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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013

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

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

G Gross receipts \$ 9,308,351

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: 1966 **M** State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities IDENTIFY & REMOVE THE CAUSES OF POVERTY & PROVIDE ASSISTANCE TO ALLEVIATE THE EFFECTS OF POVERTY		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	163
	6 Total number of volunteers (estimate if necessary)	6	1,159
	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)	8,441,872	7,034,704
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,568,725	1,513,690
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	683,252	723,504
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,961	29,279
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,695,810	9,301,177
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,555,468	1,476,025
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,461,067	4,423,997
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,626	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,505,165	3,376,049
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,521,700	9,276,071
19 Revenue less expenses Subtract line 18 from line 12	1,174,110	25,106	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,065,949	17,893,968
	22 Net assets or fund balances Subtract line 21 from line 20	7,646,661	7,453,891
		10,419,288	10,440,077

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2014-02-13
 KENNETH KEMPTON CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Preparer Use Only

Pnnt/Type preparer's name: DENES TOBIE	Preparer's signature: _____	Date: 2014-02-13	Check <input type="checkbox"/> if self-employed	PTIN: P00200892
Firm's name: WIPFLI LLP	Firm's EIN: 39-0758449		Phone no: (608) 274-1980	
Firm's address: PO BOX 8700, MADISON, WI 537088700				

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

THE MISSION OF LEADS IS 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 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 \$ 4,425,100 including grants of \$ 0) (Revenue \$ 0)

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 1,917 CHILDREN AND FAMILIES WERE SERVED BY HEAD START

4b (Code) (Expenses \$ 1,356,419 including grants of \$ 692,712) (Revenue \$ 1,504,689)

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 1,336 HOUSEHOLDS DURING THE YEAR

4c (Code) (Expenses \$ 1,266,267 including grants of \$ 699,047) (Revenue \$ 8,184)

WEATHERIZATION/ENERGY ASSISTANCE - 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 2,815 HOUSEHOLDS WERE SERVED DURING THE YEAR

(Code) (Expenses \$ 553,038 including grants of \$ 4,000) (Revenue \$ 0)

COMMUNITY SERVICES

(Code) (Expenses \$ 221,915 including grants of \$ 69,135) (Revenue \$ 817)

OLDER ADULT PROGRAMS

(Code) (Expenses \$ 184,538 including grants of \$ 0) (Revenue \$ 0)

FOOD PROGRAMS

(Code) (Expenses \$ 448,424 including grants of \$ 11,131) (Revenue \$ 0)

CORPORATE PROGRAM ACTIVITIES

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,407,915 including grants of \$ 84,266) (Revenue \$ 817)

4e Total program service expenses 8,455,701

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 for escrow or custodial account liability, 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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If 'Yes' to line 35a, 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	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?	Yes	
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 this 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 Other (explain in Schedule O)
- 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 during the tax year
- 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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) SHIRLEY COLLEY BOARD TRUSTEE	1 00	X					0	0	0	
(2) JOHN COMPTON BOARD TRUSTEE	1 00	X					0	0	0	
(3) KELLY CORRIGAN BOARD TRUSTEE	1 00	X					0	0	0	
(4) GEORGE CROOM BOARD TRUSTEE	1 00	X					0	0	0	
(5) JOHN ESHELMAN BOARD TRUSTEE	1 00	X					0	0	0	
(6) LARRY FRIESEL BOARD TRUSTEE	1 00	X					0	0	0	
(7) CAROLYN MARTIN BOARD TRUSTEE	1 00	X					0	0	0	
(8) ALICE MEADOWS BOARD TRUSTEE	1 00	X					0	0	0	
(9) MARCIA J PHELPS BOARD TRUSTEE	1 00	X					0	0	0	
(10) DR RICHARD PRYSTOWSKY BOARD TRUSTEE	1 00	X					0	0	0	
(11) ANNA MAE RHOADS BOARD TRUSTEE	1 00	X					0	0	0	
(12) BRUCE SMITH BOARD TRUSTEE	1 00	X					0	0	0	
(13) BETTY SPURGEON BOARD TRUSTEE	1 00	X					0	0	0	
(14) WARREN WEBER BOARD TRUSTEE	1 00	X					0	0	0	
(15) HERBERT WISE BOARD TRUSTEE	1 00	X					0	0	0	
(16) ROCHELLE PAUL CHAIRPERSON	1 00	X		X			0	0	0	
(17) LORI TABLER VICE-CHAIRPERSON	1 00	X		X			0	0	0	

Part VIII Statement of Revenue

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

			(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	10,755					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	6,412,263					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	611,686					
	g	Noncash contributions included in lines 1a-1f \$	164,631					
	h	Total. Add lines 1a-1f	7,034,704					
Program Service Revenue	2a RENTAL INCOME		Business Code					
			531110	1,265,716	1,265,716			
	b	HOUSING REVENUE	531390	238,973	238,973			
	c	WEATHERIZATION REVENUE	624200	8,184	8,184			
	d	OLDER ADULTS REVENUE	624200	817	817			
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f	1,513,690						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	721,989			721,989		
	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	1,515				
			b	Less cost or other basis and sales expenses	0			
			c	Gain or (loss)	1,515			
	d	Net gain or (loss)	1,515			1,515		
	8a	Gross income from fundraising events (not including \$ 10,755 of contributions reported on line 1c) See Part IV, line 18	a	505				
			b	Less direct expenses b	7,174			
c			Net income or (loss) from fundraising events	-6,669			-6,669	
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						
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a								
		b						
		c						
		d	All other revenue	35,948			35,948	
e	Total. Add lines 11a-11d	35,948						
12	Total revenue. See Instructions	9,301,177	1,513,690	0	752,783			

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)

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	1,476,025	1,476,025		
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	383,369		383,369	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,728,195	2,602,607	116,290	9,298
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,948	76,950	2,759	239
9	Other employee benefits	894,049	860,527	30,851	2,671
10	Payroll taxes	338,436	325,747	11,678	1,011
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,895		4,895	
c	Accounting	40,670		40,670	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	643,193	639,395		3,798
12	Advertising and promotion	1,200			1,200
13	Office expenses	431,421	391,287	39,980	154
14	Information technology	27,717	24,357	3,360	
15	Royalties				
16	Occupancy	591,235	519,553	71,438	244
17	Travel	46,048	40,465	5,572	11
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,593	47,095	6,498	
20	Interest	2,922	2,568	354	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	302,707	266,006	36,701	
23	Insurance	10,247	408	9,839	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BAD DEBT	746,350	746,350		
b	INKIND SUPPLIES	164,631	164,631		
c					
d					
e	All other expenses	309,220	271,730	37,490	
25	Total functional expenses. Add lines 1 through 24e	9,276,071	8,455,701	801,744	18,626
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	300	1	300
	2 Savings and temporary cash investments	658,112	2	716,421
	3 Pledges and grants receivable, net	862,845	3	848,648
	4 Accounts receivable, net	463,490	4	520,024
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	9,189,192	7	9,169,646
	8 Inventories for sale or use	0	8	9,843
	9 Prepaid expenses and deferred charges	0	9	64,893
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,507,682		
	b Less accumulated depreciation	10b 3,488,992	5,284,182	10c 5,018,690
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	452,275	12	465,726
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,155,553	15	1,079,777
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,065,949	16	17,893,968	
Liabilities	17 Accounts payable and accrued expenses	815,055	17	743,793
	18 Grants payable		18	
	19 Deferred revenue	99,885	19	83,048
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,515,151	23	6,422,594
	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	216,570	25	204,456
	26 Total liabilities. Add lines 17 through 25	7,646,661	26	7,453,891
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,284,288	27	2,309,621
	28 Temporarily restricted net assets	8,135,000	28	8,130,456
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	10,419,288	33	10,440,077	
34 Total liabilities and net assets/fund balances	18,065,949	34	17,893,968	

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	9,301,177
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,276,071
3	Revenue less expenses Subtract line 2 from line 1	3	25,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,419,288
5	Net unrealized gains (losses) on investments	5	5,580
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-9,897
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,440,077

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
c If "Yes," to line 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	
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

2012

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 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 - Non-functionally integrated
- 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 supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,536,315	7,389,174	7,666,217	8,441,872	7,034,704	38,068,282
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	7,536,315	7,389,174	7,666,217	8,441,872	7,034,704	38,068,282
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						38,068,282

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	7,536,315	7,389,174	7,666,217	8,441,872	7,034,704	38,068,282
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	551,598	586,668	622,693	683,252	721,989	3,166,200
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)						41,234,482
12 Gross receipts from related activities, etc. (see instructions)					12	8,626,991
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	92.320%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	92.340%
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic structure), a table for 'Held at the End of the Year' (2a-2d), and several questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,872,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,580
b	Donated services and use of facilities	2b	558,459
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	564,039
3	Subtract line 2e from line 1	3	9,308,351
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 XIII)	4b	-7,174
c	Add lines 4a and 4b	4c	-7,174
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,301,177

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

1	Total expenses and losses per audited financial statements	1	9,841,704
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	558,459
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7,174
e	Add lines 2a through 2d	2e	565,633
3	Subtract line 2e from line 1	3	9,276,071
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,276,071

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER IT IS 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 FISCAL YEARS ENDED MARCH 31, 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES -7,174
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE 7,174

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LEADS

Employer identification number

31-0718027

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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.

Part III can be duplicated 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	2815	699,047			
(2) HOUSING REHABILITATION ASSISTANCE	1336	692,712			
(3) OTHER ASSISTANCE INCLUDING COMMUNITY SERVICES AND CORPORATE PROGRAMS ASSISTANCE	7834	15,131			
(4) OLDER AMERICAN PROGRAMS ASSISTANCE	155	69,135			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

2012

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

- 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <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? **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** No

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 Regulations 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**

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH KEMPTON CHIEF EXECUTIVE OFFICER	(i)	179,468	0	0	8,974	14,570	203,012	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

2012

Open to Public Inspection

Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 is highlighted with 'X' in column (a), '3,293' in (b), '164,631' in (c), and 'FMV' in (d).

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

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33.

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS ARE BASED ON AN AVERAGE OF \$50 PER CONTRIBUTION

Schedule M (Form 990) (2012)

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

2012

Open to Public Inspection

Name of the organization
LEADS

Employer identification number

31-0718027

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BYLAWS ON NOVEMBER 15, 2012. THE AMENDMENT INTRODUCED ARTICLE 5, SECTION 5.10 TERM LIMITS. BOARD MEMBERS ARE ELIGIBLE, STARTING NOVEMBER OF 2012, TO BE SELECTED TO THREE 3-YEAR TERMS FOLLOWED BY A ONE YEAR RECESS AND OPTION FOR THREE MORE 3-YEAR TERMS TOTALING A TERM LIMIT OF 18 YEARS.
	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 WITH THE INTERNAL REVENUE SERVICE.
	FORM 990, PART VI, SECTION B, LINE 12C	THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY. IN THE EVENT THAT ANY TRUSTEE HAS A CONFLICT OF INTEREST THAT MIGHT PROPERLY LIMIT SUCH TRUSTEE'S FAIR AND IMPARTIAL PARTICIPATION IN BOARD DELIBERATIONS OR DECISIONS, SUCH TRUSTEE SHALL INFORM THE BOARD AS TO THE CIRCUMSTANCES OF SUCH CONFLICT. NO TRUSTEE SHALL CAST A VOTE, NOR TAKE PART IN THE FINAL DELIBERATION IN ANY MATTER IN WHICH HE OR SHE, MEMBERS OF HIS OR HER IMMEDIATE FAMILY OR ANY ORGANIZATION TO WHICH SUCH TRUSTEE HAS ALLEGIANCE, HAS A PERSONAL INTEREST THAT MAY BE SEEN AS COMPETING WITH THE INTEREST OF THE CORPORATION. ANY TRUSTEE WHO BELIEVES HE OR SHE MAY HAVE SUCH A CONFLICT OF INTEREST SHALL SO NOTIFY THE BOARD PRIOR TO DELIBERATION ON THE MATTER IN QUESTION, AND THE BOARD SHALL MAKE THE FINAL DETERMINATION AS TO WHETHER ANY TRUSTEE HAS A CONFLICT OF INTEREST AND THE RECUSAL OF THE INTERESTED TRUSTEE.
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION CONDUCTS A WAGE AND COMPARABILITY STUDY. IN ADDITION, THE INDEPENDENT BOARD OF DIRECTORS APPOINTS A COMMITTEE OF BOARD MEMBERS TO DO A PERFORMANCE EVALUATION OF THE CEO. THE EVALUATION IS USED TO DETERMINE THE CEO'S COMPENSATION. THE EVALUATION IS DOCUMENTED IN THE BOARD MEETING MINUTES.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE ANNUAL REPORT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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
(1) HEBRON APARTMENTS LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-0718027	LOW INCOME HOUSING	OH	239,856	865,661	LEADS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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 or **(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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s 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		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BLUE HERON LIMITED PARTNERSHIP	D	219,574	COST
(2) BROOKSIDE PLACE LIMITED PARTNERSHIP	D	524,435	COST
(3) HEBRON APARTMENTS LTD CROSSROADS MANOR APARTMENTS	D	488,336	COST

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

Part VII Supplemental Information

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

Identifier		Return Reference		Explanation								
(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	
Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
ADAMS COUNTY HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1676375	LOW INCOME HOUSING	OH	SWP PARTNERS INC	RELATED	-137	-24,767		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	-114	5,199		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	-183	-797		No		Yes		0 100 %
BLUE HERON LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1339607	LOW INCOME HOUSING	OH	LICKING COUNTY HOUSING PARTNERSHIP INC	RELATED	5,635	1,373,163		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	57	-468,312		No		Yes		1 000 %
BROOKSIDE PLACE LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1394355	LOW INCOME HOUSING	OH	PATASKALA HOUSING PARTNERSHIP INC	RELATED	-2	-125,506		No		Yes		1 000 %
BROOKSIDE PLACE LIMITED PARTNERSHIP 159 WILSON STREET NEWARK, OH 43055 31-1394355	LOW INCOME HOUSING	OH	PATASKALA HOUSING PARTNERSHIP INC	RELATED	-158	1,304,853		No			No	99 000 %
CENTRAL HOTEL APARTMENTS LTD 454 EAST MAIN STREET SUITE 236 COLUMBUS, OH 43215 01-0604551	LOW INCOME HOUSING	OH	CENTRAL HOTEL HOUSING CORP	RELATED	-125	188,882		No		Yes		0 080 %
GRIGGS VILLAGE LLC 6880 TUSSING ROAD REYNOLDSBURG, OH 43068 47-0955488	LOW INCOME HOUSING	OH	GRIGGS LEADS INC	RELATED	-3	59		No		Yes		0 010 %
HEBRON APARTMENTS LTD CROSSROADS MANOR APARTMENTS 159 WILSON STREET NEWARK, OH 43055 31-1421844	LOW INCOME HOUSING	OH	LICKING HOUSING PARTNERSHIP INC	RELATED	-147	68,564		No		Yes		1 000 %
HEBRON APARTMENTS LTD CROSSROADS MANOR APARTMENTS 159 WILSON STREET NEWARK, OH 43055 31-1421844	LOW INCOME HOUSING	OH	LICKING HOUSING PARTNERSHIP INC	RELATED	-14,578	1,667,304		No			No	99 000 %
HOMESTEAD ESTATES LTD 220 MARION AVENUE MANSFIELD, OH 44903 34-1857664	LOW INCOME HOUSING	OH	HOMESTEAD AFFORDABLE HOUSING LLC	RELATED	-52	11,682		No		Yes		0 250 %
JOHNSTOWN APARTMENTS II LTD 159 WILSON STREET NEWARK, OH 43055 31-1655754	LOW INCOME HOUSING	OH	JOHNSTOWN HOUSING PARTNERS INC	RELATED	-139	228,910		No		Yes		0 100 %
JOHNSTOWN APARTMENTS LTD 159 WILSON STREET NEWARK, OH 43055 31-1635478	LOW INCOME HOUSING	OH	JOHNSTOWN HOUSING PARTNERS INC	RELATED	-152	339		No		Yes		0 100 %
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	-13	25,697		No			No	51 000 %

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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MID OHIO HOUSING LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43801 20-2409416	LOW INCOME HOUSING	OH	MID OHIO HOUSING PARTNERS LLC	RELATED	-26	317		No		Yes		0 010 %
MILLERSPORT LTD 159 WILSON STREET NEWARK, OH 43055 31-6162283	LOW INCOME HOUSING	OH	LEADS	RELATED	-9,576	306,835		No		Yes		52 500 %
OWENSVILLE HOUSING PARTNERS LIMITED 159 WILSON STREET NEWARK, OH 43055 20-3011092	LOW INCOME HOUSING	OH	OWENSVILLE HOUSING PARTNERS INC	RELATED	-11	213,529		No		Yes		0 010 %
PLEASANT VIEW HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1766842	LOW INCOME HOUSING	OH	PLEASANT VIEW HOUSING PARTNERS INC	RELATED	-159	127,106		No		Yes		0 100 %
RIDGEVIEW III LP 159 WILSON STREET NEWARK, OH 43055 27-1304292	LOW INCOME HOUSING	OH	LEADS RIDGEVIEW III INC	RELATED	-104	31,910		No		Yes		0 050 %
SPRINGFIELD HOUSING PARTNERS II LTD 159 WILSON STREET SPRINGFIELD, OH 43055 31-1635499	LOW INCOME HOUSING	OH	SPRINGFILED HISTORIC PARTNERS INC	RELATED	-55	114,725		No		Yes		0 050 %
TRAIL WEST LTD 8111 ROCKSIDE RD STE 200 VALLEY VIEW, OH 44125 26-1222178	LOW INCOME HOUSING	OH	TRAIL WEST HOUSING PARTNERS INC	RELATED	-141	768,809		No		Yes		0 050 %
WESTOWN HOUSING PARTNERS LTD 159 WILSON STREET NEWARK, OH 43055 31-1766838	LOW INCOME HOUSING	OH	WESTOWN HOUSING PARTNERS INC	RELATED	-158	-818		No		Yes		0 100 %
WINDSOR HEIGHTS PRESERVATION LP 159 WILSON STREET NEWARK, OH 43055 27-3965129	LOW INCOME HOUSING	OH	WINDSOR HEIGHTS PRESERVATION INC	RELATED	-18	382,457		No		Yes		0 010 %
WINDSOR HEIGHTS PRESERVATION LP 159 WILSON STREET NEWARK, OH 43055 27-3965129	LOW INCOME HOUSING	OH	WINDSOR HEIGHTS PRESERVATION INC	RELATED	-30,930			No			No	
ZANESVILLE HOMES PARTNERS II LTD 159 WILSON STREET NEWARK, OH 43055 61-1444908	LOW INCOME HOUSING	OH	FALLS MANOR HOUSING PARTNERS INC	RELATED	-141	1,031		No		Yes		0 080 %
ZANESVILLE HOMES PARTNERS LTD 828 LEE STREET ZANESVILLE, OH 43701 31-1687477	LOW INCOME HOUSING	OH	ZANESVILLE HISTORIC PARTNERS INC	RELATED	-44	24		No		Yes		0 050 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ARBOURWAY HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766839	LOWINCOME HOUSING	OH	LEADS	C	-114	3,240	100 000 %	Yes	
BELMONT HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-0707633	LOWINCOME HOUSING	OH	LEADS	C	-137	-1,796	75 000 %	Yes	
CENTRAL HOTEL HOUSING CORP 159 WILSON STREET NEWARK, OH 43055 90-0150159	LOWINCOME HOUSING	OH	LEADS	C	-125	187,279	100 000 %	Yes	
FALLS MANOR HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-0921479	LOWINCOME HOUSING	OH	LEADS	C	-141	-359	100 000 %	Yes	
GRIGGS LEADS INC 159 WILSON STREET NEWARK, OH 43055 20-3011229	LOWINCOME HOUSING	OH	LEADS	C	-3	24	100 000 %	Yes	
HOMESTEAD AFFORDABLE HOUSING LLC 159 WILSON STREET NEWARK, OH 43055 01-0788950	LOWINCOME HOUSING	OH	LEADS	C	-52	-23,696	100 000 %	Yes	
JOHNSTOWN HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635472	LOWINCOME HOUSING	OH	LEADS	C	-291	77,926	100 000 %	Yes	
LEADS RIDGEVIEW III INC 159 WILSON STREET NEWARK, OH 43055 27-3399908	LOWINCOME HOUSING	OH	LEADS	C	-78	333	75 000 %	Yes	
LICKING COUNTY HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1336125	LOWINCOME HOUSING	OH	LEADS	C		-517,421	100 000 %	Yes	
LICKING HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1350226	LOWINCOME HOUSING	OH	LEADS	C	-191	-21,973	100 000 %	Yes	
LOCKWOOD HOUSING MEMBERS CORP 159 WILSON STREET NEWARK, OH 43055 26-0147118	LOWINCOME HOUSING	OH	LEADS	C	-18	54,000	75 000 %	Yes	
MID OHIO HOUSING DEVELOPMENT CORP 159 WILSON STREET NEWARK, OH 43055 20-8465653	LOWINCOME HOUSING	OH	LEADS	C	-123	24,846	100 000 %	Yes	
OWENSVILLE HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 20-3010905	LOWINCOME HOUSING	OH	LEADS	C	-11	213,455	100 000 %	Yes	
PATASKALA HOUSING PARTNERSHIP INC 159 WILSON STREET NEWARK, OH 43055 31-1405453	LOWINCOME HOUSING	OH	LEADS	C	-2	-274,994	100 000 %	Yes	
PLEASANT VIEW HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766841	LOWINCOME HOUSING	OH	LEADS	C	-159	-34,362	100 000 %	Yes	

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

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								Yes	No
SPRINGFIELD HISTORIC PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 38-3645743	LOW INCOME HOUSING	OH	LEADS	C	-41	-713	75 000 %	Yes	
SWP PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635307	LOW INCOME HOUSING	OH	LEADS	C	-137	-24,697	100 000 %	Yes	
TRAIL WEST HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 27-0390832	LOW INCOME HOUSING	OH	LEADS	C	-141	49,473	100 000 %	Yes	
VINTON PERRY PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1635504	LOW INCOME HOUSING	OH	LEADS	C			100 000 %	Yes	
WESTOWN HOUSING PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1766837	LOW INCOME HOUSING	OH	LEADS	C	-157	-1,656	100 000 %	Yes	
WINDSOR HEIGHTS PRESERVATION INC 159 WILSON STREET NEWARK, OH 43055 27-3965209	LOW INCOME HOUSING	OH	LEADS	C	-21	-26,402	100 000 %	Yes	
ZANESVILLE HISTORIC PARTNERS INC 159 WILSON STREET NEWARK, OH 43055 31-1809060	LOW INCOME HOUSING	OH	LEADS	C	-33	-384	75 000 %	Yes	

