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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 private foundations)

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

## A For the 2015 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **TAKE THE LEAD, INC.**  
 Doing business as:  
 Number and street (or P O box if mail is not delivered to street address): **918 TWIN LAKES ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code: **SHOHOLA PA 18458**

**D** Employer identification number: **46-1478839**

**E** Telephone number: **570-296-8070**

**G** Gross receipts \$: **466,988**

**F** Name and address of principal officer: **GLORIA FELDT**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J** Website: **WWW.TAKETHELEADWOMEN.COM**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2012** **M** State of legal domicile: **PA**

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
**TO PREPARE, DEVELOP, INSPIRE, AND PROPEL WOMEN TO TAKE THEIR FAIR AND EQUAL SHARE OF LEADERSHIP POSITIONS ACROSS ALL SECTORS BY 2025. THE ORGANIZATION IS A CATALYST FOR WOMEN TO EMBRACE POWER AND REACH LEADERSHIP.**

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

**3** Number of voting members of the governing body (Part VI, line 1a): **5**

**4** Number of independent voting members of the governing body (Part VI, line 1b): **5**

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a): **0**

**6** Total number of volunteers (estimate if necessary): **90**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12: **0**

**7b** Net unrelated business taxable income from Form 990-T, line 34: **0**

|  | Prior Year                        | Current Year         |
|--|-----------------------------------|----------------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                       | 184,232                           | 195,993              |
| <b>9</b> Program service revenue (Part VIII, line 2g)  | 38,125                            | 173,916              |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 292                               | -2,972               |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0                                 | 0                    |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 222,649                           | 366,937              |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |                                   | 0                    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      |                                   | 0                    |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 48,000                            | 60,000               |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                     | 8,578                             | 757                  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>16,707</b>             |                                   |                      |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 167,810                           | 152,450              |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)           | 224,388                           | 213,207              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                                | -1,739                            | 153,730              |
| <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year: 58,084 | End of Year: 211,814 |
| <b>21</b> Total liabilities (Part X, line 26)  | 0                                 | 0                    |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                          | 58,084                            | 211,814              |

## 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: *Gloria Feldt* Date: **11-8-16**  
 Type or print name and title: **GLORIA FELDT PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **ERIC D. DAVIS** Preparer's signature: *Eric Davis* Date: **11-8-16** Check  if self-employed  if PTIN: **P00593673**

Firm's name: **GINADER, JONES & CO. LLP CPA** Firm's EIN: **23-1925864**

Firm's address: **1 HIGHLANDS BOULEVARD, SUITE 201 ARCHBALD, PA 18403-1506** Phone no: **570-347-3377**

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

623 20

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission.

TO PREPARE, DEVELOP, INSPIRE AND PROPEL WOMEN TO TAKE THEIR FAIR AND EQUAL SHARE OF LEADERSHIP POSITIONS ACROSS ALL SECTORS BY 2025. THE ORGANIZATION IS A CATALYST FOR WOMEN TO EMBRACE POWER AND REACH LEADERSHIP.

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 \$ 179,183 including grants of \$ ) (Revenue \$ )

TAKE THE LEAD DEVELOPED, AND DELIVERED AN ONLINE LEADERSHIP CERTIFICATE COURSE, WEBINARS, CONDUCTED MULTIPLE IN-PERSON WORKSHOPS, AND DELIVERED KEYNOTE SPEECHES. WE BUILT A COMMUNITY THROUGH OUR WEBSITE, AND A SOCIAL MEDIA PRESENCE WITH A FOLLOWING OF OVER 20K.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 179,183

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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? If "Yes," complete Schedule D, Part I  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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? If "Yes," complete Schedule D, Part IV            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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? If "Yes," complete Schedule D, Part VI   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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? If "Yes," complete Schedule F, Parts I and IV | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | X  |
| 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? If "Yes," complete Schedule J  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| 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?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | X  |
| 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? If "Yes," complete Schedule L, Part III |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| 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)? If "Yes," complete Schedule R, Part V, line 2   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

|     |  | Yes | No       |
|-----|--|-----|----------|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>10</b>  |     |          |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>0</b>  |     |          |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     | <b>X</b> |
| 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. <b>0</b>  |     |          |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        |     |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | <b>X</b> |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)? |     | <b>X</b> |
| 4b  | If "Yes," enter the name of the foreign country: <b>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>   |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | <b>X</b> |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | <b>X</b> |
| 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?                                    |     | <b>X</b> |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |          |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |          |
| 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?  |     | <b>X</b> |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |          |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | <b>X</b> |
| 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?  |     | <b>X</b> |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | <b>X</b> |
| 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   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |          |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |          |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   |     |          |
| 9b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |          |
| 10  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |          |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> 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?   |     | <b>X</b> |
| 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|    |   | Yes | No |
|----|---|-----|----|
| 1a | 5 |     |    |
| 1b | 5 |     |    |
| 2  |   |     | X  |
| 3  |   |     | X  |
| 4  |   |     | X  |
| 5  |   |     | X  |
| 6  |   |     | X  |
| 7a |   |     | X  |
| 7b |   |     | X  |
| 8a |   | X   |    |
| 8b |   | X   |    |
| 9  |   |     | X  |

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

|     |  | Yes | No |
|-----|--|-----|----|
| 10a |  |     | X  |
| 10b |  |     |    |
| 11a |  | X   |    |
| 12a |  | X   |    |
| 12b |  | X   |    |
| 12c |  | X   |    |
| 13  |  |     | X  |
| 14  |  |     | X  |
| 15a |  | X   |    |
| 15b |  |     | X  |
| 16a |  |     | X  |
| 16b |  |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records **▶**

**AMY LITZENBERGER**  
**SHOHOLA**

**918 TWIN LAKES ROAD**

**PA 18458**

**570-296-8070**

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

Check if Schedule O contains a response or note to any line 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) <b>GLORIA FELDT</b><br>PRESIDENT     | 20.00<br>0.00  | X   |                       | X       |              |                              |        | 60,000   | 0   | 0   |
| (2) <b>AMY LITZENBERGER</b><br>TREASURER | 20.00<br>0.00  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) <b>LORETTA MCCARTHY</b><br>DIRECTOR  | 4.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) <b>LILY MCNAIR</b><br>DIRECTOR       | 4.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) <b>LEON SILVER</b><br>DIRECTOR       | 4.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6)                                      |  |   |                       |         |              |                              |        |  |   |   |
| (7)                                      |  |   |                       |         |              |                              |        |  |   |   |
| (8)                                      |  |   |                       |         |              |                              |        |  |   |   |
| (9)                                      |  |   |                       |         |              |                              |        |  |   |   |
| (10)                                     |  |   |                       |         |              |                              |        |  |   |   |
| (11)                                     |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   | (A)<br>Total revenue      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|---------------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns   | <b>1a</b>                 |  |   |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>                 |  |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>                 |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>                 |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>                 |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above                                  | <b>1f</b>                 | 195,993  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f  | \$                        | 100,052  |   |  |  |
| <b>h</b> Total. Add lines 1a-1f                                    |   | 195,993                   |  |   |  |  |
| <b>Program Service Revenue</b>                                     | <b>2a</b> EMBRACING THE POWER TO LEAD   | Busn Code                 | 165,000  | 165,000                                 |  |  |
|  | <b>b</b> EDUCATION EVENTS AND FEES  |                           | 8,916  | 8,916                                   |  |  |
|  | <b>c</b>  |                           |  |   |  |  |
|  | <b>d</b>  |                           |  |   |  |  |
|  | <b>e</b>  |                           |  |   |  |  |
|  | <b>f</b> All other program service revenue  |                           |  |   |  |  |
|  | <b>g</b> Total. Add lines 2a-2f   |                           | 173,916  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)                                    |                           | 20   |   | 20   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |                           |  |   |  |  |
|  | <b>5</b> Royalties  |                           |  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real (ii) Personal    |  |   |  |  |
|  | <b>b</b> Less rental exps   |                           |  |   |  |  |
|  | <b>c</b> Rental inc or (loss)   |                           |  |   |  |  |
|  | <b>d</b> Net rental income or (loss)  |                           |  |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities (ii) Other |  |   |  |  |
|  | <b>b</b> Less cost or other basis & sales exps  |                           |  |   |  |  |
|  | <b>c</b> Gain or (loss)   |                           |  |   |  |  |
|  | <b>d</b> Net gain or (loss)   |                           | -2,992   |   | -2,992   |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | <b>a</b>                  |  |   |  |  |
|  | <b>b</b> Less direct expenses   | <b>b</b>                  |  |   |  |  |
|  | <b>c</b> Net income or (loss) from fundraising events   |                           |  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 | <b>a</b>  |                           |  |   |  |  |
| <b>b</b> Less direct expenses                                      | <b>b</b>  |                           |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities               |   |                           |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances   | <b>a</b>  |                           |  |   |  |  |
| <b>b</b> Less cost of goods sold                                   | <b>b</b>  |                           |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory              |   |                           |  |   |  |  |
| <b>Miscellaneous Revenue</b>                                       |   | <b>Busn Code</b>          |  |   |  |  |
| <b>11a</b>   |   |                           |  |   |  |  |
| <b>b</b>   |   |                           |  |   |  |  |
| <b>c</b>   |   |                           |  |   |  |  |
| <b>d</b> All other revenue   |   |                           |  |   |  |  |
| <b>e</b> Total. Add lines 11a-11d                                  |   |                           |  |   |  |  |
| <b>12</b> Total revenue. See instructions.                         |   | 366,937                   | 173,916  | 0                                       | -2,972   |  |

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 60,000                | 42,000                          | 6,000                                  | 12,000                      |
| 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  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 3,188                 |                                 | 3,188                                  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  | 757                   |                                 |  | 757                         |
| 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)  | 131,251               | 129,056                         | 2,195                                  |                             |
| 12 Advertising and promotion  | 9,038                 | 5,423                           |  | 3,615                       |
| 13 Office expenses  | 4,847                 |                                 | 4,847                                  |                             |
| 14 Information technology   | 1,341                 | 335                             | 671                                    | 335                         |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   | 1,119                 | 1,119                           |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  | 1,666                 | 1,250                           | 416                                    |                             |
| 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   |                       |                                 |  |                             |
| b   |                       |                                 |  |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| <b>25 Total functional expenses. Add lines 1 through 24e</b>  | <b>213,207</b>        | <b>179,183</b>                  | <b>17,317</b>                          | <b>16,707</b>               |
| 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 or note to any line in this Part X

|                                    |   | (A)<br>Beginning of year   |        | (B)<br>End of year |         |
|------------------------------------|---|--|--------|--------------------|---------|
| <b>Assets</b>                      | 1   | Cash—non-interest bearing  | 56,077 | 1                  | 130,477 |
|                                    | 2   | Savings and temporary cash investments   | 2,007  | 2                  | 80,274  |
|                                    | 3   | Pledges and grants receivable, net   |        | 3                  |         |
|                                    | 4   | Accounts receivable, net   |        | 4                  |         |
|                                    | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>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  |        | 7                  |         |
|                                    | 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  | 10a    |                    |         |
|                                    | b   | Less accumulated depreciation  | 10b    | 10c                |         |
|                                    | 11  | Investments—publicly traded securities   |        | 11                 | 1,063   |
|                                    | 12  | Investments—other securities See Part IV, line 11  |        | 12                 |         |
|                                    | 13  | Investments—program-related. See Part IV, line 11  |        | 13                 |         |
|                                    | 14  | Intangible assets  |        | 14                 |         |
|                                    | 15  | Other assets See Part IV, line 11  |        | 15                 |         |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 58,084   | 16     | 211,814            |         |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses  |        | 17                 |         |
|                                    | 18  | Grants payable   |        | 18                 |         |
|                                    | 19  | Deferred revenue   |        | 19                 |         |
|                                    | 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   |        | 23                 |         |
|                                    | 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   |        | 25                 |         |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25  | 0      | 26                 | 0       |
| <b>Net Assets or Fund Balances</b> | 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  | 58,084 | 27                 | 211,814 |
|                                    | 28  | Temporarily restricted net assets  |        | 28                 |         |
|                                    | 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                                 | <b>Total net assets or fund balances</b>  | 58,084   | 33     | 211,814            |         |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>   | 58,084   | 34     | 211,814            |         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 366,937 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 213,207 |
| 3  | Revenue less expenses Subtract line 2 from line 1  | 3  | 153,730 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 58,084  |
| 5  | Net unrealized gains (losses) on investments   | 5  |         |
| 6  | Donated services and use of facilities   | 6  |         |
| 7  | Investment expenses  | 7  |         |
| 8  | Prior period adjustments   | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 211,814 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other **MODIFIED CASH**

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

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?

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 | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**TAKE THE LEAD, INC.**

Employer identification number

**46-1478839**

**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 (Form 990 or 990-EZ) )
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          | 252,024  | 184,232  | 95,941   | 532,197   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          | 252,024  | 184,232  | 95,941   | 532,197   |
| <b>5</b> 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) |          |          |          |          |          | 156,200   |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 375,997   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   |          |          | 252,024  | 184,232  | 95,941   | 532,197   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          | 292      | 20       | 312       |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 532,509   |
| <b>12</b> Gross receipts from related activities, etc (see instructions)   |          |          |          |          | 12       | 173,916   |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |        |
|---|-----------|--------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> | 70.61% |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14  | <b>15</b> | 68.78% |
| <b>16a 33 1/3% support test—2015.</b> 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>b 33 1/3% support test—2014.</b> 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"/>   |           |        |
| <b>17a 10%-facts-and-circumstances test—2015.</b> 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2014.</b> 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 VI)                                  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17                        | 18 | % |

19a **33 1/3% support tests—2015.** 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—2014.** 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 ▶

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

TAKE THE LEAD, INC.

Employer identification number

46-1478839

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year

2 Aggregate value of contributions to (during year)

3 Aggregate value of grants from (during year)

4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)

Preservation of a historically important land area

Protection of natural habitat

Preservation of a certified historic structure

Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items.

a Revenue included on 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 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" on 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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 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 on 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

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests   |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ |                |   |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

| (a) Description of investment   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

|   |   |    |       |         |
|---|---|----|-------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements      |    | 1     | 369,929 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |       |         |
| a | Net unrealized gains (losses) on investments                                  | 2a |       |         |
| b | Donated services and use of facilities  | 2b |       |         |
| c | Recoveries of prior year grants   | 2c |       |         |
| d | Other (Describe in Part XIII)   | 2d | 2,992 |         |
| e | Add lines 2a through 2d   |    | 2e    | 2,992   |
| 3 | Subtract line 2e from line 1  |    | 3     | 366,937 |
| 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 |       |         |
| c | Add lines 4a and 4b   |    | 4c    |         |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |    | 5     | 366,937 |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |       |         |
|---|--|----|-------|---------|
| 1 | Total expenses and losses per audited financial statements                     |    | 1     | 216,199 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |       |         |
| a | Donated services and use of facilities   | 2a |       |         |
| b | Prior year adjustments   | 2b |       |         |
| c | Other losses   | 2c |       |         |
| d | Other (Describe in Part XIII)  | 2d | 2,992 |         |
| e | Add lines 2a through 2d  |    | 2e    | 2,992   |
| 3 | Subtract line 2e from line 1   |    | 3     | 213,207 |
| 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    |         |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |    | 5     | 213,207 |

**Part XIII Supplemental Information.**

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.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

|                               |    |       |
|-------------------------------|----|-------|
| REALIZED LOSSES ON SECURITIES | \$ | 2,992 |
|-------------------------------|----|-------|

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

|                               |    |       |
|-------------------------------|----|-------|
| REALIZED LOSSES ON SECURITIES | \$ | 2,992 |
|-------------------------------|----|-------|

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**TAKE THE LEAD, INC.**

**46-1478839**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art— Works of art  |                            |   |  |   |
| 2 Art— Historical treasures                                  |                            |   |  |   |
| 3 Art— Fractional interests                                  |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities — Publicly traded                               | <b>X</b>                   | <b>1</b>  | <b>100,052</b>   | <b>AS REPORTED ON N.Y.S.E.</b>                            |
| 10 Securities — Closely held stock                           |                            |   |  |   |
| 11 Securities — Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities — Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution — Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution — Other               |                            |   |  |   |
| 15 Real estate — Residential                                 |                            |   |  |   |
| 16 Real estate — Commercial                                  |                            |   |  |   |
| 17 Real estate — Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( )   |                            |   |  |   |
| 26 Other ▶ ( )   |                            |   |  |   |
| 27 Other ▶ ( )   |                            |   |  |   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|     | Yes | No       |
|-----|-----|----------|
| 30a |     | <b>X</b> |
| 31  |     | <b>X</b> |
| 32a |     | <b>X</b> |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Employer identification number

**TAKE THE LEAD, INC.**

**46-1478839**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990  
BEFORE IT IS FILED. EACH MEMBER REVIEWS, QUESTIONS, AND ULTIMATELY APPROVES  
THE 990 FOR FILING. ONCE THE FORM 990 IS APPROVED BY ALL MEMBERS OF THE  
BOARD, IT IS SIGNED, DATED, AND SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ONCE PER YEAR, THE ORGANIZATION REVIEWS AND DISCUSSES ITS CONFLICT OF  
INTEREST POLICY, AND REQUESTS EACH BOARD MEMBER TO LIST AND ACKNOWLEDGE ANY  
KNOW CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR ITS EXECUTIVE DIRECTOR  
BY COMPARING HER COMPENSATION ANNUALLY TO THE COMPENSATION OF EXECUTIVE  
DIRECTORS IN COMPARABLE ORGANIZATIONS, USING FORMS 990, COMPENSATION  
STUDIES, AND OTHER COMPARABLE DATA. THE BOARD THEN APPROVES ANY CHANGES IN  
THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON THIS DATA.  
NO OTHER KEY EMPLOYEES ARE RETAINED BY THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION PROVIDES ITS FINANCIAL STATEMENTS, INFORMATION RETURNS,  
GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES TO THE GENERAL  
PUBLIC IN A TIMELY MANNER, UPON WRITTEN REQUEST OR A REQUEST MADE IN  
PERSON.

Name of the organization

Employer identification number

**TAKE THE LEAD, INC.****46-1478839****FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES****DESCRIPTION**

|                            | <b>PROGRAM SERVICE</b> | <b>MGT &amp; GENERAL</b> | <b>FUNDRAISING</b> |
|----------------------------|------------------------|--------------------------|--------------------|
| <b>CONTRACTED SERVICES</b> |                        |                          |                    |
|                            | \$ 107,547             | \$ 2,195                 | \$ 0               |
| <b>EDUCATION EVENTS</b>    |                        |                          |                    |
|                            | \$ 21,509              | \$ 0                     | \$ 0               |

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

|                                      |           |
|--------------------------------------|-----------|
| <b>REALIZED LOSSES ON SECURITIES</b> | \$ 2,992  |
| <b>REALIZED LOSSES ON SECURITIES</b> | \$ -2,992 |