DLN: 93493228006010 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable LEADINGAĞE INC □ Address change 13-6213525 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2519 CONNECTICUT AVENUE ☐ Amended return ☐ Application pending (202) 783-2242 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  200081520  $\,$ G Gross receipts \$ 24,021,256 Name and address of principal officer H(a) Is this a group return for KATRINKA SMITH SLOAN ☐Yes **☑**No subordinates? 2519 CONNECTICUT AVENUE H(b) Are all subordinates WASHINGTON, DC 200081520 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LEADINGAGE ORG L Year of formation 1965 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO BE THE TRUSTED VOICE FOR AGING Activities & Governance 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) . 17 4 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 61 Total unrelated business revenue from Part VIII, column (C), line 12 7a 629,380 **b** Net unrelated business taxable income from Form 990-T, line 34 47,421 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,166,072 3,088,126 Ravenua 17,602,596 17,454,652 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,209,375 637,326 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 285,456 363,843 24,263,499 21,543,947 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 551,648 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 11,734,665 12,550,486 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶6,838 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,906,099 8,863,862 21,192,412 21,499,507 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,071,087 44,440 Assets or d Balances Beginning of Current Year **End of Year** 37,732,408 39,365,721 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 21,783,264 21,318,532 22 Net assets or fund balances Subtract line 21 from line 20 . 17,582,457 16,413,876 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 2020-08-15 Signature of officer Sign Here KATRINA SLOAN SMITH PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00001737 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ▶ 2021 L STREET NW 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

	990 (2018)					Page <b>2</b>		
Pa	statement	of Program Servic	e Accomplis	nments				
	Check If Sche	dule O contains a respo	nse or note to a	any line in this Part III .		🗹		
1		organization's mission						
ORG GRO 30 C	ANIZATIONS REPRESE UPS, FOUNDATIONS A	NTING THE ENTIRE FIE ND RESEARCH CENTERS	LD OF AGING S S LEADINGAGE	ERVICES, 38 STÁTE ASS : IS ALSO A PART OF THI	MEMBERS AND PARTNERS INCI OCIATIONS, HUNDREDS OF B E GLOBAL AGEING NETWORK, FOCUSED ON EDUCATION, AD	USINESSES, CONSUMER WHOSE MEMBERSHIP SPANS		
2	Did the organization the prior Form 990 o	, ,	nt program serv	vices during the year wh	ich were not listed on	□Yes ☑No		
	'	ese new services on Sch				_ 1c3 _ 1t0		
3				changes in how it conduc	rts any program			
	services?	<b>3</b> ,		manges in now it conduct	ics, any program	☐ Yes ☑ No		
		ese changes on Schedul						
4	Section 501(c)(3) an		ns are required	to report the amount of	argest program services, as me grants and allocations to othe			
4a	(Code	) (Expenses \$ 5,611,569 including grants of \$ ) (Revenue \$						
	See Additional Data					7,003,414 )		
		, (EXPONDED \$				/,003,414 ) 		
4b	(Code	) (Expenses \$	4,597,575	including grants of \$	62,000 ) (Revenue \$	)		
4b	(Code See Additional Data		4,597,575	ıncludıng grants of \$	62,000 ) (Revenue \$			
	See Additional Data	) (Expenses \$				)		
4b 4c	<b>\</b>		4,597,575 2,003,405	including grants of \$ including grants of \$	62,000 ) (Revenue \$ 19,768 ) (Revenue \$			
	See Additional Data (Code	) (Expenses \$ ) (Expenses \$				)		
	See Additional Data  (Code See Additional Data  See Additional Data	) (Expenses \$ ) (Expenses \$	2,003,405			)		
4c	See Additional Data  (Code See Additional Data  See Additional Data	) (Expenses \$ ) (Expenses \$	2,003,405	including grants of \$		)		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . 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 No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

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Par	Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?  If "Yes," complete Schedule L, Part I	25b		No
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	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

66

0

1a

1b

Yes

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No

С	An entity of which a current or former officer, director, officer, director, trustee, or direct or indirect owner? If
29	Did the organization receive more than \$25,000 in non-
30	Did the organization receive contributions of art, historic contributions? <i>If "Yes," complete Schedule M</i>

Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Pa				
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Se	ection A. Governing Body and Management			
_		$\longrightarrow$	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	9.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1 1		
_	Connects.	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12b 12c	Yes Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	12c 13 14	Yes Yes Yes	No No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	organization and related organizations
See Additiona	al Data Table										

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

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/ti	t che unles ficer rust		son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	eportable Reportable compensation from the nization (W- organizations (W-			ated of other sation the ion and
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1000	2,255		relat organiza	ed
See A	Addıtıonal Data Table		<del>                                     </del>	$\vdash$	H		$\vdash$	$\vdash$			+		
					$\vdash$			$\vdash$			$\dashv$		
-	-				$\square$			$\top$					_
	-				M			$\Box$					
	-							$\top$					
	Sub-Total						<b>&gt;</b>						
_	otal from continuation sheets to Pa otal (add lines 1b and 1c)	art VII <b>, Section</b>					<b>&gt;</b>		3,914,574		0		433,664
2	Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove	e) who	rece	eived more than \$1	.00,000			
												Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er	mplo •	oyee, o	or hi	ghest compensated	l employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations individual									m the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ividual for	5	1	N1_
Se	ction B. Independent Contract	•			_	_					5		No
1	Complete this table for your five higher from the organization Report compen	est compensate									nper	nsation	
	<u> </u>	(A)		уса	enu	IIIy	WILLI	[ VVIC		(B)		(C	
PSAV	Name a	and business addre	355			—				CE SERVICES		Comper 1	,146,442
CHICA	R NETWORK PLACE AGO, IL 60673								224555				
1101 A	ARK SFS  ARCH STREET								CONFERENC	CE SERVICES			432,197
FREEM	DELPHIA, PA 19107 MAN					_			CONFERENCE	CE SERVICES			375,040
	0X 650036 AS, TX 752650036												
	EYONG LLC								IT SERVICE	:S			364,883
	RUGBY AVENUE SUITE 400 ESDA, MD 20814												
	TT-LEVIS CONVENTION								CONFERENC	CE SERVICES			327,966
PHILA	BLACK LAKE PLACE DELPHIA, PA 19154												
) ⊃ ⊤	otal number of independent contractors	s (including but	t not lim	uted t	to th	ose	listed	abov	ve) who received m	ore than \$100.00	00 of	:	

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

compensation from the organization ▶ 17

Part	VIII Statement of R	levenue						
	Check if Schedule	O contains a respo	onse or note to any	(A) Total revenue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6	1a Federated campaigns	1a	L		,		1	
nts Ints	<b>b</b> Membership dues .	. 1b						
3ra nou	c Fundraising events .	.   1c						
S, ( An	<b>d</b> Related organizations							
<u>a</u> . €	e Government grants (cont		<u> </u>					
ii.	<b>f</b> All other contributions, gi							
tior S. S	and similar amounts not		3,088,126					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions	s included						
달	ın lınes 1a - 1f \$							
Cont	<b>h Total.</b> Add lines 1a-16	f	•	3,088,126				
_			Business	Code				
n.	2a MEMBERSHIP DUES			900099	,776,601	9,776,60	1	
4	<b>b</b> REGISTRATION/EXHIBITS			541800 6,	,707,979	4,407,62	9	2,300,350
Program Service Revenue	c COMMISSIONS			900099	295,435	295,43	5	
ir V(	d MEMBER SERVICES			541900	234,125	234,12	:5	
Š	e PERIODICAL ADVERTISING	<u> </u>			190,304		190,30	4
gran					250,208	62,68	3 187,52	5
Δď	<b>f</b> All other program serv		17.4	54,652	•			
	<b>9 Total.</b> Add lines 2a-2f		<u> </u>					
	<b>3</b> Investment income (inclusional similar amounts)		nterest, and other	594,3	363			594,363
	4 Income from investmen							
	<b>5</b> Royalties							
		(ı) Real	(II) Personal					
	<b>6a</b> Gross rents	Gross rents						
	<b>b</b> Less rental expenses	350,397						
	c Rental income or (loss)	-53,978						
	<b>d</b> Net rental income or (	d Net rental income or (loss)			78			-53,978
		(ı) Securities (ıı)						
	<b>7a</b> Gross amount from sales of	2 150 442						
	assets other							
	_							
	<b>b</b> Less cost or other basis and	2,115,479						
	sales expenses  C Gain or (loss)	42,963						
	<b>d</b> Net gain or (loss) .		<b>.</b>	]   42,9	963			42,963
	8a Gross income from fun	_						
ne	(not including \$ contributions reported	of of						
Ven	See Part IV, line 18		1					
Other Revenue	<b>b</b> Less direct expenses							
ıer	<b>c</b> Net income or (loss) from		ents ▶					
Ott	<b>9a</b> Gross income from gar See Part IV, line 19							
	,	а	}					
	<b>b</b> Less direct expenses	b						
	<b>c</b> Net income or (loss) from		ies <b>&gt;</b>					
	10aGross sales of inventor returns and allowances	y, less						
		а	123,623					
	<b>b</b> Less cost of goods sol	d <b>b</b>	11,433					
	<b>c</b> Net income or (loss) fr		ory <b>&gt;</b>	112,1	.90	112,190		
	Miscellaneous Re	evenue	Business Code					
	<b>11a</b> PARKING GARAGE		541800	305,€	31		251,551	54,080
	. —							
	b							
	С							
	d All other revenue .							
	<b>e Total.</b> Add lines 11a-1		•	305,6	31			
	12 Total revenue. See Ir	nstructions		21,543,9	947	14,888,663	629,380	2,937,778
					•		,	Form <b>990</b> (2018)

Part IX	Statement of Functional Expenses
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			$\square$
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	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	85,159	85,159		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,466,453	2,707,909	758,544	
<b>6</b> 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	7,072,695	5,469,074	1,603,621	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	874,034	737,189	136,845	
9 Other employee benefits	447,756	377,652	70,104	
<b>10</b> Payroll taxes	689,548	581,588	107,960	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	89,583		89,583	
c Accounting	83,840		83,840	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	118,854		118,854	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	820,783	674,867	145,916	
12 Advertising and promotion	74,696	74,696		
13 Office expenses	432,489	385,097	47,392	
14 Information technology	311,174	232,799	78,375	
15 Royalties	24,836	24,836		
<b>16</b> Occupancy				
<b>17</b> Travel	524,781	443,231	74,764	6,786
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,171,640	3,133,721	37,919	
<b>20</b> Interest	369,347	217,459	151,888	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	489,781	300,115	189,666	
23 Insurance	141,251	93,748	47,503	
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 CONTRACT SERVICES	1,028,300	689,683	338,617	
b Parking garage expense	346,547		346,547	
c TAXES, LICENSES & FEES	270,476	146,688	123,788	
d BANK & CREDIT CARD CHAR	189,020	188,839	129	52
a All other expenses	376,464	321,800	54,664	
e All other expenses	21,499,507	16,886,150	4,606,519	6,838
25 Total functional expenses. Add lines 1 through 24e	21,499,307	10,000,130	4,600,319	0,638
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compagn and fundamental solutions.				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form	1 990 /	(2018)					Page <b>11</b>
Pa	art X	Balance Sheet					
ı		Check if Schedule O contains a response or not	te to any line i	n this Part IX	<u></u>		<u>.                               </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	<del></del>		6,389,991	1	4,175,846
J	1	Savings and temporary cash investments			166,010	2	78,853
ļ	1	Pledges and grants receivable, net		<u> </u>	86,801	3	38,988
ļ	4	Accounts receivable, net			1,446,726	4	2,086,807
ļ	1 -	Loans and other receivables from current and fo	directors	-,,	<u> </u>		
J		trustees, key employees, and highest compensa	ated employees	es Complete		5	ļ
ļ		Part II of Schedule L					
ļ		section 4958(f)(1)), persons described in section	B), and				
, ,	1	contributing employers and sponsoring organizations (				6	
S	1 _	Part II of Schedule L					
ssets	1	Notes and loans receivable, net		F		7	
AS.	1	Inventories for sale or use		L		8	
	9	Prepaid expenses and deferred charges		·	799,661	9	1,270,151
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,301,423			
ļ	ь	Less accumulated depreciation	10b	8,709,048	10,881,454	10c	10,592,375
ļ	11	Investments—publicly traded securities .			18,371,429	11	19,062,216
J	12	Investments—other securities See Part IV, line	11	· · [		12	
J	13	Investments—program-related See Part IV, line	a 11			13	
, ,	14	Intangible assets		[		14	
, ,	15	Other assets See Part IV, line 11		[	1,223,649	15	427,172
	16	Total assets.Add lines 1 through 15 (must equa	ual line 34) .		39,365,721	16	37,732,408
	17	Accounts payable and accrued expenses			2,148,057	17	1,785,525
,	18	Grants payable		L		18	
	19	Deferred revenue		L	7,040,919	19	7,023,583
	20	Tax-exempt bond liabilities			12,491,006	20	12,048,741
اي	21	Escrow or custodial account liability Complete P	Part IV of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
<del>g</del> e	İ	persons Complete Part II of Schedule L				22	
اتا	23	Secured mortgages and notes payable to unrela	ated third parti	ies		23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		ited third parties,	103,282	25	460,683
, 1	26	Total liabilities. Add lines 17 through 25			21,783,264	26	21,318,532
~		Organizations that follow SFAS 117 (ASC 9		ara b 🗸 and			
Balance		complete lines 27 through 29, and lines 33 Unrestricted net assets		Her En and	16,141,020	27	14,907,205
Į į		Temporarily restricted net assets			718,218	28	783,452
	29	Permanently restricted net assets			723,219	29	723,219
Fund	1	Organizations that do not follow SFAS 117	(ASC 958),				
ō		check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds				30	
S		Paid-in or capital surplus, or land, building or eq		i.i		31	
Š		Retained earnings, endowment, accumulated inc		<u> </u>		32	
		<u>.</u>		L			1

17,582,457

39,365,721

33

34

16,413,876

37,732,408

Form **990** (2018)

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

## **Additional Data**

Software ID:

Software Version:

**EIN:** 13-6213525

Name: LEADINGAGE INC.

Form 990 (2018)

Form 990, Part III, Line 4a: FDUCATIONAL AND LEADERSHIP DEVELOPMENT - THE EDUCATION AND LEADERSHIP DEVELOPMENT PROGRAM INCLUDES ACTIVITIES TO DEVELOP AND DELIVER HIGH

OUALITY EDUCATIONAL PROGRAMMING ON CURRENT ISSUES IN AGING AND AGING SERVICES AND TO DEVELOP LEADERSHIP SKILLS FOR THOSE IN THE FIELD

## Form 990, Part III, Line 4b: ADVOCACY - PROVIDE EDUCATION AND ADVOCACY SUPPORT ON PUBLIC POLICY ISSUES AFFECTING AGING SERVICES

Form 990, Part III, Line 4c: MEMBERSHIP AND STATE RELATIONS - THE MEMBERSHIP AND STATE RELATIONS PROGRAM INCLUDES ACTIVITIES TO RECRUIT AND RETAIN MEMBERS, TO SUPPORT MEMBERS IN THEIR WORK, AND TO COLLABORATE WITH STATE AFFILIATES

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

others, the total expenses, and revenue, if any, for each program service reported. (Code ) (Expenses \$ 1,624,253 including grants of \$ 391 ) (Revenue \$

ILTSS CENTER AT U MASS BOSTON - THE LTSS CENTER AT U MASS BOSTON PROGRAM INCLUDES ACTIVITIES WHICH (A) CREATE A BRIDGE BETWEEN THE POLICY, PRACTICE AND RESEARCH COMMUNITIES TO ADVANCE THE DEVELOPMENT OF HIGH-OUALITY AGING SERVICES, AND (B)

PROVIDE A FORUM FOR THE HEALTH CARE, SUPPORTIVE SERVICES AND HOUSING COMMUNITIES TO EXPLORE AND DEVELOP POLICIES AND PROGRAMS TO MEET THE NEEDS OF AN AGING SOCIETY

(Code ) (Expenses \$ 1,106,776 including grants of \$ ) (Revenue \$ 377,829 )

MARKETING AND CONFERENCE SERVICES - DEVELOP AND DISTRIBUTE EDUCATIONAL PUBLICATIONS FOR SALE, COMMUNICATE WITH MEMBERS

AND THE PUBLIC. AND PLAN AND EXECUTE LOGISTICS FOR THE ORGANIZATION'S CONFERENCES AND MEETINGS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

others, the total expenses, and revenue, if any, for each program service reported.

THE FIELD

(Code ) (Expenses \$ 1,004,669 including grants of \$ ) (Revenue \$

CENTER FOR AGING SERVICES TECHNOLOGY - THE CENTER FOR AGING SERVICES TECHNOLOGY (CAST) PROGRAM INCLUDES ACTIVITIES TO ENHANCE THE USE OF TECHNOLOGY TO IMPROVE THE QUALITY OF LIFE AND SERVICES FOR PEOPLE AS THEY AGE THROUGH COLLABORATIVE

INITIATIVES WITH PROVIDERS, TECHNOLOGY COMPANIES, AND THE RESEARCH COMMUNITY (Code ) (Expenses \$ 937,903 including grants of \$ 3,000 ) (Revenue \$ CORPORATE AND BUSINESS DEVELOPMENT - THE CORPORATE AND BUSINESS DEVELOPMENT PROGRAM INCLUDES ACTIVITIES TO BUILD AND

SUSTAIN RELATIONSHIPS WITH THE BUSINESS COMMUNITY AND TO DEVELOP NEW WAYS OF LEVERAGING BUSINESS INTERESTS TO SUPPORT

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
STEPHEN FLEMING CHAIR	4 00	×		x				0	0	0
CAROL SILVER ELLIOTT CHAIR-ELECT	4 00	х		х				0	0	0
KATHRYN ROBERTS IMMEDIATE PAST CHAIR	4 00	х		х				0	0	0
MIKE RAMBAROSE	2 00	×		x				0	0	0

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KATHRYN ROBERTS
IMMEDIATE PAST CHAIR
MIKE RAMBAROSE
SECRETARY
CHRISTIE HINRICHS

**TREASURER** 

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MARVELL ADAMS

ROBERTA JACOBSEN

ROBERTO MUNIZ

KARYNE JONES

TERRI CUNLIFFE

.......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and 

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
LAWRENCE GUMINA	2 00	×						0	0	0
MEMBER		,							,	
DEBORAH ROYSTER	2 00	×						0	0	0
MEMBER		,,								ĺ
MICHAEL KING	2 00	×						0	0	0
AT-LARGE										
	2 22	ı	1	ı	ı			ı		ı

0

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0

0

22,635

51,736

16,227

0

0

532,010

194,988

140,592

MEMBER						
MICHAEL KING	2 00	l			9	
AT-LARGE		^			0	
SUSAN DONLEY	2 00	×			0	
AT-LARGE		_ ^				
PATRICIA TURSI	2 00					

2 00

2 00

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37 50

37 50

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and Independent Contractors

AT-LARGE

KATE ROLF

AT-LARGE

AT-LARGE

JOSEPH SCOPELLITI

PRESIDENT & CEO

PAVEL OBGOLZ

VP, FINANCE

KATRINKA SMITH-SLOAN

JAMES BURTON HUDSON

SVP, OPERATIONS & NEW BUSI

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

	any hours					ustee)		organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
ALWAN MAJD SVP, TECH/EXECUTIVE DIR CAST	37 50				х			249,712	0	47,801	
NILES GODES SVP, CONGRESSIONAL AFFAIRS	37 50				х			247,510	0	31,403	
MARSHA R GREENFIELD VP, HEALTH LEGISLATION	37 50				х			169,449	0	23,715	
JULIETA HOLGUIN VP, EDUCATION	37 50				×			182,425	0	13,723	
CHERYLDENE JACKSON VP, HUMAN RESOURCES & ADMINISTRATION	37 50				×			157,580	0	20,415	
RUTH KATZ SVP, PUBLIC POLICY/ADVOCACY	37 50				×			263,807	0	2,306	
ALISHIA A PARKHILL SVP, PROGRAMS AND MEMBERSHIP	37 50				×			205,365	0	22,113	

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191,969

331,695

208,575

29,692

32,587

26,375

0

0

0

37 50

37 50

37 50

......

ADRIENNE L POWER RUFFIN

ROBYN I STONE

SHARON C SULLIVAN

**BOST** 

.....

SVP, RESEARCH/CO-DIRECTOR, LTSS CENTER @ UMAS

VP, LTSS CENTER STRATEGIC INITIATIVES

VP, CONFERENCES AND EXPOSITION

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the from related compensation

and Independent Contractors

VP, REGULATORY AFFAIRS

VP, WORKFORCE INITIATIVES

VP, STATE PARTNERSHIPS

SUSAN HILDEBRANDT

NANCY HOOKS

	any hours	and	l a dıı	recto	or/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LINDA COUCH VP, HOUSING POLICY	37 50					х		170,462	0	12,066	
NICOLE FALLON  VP, HEALTH POLICY & INTEGRATED SERVICES	37 50					х		170,207	0	43,516	
JANINE FINCK-BOYLE	37 50										

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37 50

37 50

191,657

151,636

154,935

10,962

13,910

12,482

SCHED (Form 990 990EZ)		Com		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable		2018	
Department of Internal Reven			► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
Name of th EADINGAGE	ne organiza	tion					Employer identific	cation number
Down T	<b>D</b>	ia Dblic. (	Sharita Ctat	(All average above		La Lla	13-6213525	
Part I				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1 🗇		•		ssociation of churches			(A)(i).	
2 🗆	A school de	scribed in <b>se</b> c	tion 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 □	A hospital o	or a cooperati	e hospital ser	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4 🗆		esearch organ	·	red in conjunction with			•	nter the hospital's
5 🗌		ation operated ( <b>iv).</b> (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
6 🗌	A federal, s	tate, or local	government o	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	۱)(v).	
7	section 17	O(b)(1)(A)(	<b>vi).</b> (Complete			-	ınıt or from the gener	al public described in
8 🗌	A communi	ty trust descr	bed in <b>sectio</b> i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9 🗌				escribed in <b>170(b)(1)</b> See instructions Enter				lege or university or a
ro 🔼	from activit	ies related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
.1 🗆				d exclusively to test fo	r public safety S	See section 509	(a)(4).	
.2	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(	
a 🗌	organizatio	n(s) the powe		rated, supervised, or coappoint or elect a majo				
b 🗌	manageme	nt of the supp	_	pervised or controlled in ation vested in the sar and C.			• • • • • • • • • • • • • • • • • • • •	_
c 🗌				supporting organizatio				ated with, its
d 🗆	Type III n functionally	on-functional	ally integrate he organization	clons) You must comed. A supporting organion generally must satis or generally must satis ort IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗌	Check this	box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally
f Enter			on-functionally organizations	ıntegrated supporting	organization		_	
				upported organization(				1
(1) N	lame of supp organizatior		(ii) EIN	organization (described on lines 1- 10 above (see instructions))	(described on lines 1-10 above (see   structions   see   structions   structions			
					Yes	No		
otal								
	vork Boduc	tion Act Noti	ce see the T	 nstructions for	Cat No 1128!	SF '	 Schedule A (Form 9	  90 or 990-E7\ 2011

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
Ŀ	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

20

Р	art III Support Schedule fo						
	(Complete only if you the organization fails					to qualify under	r Part II. If
S	ection A. Public Support	to quality under t	ne tests listed L	relow, please co	inpiete Part II.)		
30	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1							
	membership fees received (Do not	4,416,486	3,683,974	3,593,525	3,166,072	3,088,126	17,948,183
2	include any "unusual grants ") Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished in	16,676,005	16,967,957	16,488,202	17,472,851	17,200,446	84,805,461
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that						
3	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						
	paid to or experided on its benan						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	21,002,404	20 (51 021	20.004.727	20 620 022	20 200 572	102.752.644
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and	21,092,491	20,651,931	20,081,727	20,638,923	20,288,572	102,753,644
/ a	3 received from disqualified persons	10,000	25,000	7,150	5,434	2,250	49,834
b	Amounts included on lines 2 and 3						
	received from other than	2.050.000	4 000 700	4 224 225	4 406 500	2 222 456	10.001.747
	disqualified persons that exceed the greater of \$5,000 or 1% of the	3,058,868	4,099,799	4,224,325	4,106,599	3,332,156	18,821,747
	amount on line 13 for the year						
С	Add lines 7a and 7b	3,068,868	4,124,799	4,231,475	4,112,033	3,334,406	18,871,581
8	Public support. (Subtract line 7c						83,882,063
	from line 6 )						
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		21,092,491	20,651,931	20,081,727	20,638,923	20,288,572	102,753,644
L0a	Gross income from interest,				20,000,000		
	dividends, payments received on						
	securities loans, rents, royalties	598,622	556,479	568,277	811,204	890,782	3,425,364
	and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from					47,421	47,421
	businesses acquired after June 30,					,	.,,
c	1975 Add lines 10a and 10b	598,622	556,479	568,277	811,204	938,203	3,472,785
11	Net income from unrelated	330,022	330,473	300,277	011,204	330,203	3,472,703
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on Other income Do not include gain						
12	or loss from the sale of capital		287,311	297,971	298,766	305,631	1,189,679
	assets (Explain in Part VI )		,	,	,	,	, ,
13	Total support. (Add lines 9, 10c,	21,691,113	21,495,721	20,947,975	21,748,893	21,532,406	107,416,108
	11, and 12)  First five years. If the Form 990 is:	for the organization	's first second th	and fourth or fifth	tay year as a sec	tion 501(c)(3) ora	anization
14	•	Tor the organization	3 m3c, second, cm	ira, ioarai, or iiia	i tax year as a sec		<b>▶</b> □
<u> </u>	check this box and stop here ection C. Computation of Public	Support Perce	ntage				
<u> </u>	Public support percentage for 2018 (			column (f))		1.5	70.000.0/
	Public support percentage from 2017		· · · · · · · · · · · · · · · · · · ·	column (1))		15	78 090 %
16		•	•			16	77 850 %
	ection D. Computation of Inves Investment income percentage for 20	O19 (line 10s, solur	percentage	ino 12 column (f)	\	1471	2 220 8/
17				me 13, column (1)	)	17	3 230 %
18	Investment income percentage from			line 44 : 11	- 15 · · · · ·	18	2 790 %
	<b>331/3% support tests—2018.</b> If the						
	more than 33 1/3%, check this box and						► ✓ Vand line 19 is
b	33 1/3% support tests—2017. If t	_					o and line 18 is
	not more than 33 1/3%, check this be	ox and <b>stop here.</b>	i ne organization c	iualities as a bubli	civ supported orda	inization	┍╙

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>		
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
Section A - Adjusted Net Income (A) Prior Year (B) C						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see		

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014. . . . . .

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

**d** Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (	edule A (Form 990 or 990-EZ) 2018 Page <b>8</b>								
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, lines IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)									
	Facts And Circumstances Test								
<u> </u>									
990 Sched	lule A, Supplement	tal Information							
Ret	urn Reference	Explanation							
	A, PART III, LINE 12, ON OF OTHER	OTHER INCOME - 2015 AMOUNT \$ 287,311 2016 AMOUNT \$ 297,971 2017 AMOUNT \$ 298,766 2018 AMOUNT \$ 305,631							

**SCHEDULE C** 

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493228006010

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

• 8	Section 501(c)(3) organizations Cor	nplete Parts I-A and B Do not complete	Part I-C				
		01(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part	I-B		
	Section 527 organizations Complet		00 EZ D14 !		.:4 \	41	
•	Section 501(c)(3) organizations that	n <b>Form 990, Part IV, Line 4, or Form 9</b> t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un	ection 501(h)) Co	mplete Part II-A Do n	ot con	nplete Part II-l	
		n Form 990, Part IV, Line 5 (Proxy Tax					
	xy Tax) (see separate instruction		() (See Separate I	istructions; or rollin	JJU-L	, r art v, iiii	C 00C
	Section 501(c)(4), (5), or (6) organia						
	me of the organization	·		Employer	ident	ification nun	ıber
LEA	DINGAGE INC			12 621252	_		
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	13-621352 a section <b>527</b> org		ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instruction	ons fo	r definition of	
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$	i	
3	Volunteer hours for political camp	paign activities (see instructions)					
Par		nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	•	\$	i	
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955	•	\$	i	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?			☐ Yes	□ No
<b>4</b> a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt section 501(c)	(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$	·	
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ction 527 exempt	\$	i	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$	i	
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fu olitical organization, si	unds .	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization funds If none, ent	's	(e) Amount contributions and promp	s received
				-0-		directly deliv separate p organization enter	vered to a colitical If none,
1							
2							
3							
4							
5							

Lobbying Expenditures During 4-Year Averaging Period

1,000,000

281,775

250,000

151,733

**(b)** 2016

1,000,000

367,784

250,000

169,520

(c) 2017

1,000,000

331.255

250,000

51,262

(d) 2018

1,000,000

441,633

250,000

80,865

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

1,422,447

1,000,000

1,500,000

453,380

(a) 2015

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

## Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(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.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

**DLN: 93493228006010**OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization DINGAGE INC		Employer identification number
_EA	DINGAGE INC		13-6213525
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Y		
		(a) Donor advised funds	(b)Funds and other accounts
•	Total number at end of year		
	Aggregate value of contributions to (during year)		
l	Aggregate value of grants from (during year)		
•	Aggregate value at end of year		
	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		vised funds are the
•	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" on Forn	n 990, Part IV, line 7.
ı	Purpose(s) of conservation easements held by the org	anization (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreation	on or education)	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in the for	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 7/25/06, and not on a historic	2d
	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	the organization during the
	Number of states where property subject to conservat	cion easement is located >	
	Does the organization have a written policy regarding and enforcement of the conservation easements it hole		of violations,  Yes No
•	Staff and volunteer hours devoted to monitoring, inspect	ecting, handling of violations, and enforcing co	enservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting  \$ \( \)	g, handling of violations, and enforcing conserv	vation easements during the year
,	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)( $\parallel$ )?	d) above satisfy the requirements of section 1	70(h)(4)(B)(ı)
l	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financial state	
ar	Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historical Treasures, or Oth	er Similar Assets.
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	or public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items		
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(i	ii)Assets ıncluded ın Form 990, Part X		<b>▶</b> \$
	If the organization received or held works of art, histo following amounts required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·	·
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$
_	· · · · · · · · · · · · · · · · · · ·		- T

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations Ma	aintaining Coll	ections of	Art, Hist	tori	cal Tı	reası	ures, o	r Other	Similar As	sets (co	ntınued)	
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)													
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				e		Othe	er					
С		Preservation for future	generations											
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									lo			
Pa	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.								Part					
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									lo				
ь	If "Ye	es," explain the arrange	ment in Part XIII	and complete	the follow	/ina	table				A	mount		_
c		nning balance				9				1c				_
d	_	nons during the year								1d				
e		butions during the year	•							1e				
f	bisarious during the year							_						
								_						
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII								lo					
ď	rt V	Endowment Fund	ds. Complete if										->	
1 a	Reginn	ning of year balance .		(a)Current y	76,522	וא(ם)	or yea 1,099	-	(c) I wo y	ears back 994,222	(d)Three yea	953,039	<b>e)</b> Four yea 1	,022,045
	_	outions		-/			_,							
		vestment earnings, gain	ns and losses	4	13,223		60	,979		154,831		91,180		-19,606
		or scholarships	·					$\dashv$						
		expenditures for facilities												
	and pro	ograms	===	5	52,469		53	3,513		49,997		49,997		49,400
		istrative expenses .		1.00	7 276		1 106	E22		1,099,056		994,222		953,039
_		year balance	• • • •		97,276		1,106					994,222		933,039
2		de the estimated percei			alance (lin	ie 1g	g, colu	mn (a	i)) held a	is				
а		d designated or quasi-ei		0 %										
b		anent endowment 🟲	65 910 %											
С	Temporarily restricted endowment ► 34 090 %													
3a	The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No													
	-	nrelated organizations				_	_					3a(		NO
		elated organizations .										3a(	-	No
Ь		es" on 3a(II), are the rel		s listed as red	uired on S	che	dule R	? .				31:		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's	s endowme	ent f	unds						•	<u> </u>
Pai	rt VI	Land, Buildings,												
	_	Complete if the ord												
	Descri	iption of property	(a) Cost or oth (ınvestmei		<b>b)</b> Cost or o	otner	Dasis (	otner)	(c) Acc	cumulated d	lepreciation	(d	) Book valu	ıe
1a	Land						2,47	71,500						2,471,500
b	Building	ngs					14,27	75,047			6,256,536			8,018,511
С	Leaseh	nold improvements						7,638			7,638			0
d	Equipm	nent					2,54	17,238			2,444,874			102,364

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

Schedule D (  Part VII	Form 990) 2018  Investments—Other Securities. Complete if the	organizat	ion answ	vered "Yes" on Form 990	Page 3 ), Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category		(b)		l of valuation
	(including name of security)		Book value	Cost or end-of-	year market value
	I derivatives				
( <b>3)</b> Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related.	<u> </u>			
Part VIII	Complete if the organization answered 'Yes' on For				
	(a) Description of investment	( <b>b</b> ) Bo	ook value		l of valuation year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Y	es' on For	n 990. Pa	rt IV. line 11d See Form 99	90. Part X. line 15
	(a) Description		•	·	(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15 )				<b>&gt;</b>
Part X	Other Liabilities. Complete if the organization ans			rm 990, Part IV, line 11	
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value	
	ncome taxes			25.044	
	E ADVANCES ATE SWAP AGREEMENT			25,844 434,839	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		460,683	
	or uncertain tax positions In Part XIII, provide the text of the 's liability for uncertain tax positions under FIN 48 (ASC 740				

Part XI

2

а

b

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-1,192,021

21,786,923

-242,976

21,543,947

21,763,483

382,830

118,854

21.499.507

Schedule D (Form 990) 2018

21,380,653

c e 3 4

Net unrealized gains (losses) on investments . . . .

Add lines **4a** and **4b** . . . . . .

c 1

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Add lines 2a through 2d . .

Return Reference

b 5 Part XII

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2b

2c

2d

2a

2b

2c

2d

4a

4b

Explanation

118.854 -361,830

-1.213.021

21.000

21,000

361,830

118.854

2e

3

4c

5

4c

2e

3

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### **Additional Data**

Software Version:

**EIN:** 13-6213525

Software ID:

Name: LEADINGAGE INC

**ADJUSTMENTS** 

Return Reference

**Supplemental Information** Explanation

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES INCLUDED IN PART VIII 350,397 COGS INCLUDED IN PART VIII 11,433

Sı

DLN: 93493228006010 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number LEADINGAGE INC 13-6213525 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					T	Page <b>2</b>	
Part III Grants and Other A	Assistance to licated if addition	<ul> <li>Domestic Individual onal space is needed</li> </ul>	.als. Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or assi	istance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplementa	al Information	on. Provide the inf	formation required in	Part I, line 2; Part IIJ	I, column (b); and any other a	ıddıtıonal ınformation.	
Return Reference	Explanatio	on					
PART I, LINE 2	AMOUNTS A APPLICATIO	GRANTS FOR FINANCIAL ASSISTANCE TO STATE ORGANIZATIONS ARE BASED ON DEMONSTRATION BY THE ORGANIZATION THAT FUNDS ARE REQUIRED, AND AMOUNTS ARE BASED ON FINANCIAL POSITION OF EACH ORGANIZATION STATE ASSOCIATIONS ARE REQUIRED TO APPLY FOR THESE GRANTS THE GRANT APPLICATIONS ARE THEN REVIEWED AND APPROVED BY THE COO OTHER GRANTS ARE PROVIDED ON AN AS-NEEDED BASIS AND REQUIRE APPROVAL OF THE PRESIDENT/CEO THESE GRANTS MUST BE IN SUPPORT OF THE ORGANIZATION'S MISSION					

Schedule I (Form 990) 2018

#### **Additional Data**

HOUSING STUDIES

PROJECT

1 BOW STREET SUITE 400 CAMBRIDGE, MA 02138 NATIONAL HOUSING LAW

1663 MISSION ST SUITE 460 SAN FRANCISCO, CA 94103

# Software ID: **Software Version:**

**EIN:** 13-6213525 Name: LEADINGAGE INC

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,	1
or government			assistance	other)	

501(C)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	
HARVARD JOINT CENTER FOR	04-2103580	501(C)(3)	10.000	

94-2400196

(e) Amount of non- (f) Method of valuation

(g) Description of (h) Purpose of grant non-cash assistance or assistance

CO-SPONSOR ANNUAL

REPORT

AMICUS BRIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-1345076 C CORP 10.000 PLANTATION VILLAGE DISASTER RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13 BRITISH AMERICAN BLVD LATHAM, NY 12110

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19322	28006	010			
Sch	nedule J	Co	mpensati	ion Information	00	1B No	1545-0	0047			
(Fori	m 990)	For certain Officer ▶ Complete if the orga	2018								
•	► Attach to Form 990.  Department of the Treasure.  ► Go to <u>www.irs.qov/Form990</u> for instructions and the latest information.										
	al Revenue Service ne of the organiza	 ation			Employer identificat		ectio Imber				
	DINGAGE INC				13-6213525						
Pa	rt I Questi	ons Regarding Compensat	ion		13-0213323						
	(						Yes	No			
1a				the following to or for a person liste y relevant information regarding the							
	First-class	s or charter travel		Housing allowance or residence for	personal use						
		companions	님	Payments for business use of perso							
		nification and gross-up payments	님	Health or social club dues or initiation							
	LI Discretion	nary spending account		Personal services (e g , maid, chauf	reur, cner)						
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b					
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2					
	unectors, truste	es, officers, including the CEO/E/	recutive Director	, regarding the items checked in line	: Iar						
3	organization's C	EO/Executive Director Check all	that apply Don	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain							
	☐ Compens	ation committee	<b>~</b>	Written employment contract							
		ent compensation consultant		Compensation survey or study							
	☐ Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee						
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a						
а	Receive a sever	ance payment or change-of-contr	rol payment?			4a	Yes				
b		r receive payment from, a supple		ified retirement plan?		4b	Yes				
С	•	r receive payment from, an equit	•	· ·		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Par	t III						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.							
5	For persons liste		A, line 1a, did t	the organization pay or accrue any							
а	The organization	n?				5a		No			
b	Any related orga					5b		No			
	-	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any							
а	The organization					6a		No			
b	Any related orga					6b		No			
_	-	6a or 6b, describe in Part III									
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixe rt III	d	7	Yes				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		1.5			
For F	Panerwork Redu	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2018			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	i) Base pensation Bonus & incentive reporta compensation compens		deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Inform	ation
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
Return Reference	Explanation

457(F) KATRINKA SMITH SLOAN - \$31,500 SEVERANCE ALISHIA A PARKHILL - \$34,750

PART I, LINES 4A-B

Return Reference	Explanation
Al Al	THE ORGANIZATION HAS AN INCENTIVE COMPENSATION PLAN THAT IS TIED TO ANNUAL ACHIEVEMENT OF THE ORGANIZATION'S BUDGETARY, OPERATIONAL, AND MEMBER DEVELOPMENT GOALS. THE ORGANIZATION'S INCENTIVE PLAN EMPHASIZES OBJECTIVE EVALUATION OF ANNUAL AND LONG TERM PERFORMANCE AND INCLUDES A BALANCE OF FINANCIAL DATA, OPERATIONAL AND MEMBERSHIP STATISTICS, AND THE ASSESSMENT OF RESULTS PRODUCED VIA THE DRIGHNIZATION'S INFLUENCE ON PUBLIC POLICY AND MARKET ISSUES

Software ID:

**Software Version:** 

**EIN:** 13-6213525

Name: LEADINGAGE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name and Title			of W-2 and/or 1099-MIS	•	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	& incentive Other reportable compensation		benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
KATRINKA SMITH-SLOAN PRESIDENT & CEO	(1)	409,218	72,000	50,792	19,250	8,381	559,641	0
TRESIDENT & CEO	(11)	0	0	0	0	0	0	0
JAMES BURTON HUDSON SVP, OPERATIONS & NEW BUSI	(1)	192,467	2,401	120	15,456	44,187	254,631	0
	(11)	0	0	0	0	0	0	0
PAVEL OBGOLZ VP, FINANCE	(1)	139,226	1,258	108	4,603	15,001	160,196	0
	(11)	0	0	0	0	0	0	0
ALWAN MAJD SVP, TECH/EXECUTIVE DIR CAST	(1)	228,534	2,402	18,776	18,365	31,409	299,486	0
NILES GODES	(1)	244,832	0	0	0	0	0	0
SVP, CONGRESSIONAL AFFAIRS	١	244,032	2,402	276	17,526	18,823	283,859 	
MARSHA R GREENFIELD	(II)	165,617	0	0	0	0	0	0
VP, HEALTH LEGISLATION	l	165,617	1,360	2,472	11,877	15,266	196,592	0
JULIETA HOLGUIN	(II)	179,844	0	0	0	0	0	0
VP, EDUCATION	l		2,401	180	12,628	3,040	198,093	
CHERYLDENE JACKSON	(II)	156,687	101	792	11,443	12,986	182,009	0
VP, HUMAN RESOURCES & ADMINISTRATION	l, ,			792		12,960	162,009	
RUTH KATZ	(II)	260,679	2 403	726	0	0 0 5 4	300.001	0
SVP, PUBLIC POLICY/ADVOCACY	l		2,402	726		6,054	269,861	
ALISHIA A PARKHILL	(II)	153,491	0	<u> </u>	12,192	14,632	232,189	0
SVP, PROGRAMS AND MEMBERSHIP	(11)						232,109	
ADRIENNE L POWER RUFFIN	` '	191,352	101	516	13,881	19,803	225,653	0
VP, LTSS CENTER STRATEGIC INITIATIVE	(11)	0			15,861	19,603	223,033	
ROBYN I STONE	(1)	309,269	2,402	20,024	19,250	16,916	367,861	0
SVP, RESEARCH/CO- DIRECTOR, LTSS CENT	(11)	0	0	0	0	0	0	0
SHARON C SULLIVAN VP, CONFERENCES AND	(1)	205,796	2,503	276	14,566	13,238	236,379	0
EXPOSITION	(11)	0	0	0	0	0	0	0
LINDA COUCH VP, HOUSING POLICY	(1)	168,935	1,251	276	11,926	3,653	186,041	0
	(11)	0	0	0	0	0	0	0
NICOLE FALLON VP, HEALTH POLICY &	(1)	169,926	101	180	13,396	37,786	221,389	0
INTEGRATED SERVI	(11)	0	0	0	0	0	0	0
JANINE FINCK-BOYLE VP, REGULATORY AFFAIRS	(1)	189,076	2,401	180	8,634	7,784	208,075	0
	(11)	0	0	0	0	0	0	0
SUSAN HILDEBRANDT VP, WORKFORCE	(1)	150,917	203	516	10,819	6,770	169,225	0
INITIATIVES	(11)	0	0	0	0	0	0	0
NANCY HOOKS VP, STATE PARTNERSHIPS	(1)	151,742	2,401	792	10,735	5,964	171,634	0
	(11)	0	0	0	0	0	0	0

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	hedule K	Suu	nniemental i	Information o	n Tay-F	vem	nnt l	Ronds					1545-00	
(Form 990)  Supplemental Information on Tax-Exempt Bonds  ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,											2.0	018		
		•	explanations	, and any additional	information				• •					
	artment of the Treasury rnal Revenue Service			➤ Attach to Form 99¢ irs.gov/Form990 for		nforma	ation.	-					to Publi	С
Nam	ne of the organization							<u> </u>		Employ	yer iden	tification r		
LEA	DINGAGE INC									13-62	13525			
Pā	art I Bond Issues									•				
	(a) Issuer name (b) Issuer EIN (c) CUSIP #		(d) Date issued	(e) Issue p	rice		(f) Description	on of purpose	( <b>g</b> ) De	feased	(h) 0		(i) Pool	
												behalf of issuer		nancing
										Yes	No	Yes	No Ye	s No
Α	DISTRICT OF COLUMBIA	53-6001131	254839K36	09-01-2005	11,0	90,000		'ANCE REFUND ID ISSUE	ING OF PRIOR		Х		X	X
							BON	ID 1330E						
Pā	art II Proceeds													
	A				,	4		В		С			D	
	Amount of bonds retired .													
2	Amount of bonds legally defe													
3	Total proceeds of issue					11,090	0,000	)						
<u> </u>	Gross proceeds in reserve fur													
	Capitalized interest from prod													
<u>-</u>	Proceeds in refunding escrow													
7	Issuance costs from proceeds  Credit enhancement from pro													
8	Working capital expenditures													
9	Capital expenditures from pro	•												
10	Other spent proceeds													
11 12	Other unspent proceeds													
13	Year of substantial completio								-					
	Tear of Substantial completio			• •	Yes	No		Yes	No	Yes	No		'es	No No
14	Were the bonds issued as pai	rt of a current refunding	ıssue?			Х		1.55						
15	Were the bonds issued as pai	rt of an advance refundi	ng issue?		Х									
16	Has the final allocation of pro	ceeds been made? .			Х									
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?				×									
Pa	art III Private Business								<u>'</u>			<u> </u>		
	<del>_</del>					1		В		Ç			D	
	Mary Mary and the second of th			andreads arranged to	Yes	No	0	Yes	No	Yes	No	1	'es	No
1	Was the organization a partn- financed by tax-exempt bond					Х								
2	Are there any lease arrangen	nents that may result in	private business use		Х									
For	Panerwork Peduction Act No				Cal	No 5	01035	<del> </del>	<u> </u>			chodulo I	/Form (	201 2018

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed 

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . . Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Nο

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В

No

Yes

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No

500 0000000000 %

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Yes

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PNC

Yes

No

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Nο

Yes

Yes

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Yes

No

No

Yes

Nο

Page 3

No

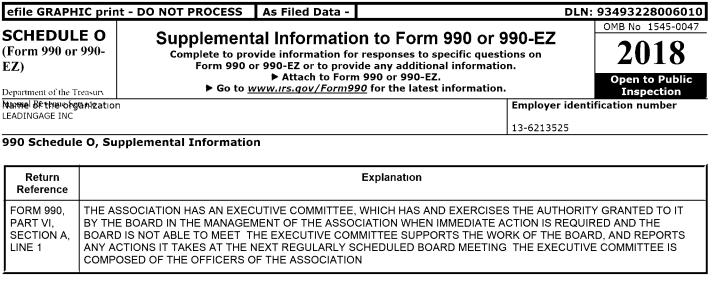
No

D

Yes

Schedule K (Form 990) 2018

Yes



Doturn

Reference	Explanation
FORM 990, PART VI,	THE BOARD OF DIRECTORS AMENDED THE BYLAWS ON JANUARY 28, 2019 TO INCLUDE THE FOLLOWING REVISIONS - 1 ARTICLE IV PUBLIC POLICY CONGRESS (DELETED) 2 ARTICLE V - SECTION 2 (CHANGE FROM THREE TO FIVE
SECTION A, LINE 4	DIRECTORS-AT-LARGE) 3 ARTICLE V - SECTION 3 (BOARD OF DIRECTORS REPLACES NOMINATIONS & AWARDS COMMITTEE FOR PRESENTATION OF SLATE OF BOARD CANDIDATES) 4 SECTION 6 (CHANGE STAGGERED TERMS FROM THREE TO FIVE)

Evolunation

Return

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

Explanation

990 Schedule O, Supplemental Information

MEMBERSHIP WILL VOTE TO APPROVE THE SLATE

Return

LINE 7A

Reference	
FORM 990,	AT THE ANNUAL BUSINESS MEETING AT THE TIME OF THE ANNUAL MEETING, THE MEMBERS SHALL ELECT
PART VI,	INDIVIDUALS TO FILL AVAILABLE VACANCIES ON THE BOARD OF DIRECTORS THE NOMINATIONS COMMITTEE SHALL
SECTION A	PRESENT TO THE MEMBERS ITS NOMINATION OF A SLATE OF CANDIDATES TO FILL FACH VACANCY. THE

Explanation

990 Schedule O, Supplemental Information

Return

Reference

FORM 990,	THE FORM 990 IS FIRST REVIEWED BY MANAGEMENT. THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF
PART VI,	DIRECTORS VIA E-MAIL FOR REVIEW AND COMMENT IF THERE ARE NO RECOMMENDED CHANGES FROM THE
SECTION B.	BOARD. THE FORM 990 IS FILED WITH THE IRS IF THERE ARE RECOMMENDED CHANGES. THESE CHANGES ARE

Explanation

SECTION B, BOARD, THE FORM 990 IS FILED WITH THE IRS IF THERE ARE RECOMMENDED CHANGES, THESE CHANGES ARE INCORPORATED INTO THE FORM 990, AND A REVISED FORM 990 IS THEN DISTRIBUTED VIA E-MAIL TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS

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

990	Schedule	Ο,	Supp	lement	al Ir	nform	ation

(

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION TARGETS ITS EXECUTIVE CASH COMPENSATION PACKAGES AT THE UPPER MIDDLE OF THE COMPETITIVE MARKET, AS DEFINED PRIMARILY BY THE WASHINGTON DC MARKET FOR MEMBERSHIP AND ADVOCACY ASSOCIATIONS WITH SIMILAR MISSIONS AND SCOPE OF OPERATIONS THE ORGANIZATION WIL LALSO LOOK TO THE EXECUTIVE PAY PRACTICES ITS LARGE MEMBERS WHERE WE EXPECT TO FIND THE KEY COMPETENCIES NECESSARY FOR SUCCESS IN OUR ORGANIZATION THE EXECUTIVE COMMITTEE OF THE BOARD WILL BE RESPONSIBLE FOR THE INDEPENDENT ANNUAL REVIEW OF THE CEO'S PAY PACKAGE, WORK ING WITH OUTSIDE ADVISORS AS NEEDED, ENSURING THE FULL BOARD SUPPORTS THE OVERALL COMPENSATION PHILOSOPHY, AND PROVIDING SPECIFIC RECOMMENDATIONS TO THE BOARD FOR PAY PLAN DESIGN A ND ANNUAL COMPENSATION DECISIONS THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM WILL INCLUDE - TOTAL CASH COMPENSATION TARGETED AT THE 60TH-75TH PERCENTILE OF THE COMPETITIVE MARKETPLACE AS DEFINED IN THE COMPENSATION PHILOSOPHY SALARIES WILL BE MAINTAINED IN THIS RANGE, AND INCENTIVES WILL BE USED TO ACHIEVE OUR TOTAL COMPENSATION OGALS BASED ON ANNUAL AND LONG TERM PERFORMANCE - THE ORGANIZATION WILL USE MODERATE LEVELS OF INCENTIVE PAY TO SUPPORT SECURITY AND AVOID OVER EMPHASIS ON SHORT-TERM RESULTS THE LONG TERM NATURE OF THE ORGANIZATION'S MISSION AND STRATEGIES REQUIRES THAT PERFORMANCE-BASED PAY BALANCE SHO RT TERM ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF THE ORGANIZATION'S MOSSION AND STRATEGIES REQUIRES THAT PERFORMANCE-BASED PAY BALANCE SHO RT TERM ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF THE ORGANIZATION'S MOSSION AND STRATEGIES REQUIRES THAT PERFORMANCE AND NOT DIRECT IMPACT ON PUBLIC/EXTERNAL POLICIES OR MARKETS - INCENTIVE WILL BE TIED TO ANNUAL ACHIEVEMENT OF THE ORGANIZATION'S DEFICITY EVALUATION OF ANNUAL AND LONG TERM PERFORMANCE AND INCENTIVE PLAN EMPHASIZES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ND CEO BASED ON THE FACTORS ABOVE, THE STATED SALARY REQUIREMENTS OF THE CANDIDATE, THE Q UALIFICATIONS OF THE CANDIDATE, CURRENT MARKET CONDITIONS AND THE ORGANIZATION'S BUSINESS NEEDS, SALARY OFFERS ARE RECOMMENDED BY THE SR DIRECTOR, HR & ADMINISTRATION (AND THE DES IGNATED HIRING MANAGER, IF ANY) AND APPROVED AND EXTENDED BY THE COO AND/OR THE PRESIDENT AND CEO - ANNUAL SALARY REVIEWS THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE CONSID ERED FOR SALARY INCREASES ON THE BASIS OF THEIR INDIVIDUAL AND GROUP PERFORMANCE AGAINST THE ACHIEVEMENTS DESCRIBED IN THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY AND ARCH ITECTURE ANNUAL SALARY INCREASES ARE NOT GUARANTEED OR AUTOMATIC SALARIES ARE GENERALLY REVIEWED AS OF THE BEGINNING OF EACH CALENDAR YEAR (JANUARY 1ST) FOR INDIVIDUAL PERFORMANCE AND GROUP GOAL ACHIEVEMENT DURING THE PRIOR FISCAL/PERFORMANCE YEAR (OCTOBER 1 - SEPTEMB ER 30TH) PERCENTAGE INCREASES ARE ALSO SUBJECT TO THE TOTAL SALARY BUDGET INCREASE APPROVED BY THE BUDGET & FINANCE COMMITTEE FOR THAT PERFORMANCE YEAR JUSTIFIABLE EXCEPTIONS ARE CONSIDERED ON A LIMITED BASIS, AS THE BUDGET PERMITS THE PRESIDENT & CEO AND THE COO DET ERMINE ANNUAL SALARY INCREASE PERCENTAGES FOR THE OFFICERS AND KEY EMPLOYEES UNDER THEIR S UPERVISION OTHER KEY EMPLOYEE ANNUAL SALARY INCREASE PERCENTAGES ARE DETERMINED BY THE AP PROPRIATE SENIOR VICE PRESIDENT SUPERVISING THAT INDIVIDUAL THE ACCURACY OF THE PROPOSED SALARY INCREASES IS CONFIRMED BY THE SR DIRECTOR, HR & ADMINISTRATION PRIOR TO REVIEW AND APPROVAL BY THE COO OR PRESIDENT & CEO, AS APPROPRIATE

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990, PART XII, LINE 2C