	1 00	X						0	0	0
(9) GEORGE CROOM DIRECTOR	1 00	X						0	0	0
(10) JOHN ESHELMAN DIRECTOR	1 00	X						0	0	0
(11) DR RICHARD PRYSTOWSKY DIRECTOR	1 00	X						0	0	0
(12) BETTY SPURGEON DIRECTOR	1 00	X						0	0	0
(13) JUDY BOOTH DIRECTOR	1 00	X						0	0	0
(14) ALICE MEADOWS DIRECTOR	1 00	X						0	0	0
(15) ANNA MAE RHOADS DIRECTOR	1 00	X						0	0	0
(16) STACY L THOMPSON DIRECTOR	1 00	X						0	0	0
(17) HERBERT WISE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) KENNETH KEMPTON CEO	40 00			X				179,468	0	23,297
(19) AMY MASON FISCAL DIRECTOR	40 00			X				95,546	0	10,877
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								275,014	0	34,174

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

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

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

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

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	8,231,524				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	210,348				
	g	Noncash contributions included in lines 1a-1f \$ 190,509					
	h	Total. Add lines 1a-1f ▶	8,441,872				
Program Service Revenue	2a	LOW-INCOME RENTAL	531110	1,252,506	1,252,506		
	b	ADMINISTRATIVE HOUSING	531390	316,219	316,219		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		1,568,725			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		683,252		683,252	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	7,393				
		b	5,432				
		c	1,961			1,961	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b					
		c					
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		10,695,810	1,568,725	0	685,213	

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,555,468	1,555,468		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	308,968		308,968	
7	Other salaries and wages	2,776,342	2,648,610	122,754	4,978
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	91,313	82,389	8,777	147
9	Other employee benefits	1,051,015	948,302	101,017	1,696
10	Payroll taxes	233,429	210,617	22,435	377
11	Fees for services (non-employees)				
a	Management				
b	Legal	300		300	
c	Accounting	46,800		46,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	640,203	634,841		5,362
12	Advertising and promotion				
13	Office expenses	435,327	414,381	18,043	2,903
14	Information technology	30,769	28,526	2,243	
15	Royalties				
16	Occupancy	674,924	625,718	47,869	1,337
17	Travel	48,314	44,792	3,156	366
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	58,148	53,909	4,239	
20	Interest	4,601	4,266	335	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	307,281	284,878	22,403	
23	Insurance	10,263	447	9,816	
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	BAD DEBT EXPENSE	698,597	698,597		
b	IN KIND SCHOOL SUPPLIES	190,509	190,509		
c					
d					
e					
f	All other expenses	359,129	359,129		
25	Total functional expenses. Add lines 1 through 24f	9,521,700	8,785,379	719,155	17,166
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	300	1	300
	2 Savings and temporary cash investments	845,140	2	658,112
	3 Pledges and grants receivable, net	528,144	3	862,845
	4 Accounts receivable, net	413,853	4	463,490
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	7,399,692	7	9,189,192
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,517,682		
	b Less accumulated depreciation	3,233,500	10c	5,284,182
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	501,192	12	452,275
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,768,861	15	1,155,553
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,281,986	16	18,065,949	
Liabilities	17 Accounts payable and accrued expenses	716,573	17	815,055
	18 Grants payable		18	
	19 Deferred revenue	121,163	19	99,885
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,010,329	23	6,515,151
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	471,937	25	216,570
	26 Total liabilities. Add lines 17 through 25	8,320,002	26	7,646,661
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,871,984	27	2,284,288
	28 Temporarily restricted net assets	7,090,000	28	8,135,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,961,984	33	10,419,288	
34 Total liabilities and net assets/fund balances	18,281,986	34	18,065,949	

Part XI Reconciliation 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	10,695,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,521,700
3	Revenue less expenses Subtract line 2 from line 1	3	1,174,110
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,961,984
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-716,806
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	10,419,288

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Name of the organization LEADS

Employer identification number

31-0718027

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

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

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

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,459,088	7,536,315	7,389,174	7,666,217	8,441,872	38,492,666
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	7,459,088	7,536,315	7,389,174	7,666,217	8,441,872	38,492,666
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						38,492,666

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,459,088	7,536,315	7,389,174	7,666,217	8,441,872	38,492,666
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	750,366	551,598	586,668	622,693	683,252	3,194,577
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						41,687,243
12 Gross receipts from related activities, etc. (See instructions)					12	9,512,638

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 2011 (line 6 column (f) divided by line 11 column (f))	14	92.340%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	76.830%

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization LEADS

Employer identification number 31-0718027

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

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

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

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

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

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

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		484,648		484,648
b Buildings		8,033,034	3,233,500	4,799,534
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,284,182

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
(1) ACCRUED INTEREST RECEIVABLE	674,011
(2) TENANT SECURITY DEPOSITS	82,249
(3) RESERVE FOR REPLACEMENTS	310,633
(4) OTHER (ESCROWS, LOAN ORIG FEES)	88,660
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	1,155,553

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
TENANT SECURITY DEPOSITS	77,640
OTHER LIABILITIES	138,930
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	216,570

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 (ASC 740)

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	10,695,810
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,521,700
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,174,110
4	Net unrealized gains (losses) on investments	4	-11,116
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-705,690
9	Total adjustments (net) Add lines 4 - 8	9	-716,806
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	457,304

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	12,363,823
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-11,116
b	Donated services and use of facilities	2b	583,748
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,095,381
e	Add lines 2a through 2d	2e	1,668,013
3	Subtract line 2e from line 1	3	10,695,810
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	10,695,810

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

1	Total expenses and losses per audited financial statements	1	10,875,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	583,748
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	769,642
e	Add lines 2a through 2d	2e	1,353,390
3	Subtract line 2e from line 1	3	9,521,700
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	9,521,700

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	THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER THEY ARE MORE-LIKELY-THAN-NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS LEADS AND SUBSIDIARIES HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS FEDERAL RETURNS FOR THE TAX YEARS 2009 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON ACQUISITION OF PARTNERSHIP ASSETS -10 ADJUSTMENT ON PRIOR YEAR ELIMINATION FROM CONSOLIDATED NET ASSETS -705,680 TOTAL TO SCHEDULE D, PART XI, LINE 8 -705,690
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED ENTITIES REVENUE 1,089,949 FUNDRAISING EXPENSES 5,432
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED ENTITIES EXPENSE 764,200 LOSS ON ACQUISITION OF PARTNERSHIP ASSETS 10 FUNDRAISING EXPENSES 5,432

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 2011 Open to Public Inspection

Name of the organization LEADS

Employer identification number 31-0718027

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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
(1) WEATHERIZATION/ENERGY ASSISTANCE	2480	899,619			
(2) HOUSING REHABILITATION ASSISTANCE	1371	655,849			

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 THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY COMPLYING WITH FEDERAL FUNDING SOURCE REGULATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

LEADS

Employer identification number

31-0718027

Part I Questions Regarding Compensation

	Yes	No
1a		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) KENNETH KEMPTON	(i)	179,468	0	0	8,973	14,324	202,765	0
	(ii)	0	0	0	0	0	0	0

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
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization LEADS

Employer identification number 31-0718027

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Summary questions 30a, 31, 32a, 33 with Yes/No columns. 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years... 31: Does the organization have a gift acceptance policy... 32a: Does the organization hire or use third parties... 33: If the organization did not report revenues in column (c) for a type of property for which column (a) is checked...

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2011

Open to Public Inspection

Name of the organization
LEADS

Employer identification number

31-0718027

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT, FINANCE COMMITTEE, AND AUDIT COMMITTEE. THE FORM 990 IS THEN REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.
	FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY.
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION CONDUCTS A WAGE AND COMPARABILITY STUDY EVERY 3 TO 5 YEARS. IN ADDITION, THE INDEPENDENT BOARD OF DIRECTORS APPOINTS A COMMITTEE OF BOARD MEMBERS TO DO A PERFORMANCE EVALUATION OF THE CEO. THE EVALUATION IS USED TO DETERMINE THE CEO'S COMPENSATION. THE EVALUATION IS DOCUMENTED IN THE BOARD MEETING MINUTES.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE ANNUAL REPORT.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,116. LOSS ON ACQUISITION OF PARTNERSHIP ASSETS -10. ADJUSTMENT ON PRIOR YEAR ELIMINATION FROM CONSOLIDATED NET ASSETS -705,680. TOTAL TO FORM 990, PART XI, LINE 5 -716,806.
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LEADS

Employer identification number

31-0718027

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LEADS-WINDSOR HEIGHTS INC 159 WILSON STREET NEWARK, OH 43055 37-1422755	LOW INCOME HOUSING	OH	501(C)(3)	LINE 9	LEADS	Yes	

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

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

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

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

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

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

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

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

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MILLERSPORT LTD LAKELAND TOWNHOMES 159 WILSON STREET NEWARK, OH 43055 31-6162283	LOW INCOME HOUSING	OH	LEADS	RELATED	5,588	318,351	No			Yes		52.500%
BROOKSIDE PLACE LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1394355	LOW INCOME HOUSING	OH	PATASKALA HOUSING PARTNERSHIP INC	RELATED	-29	-163,866	No			Yes		1.000%
BROOKSIDE PLACE LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1394355	LOW INCOME HOUSING	OH	LEADS	RELATED	2,851	1,370,085	No				No	99.000%
JOHNSTOWN APARTMENTS LTD 159 WILSON STREET NEWARK, OH 43055 31-1635478	LOW INCOME HOUSING	OH	JOHNSTOWN HOUSING PARTNERS INC	RELATED	-173	394	No			Yes		0.100%
JOHNSTOWN APARTMENTS II LTD 159 WILSON STREET NEWARK, OH 43055 31-1655754	LOW INCOME HOUSING	OH	JOHNSTOWN HOUSING PARTNERS INC	RELATED	-162	228,649	No			Yes		0.100%
ADAMS COUNTY HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1676375	LOW INCOME HOUSING	OH	SWP PARTNERS INC	RELATED	-136	8,259	No			Yes		0.100%
PLEASANT VIEW HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1766842	LOW INCOME HOUSING	OH	PLEASANT VIEW HOUSING PARTNERS INC	RELATED	-142	123,150	No			Yes		0.100%
ARBOURWAY HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1766840	LOW INCOME HOUSING	OH	ARBOURWAY HOUSING PARTNERS INC	RELATED	-128	254,498	No			Yes		0.100%
WESTOWN HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1766838	LOW INCOME HOUSING	OH	WESTOWN HOUSING PARTNERS INC	RELATED	-116	-407	No			Yes		0.100%
BELLAIRE HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1635375	LOW INCOME HOUSING	OH	BELMONT HOUSING PARTNERS INC	RELATED	-151	404	No			Yes		0.100%
ZANESVILLE HOMES PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1687477	LOW INCOME HOUSING	OH	ZANESVILLE HISTORIC PARTNERS INC	RELATED	-38	131	No			Yes		0.050%
OWENSVILLE HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 20-3011092	LOW INCOME HOUSING	OH	OWENSVILLE HOUSING PARTNERS INC	RELATED	-10	213,541	No			Yes		0.010%
SPRINGFIELD HOUSING PARTNERS II LTD 159 WILSON STREET SPRINGFIELD, OH 45503 31-1635499	LOW INCOME HOUSING	OH	SPRINGFIELD HISTORIC PARTNERS INC	RELATED	-43	128	No			Yes		0.050%
HOMESTEAD ESTATES LTD 220 MARION AVENUE MANSFIELD, OH 44903 34-1857664	LOW INCOME HOUSING	OH	HOMESTEAD AFFORDABLE HOUSING LLC	RELATED	3,331	15,163	No			Yes		0.250%
GRIGGS VILLAGE LLC 6880 TUSSING ROAD REYNOLDSBURG, OH 43068 47-0955488	LOW INCOME HOUSING	OH	GRIGGS LEADS INC	RELATED	-2	62	No			Yes		0.010%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ZANESVILLE HOMES PARTNERS II LTD 159 WILSON STREET NEWARK, OH 43055 61-1444908	LOW INCOME HOUSING	OH	FALLS MANOR HOUSING PARTNERS INC	RELATED	-187	1,230		No		Yes		0 080 %
CENTRAL HOTEL APARTMENTS LTD 454 EAST MAIN STREET SUITE 236 COLUMBUS, OH 43215 01-0604551	LOW INCOME HOUSING	OH	CENTRAL HOTEL HOUSING CORP	RELATED	-134	164,047		No		Yes		0 070 %
BLUE HERON LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1339607	LOW INCOME HOUSING	OH	LEADS	RELATED	-9,773	1,376,114		No			No	99 000 %
BLUE HERON LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1339607	LOW INCOME HOUSING	OH	LICKING COUNTY HOUSING PARTNERSHIP INC	RELATED	-99	-468,190		No		Yes		1 000 %
MID OHIO HOUSING PARTNERS LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43801 20-8550700	LOW INCOME HOUSING	OH	MID OHIO HOUSING DEVELOPMENT CORP	RELATED	-16	25,702		No			No	51 000 %
RIDGEVIEW III LP 3672 GRIMES DRIVE COLUMBUS, OH 43204 27-1304292	LOW INCOME HOUSING	OH	LEADS RIDGEVIEW III INC	RELATED	-346	1,178,386		No		Yes		0 050 %
WINDSOR HEIGHTS PRESERVATION LP 159 WILSON STREET NEWARK, OH 43055 27-3965129	LOW INCOME HOUSING	OH	WINDSOR HEIGHTS PRESERVATION INC	RELATED				No		Yes		0 010 %
WINDSOR HEIGHTS PRESERVATION LP 159 WILSON STREET NEWARK, OH 43055 27-3965129	LOW INCOME HOUSING	OH	LEADS	RELATED				No			No	99 990 %
TRAIL WEST LTD 8111 ROCKSIDE RD STE 200 VALLEY VIEW, OH 44125 26-1222178	LOW INCOME HOUSING	OH	TRAIL WEST HOUSING PARTNERS INC	RELATED	-143	941,329		No		Yes		0 050 %
HEBRON APARTMENTS LTD CROSSROADS MANOR APARTMENTS 159 WILSON STREET NEWARK, OH 43055 31-1421844	LOW INCOME HOUSING	OH	LICKING HOUSING PARTNERSHIP INC	RELATED	-1,018	134,528		No		Yes		1 000 %
HEBRON APARTMENTS LTD CROSSROADS MANOR APARTMENTS 159 WILSON STREET NEWARK, OH 43055 31-1421844	LOW INCOME HOUSING	OH	LEADS	RELATED	100,777	1,709,979		No			No	99 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
JOHNSTOWN HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635472	LOW INCOME HOUSING	OH	LEADS	C	-335	78,217	100 000 %
ARBOURWAY HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766839	LOW INCOME HOUSING	OH	LEADS	C	-128	3,354	100 000 %
FALLS MANOR HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-0921479	LOW INCOME HOUSING	OH	LEADS	C	-187	-218	100 000 %
SPRINGFIELD HISTORIC PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 38-3645743	LOW INCOME HOUSING	OH	LEADS	C	-32	-672	75 000 %
SWP PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635307	LOW INCOME HOUSING	OH	LEADS	C	-136	-24,560	100 000 %
PLEASANT VIEW HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766841	LOW INCOME HOUSING	OH	LEADS	C	-142	-34,203	100 000 %
WESTOWN HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766837	LOW INCOME HOUSING	OH	LEADS	C	-117	-1,499	100 000 %
BELMONT HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-0707633	LOW INCOME HOUSING	OH	LEADS	C	-113	1,658	75 000 %
PATASKALA HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1405453	LOW INCOME HOUSING	OH	LEADS	C	-29	-274,992	100 000 %
LICKING HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1350226	LOW INCOME HOUSING	OH	LEADS	C	-1,107	-21,782	100 000 %
OWENSVILLE HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-3010905	LOW INCOME HOUSING	OH	LEADS	C	-10	213,466	100 000 %
GRIGGS LEADS INC 159 WILSON STREET NEWARK, OH 43055 20-3011229	LOW INCOME HOUSING	OH	LEADS	C	-2	27	100 000 %
HOMESTEAD AFFORDABLE HOUSING LLC 159 WILSON STREET NEWARK, OH 43055 01-0788950	LOW INCOME HOUSING	OH	LEADS	C	-3,331	-23,644	100 000 %
TRAIL WEST HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 27-0390832	LOW INCOME HOUSING	OH	LEADS	C	-143	49,614	100 000 %
MID OHIO HOUSING DEVELOPMENT CORP 159 WILSON STREET NEWARK, OH 43055 20-8465653	LOW INCOME HOUSING	OH	LEADS	C	-133	24,969	100 000 %
CENTRAL HOTEL HOUSING CORP 159 WILSON STREET NEWARK, OH 43055 90-0150159	LOW INCOME HOUSING	OH	LEADS	C	-134	162,427	100 000 %
ZANESVILLE HISTORIC PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1809060	LOW INCOME HOUSING	OH	LEADS	C	29	-351	75 000 %
LOCKWOOD HOUSING MEMBERS CORP 159 WILSON STREET NEWARK, OH 43055 26-0147118	LOW INCOME HOUSING	OH	LEADS	C	-18	54,000	75 000 %
VINTON PERRY PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635504	LOW INCOME HOUSING	OH	LEADS	C			100 000 %
LICKING COUNTY HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1336125	LOW INCOME HOUSING	OH	LEADS	C	-99	-517,478	100 000 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
WINDSOR HEIGHTS PRESERVATION INC 159 WILSON STREET NEWARK, OH 43055 27-3965209	LOW INCOME HOUSING	OH	LEADS	C		100	100 000 %
LEADS RIDGEVIEW III INC 159 WILSON STREET NEWARK, OH 43055 27-3399908	LOW INCOME HOUSING	OH	LEADS	C	-260	411	75 000 %

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 253,222 including grants of \$) (Revenue \$)

COMMUNITY SERVICES-THIS PROGRAM TARGETS INDIVIDUALS AND FAMILIES LIVING IN POVERTY TO BECOME SELF-SUFFICIENT, STRENGTHEN LOCAL COMMUNITIES, AND TO INCREASE THE CAPACITY FOR THOSE IN NEED TO CREATE THEIR OWN OPPORTUNITIES APPROXIMATELY 2,413 HOUSEHOLDS WERE SERVED BY THIS PROGRAM DURING THE YEAR

(Code) (Expenses \$ 147,471 including grants of \$) (Revenue \$)

OLDER ADULT PROGRAM - THIS PROGRAM PROVIDES MINOR HOME REPAIRS AND HANDICAP ACCESSIBILITY FOR SENIORS THIS INCLUDES PLUMBING REPAIRS, ELECTRICAL REPAIRS, HVAC REPAIRS AND REPLACEMENTS, ROOFS AND WHEELCHAIR RAMPS OR ANY KIND OF HANDICAP ACCESSIBILITY NEEDS APPROXIMATELY 2,107 INDIVIDUALS WERE SERVED BY THIS PROGRAM DURING THE YEAR

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

4d. Other program services			
(Code) (Expenses \$	219,281	including grants of \$ (Revenue \$)
FOOD PROGRAM - IS A PROGRAM THROUGH CHILDREN AND ADULT FOOD PROGRAM FUNDING THAT SUPPLEMENTS FOOD COSTS AND LABOR FOR THE HEAD START PROGRAM APPROXIMATELY 3,415 INDIVIDUALS WERE SERVED BY THIS PROGRAM DURING THE YEAR			
(Code) (Expenses \$	341,212	including grants of \$ (Revenue \$)
CORPORATE DISCRETIONARY PROGRAMS			