Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calend	lar year 2019 or tax year beginning $07/01/19$, a	ind ending 06/3	0/20				
Na	me of fou	indation			A Emplo	yer identification number		
Γ	he Į	<u>Lead</u> s Foundation						
		Colin Gershon Esq				-0933954		
		d street (or P O box number if mail is not delivered to street address)		om/suite	1	one number (see instructions)	
		ntury Tower, 265 Church Stree , state or province, country, and ZIP or foreign postal code	et		20.	3-782-7798		
		Haven CT 06510			C If exen	nption application is pending,	check here	
			n of a former public ch	narity	D 1 Foreign organizations, check here			
	5110011	Final return Amended		,	2 Fo.	_		
		Address change Name cha				computation ►		
<u> </u>	hook t	type of organization X Section 501(c)(3) exempt private		11	- K. D. T. L.	do foundation etalus was term	unated under	
			e private foundation	UT	E If private foundation status was terminated under section 507(b)(1)(A), check here			
		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the f	oundation is in a 60-month ter	mination	
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check he	_	
	ne 16) l		be on cash basis)					
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	41.54.4		4-1.4.	(d) Disbursements	
_		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in inco		(c) Adjusted net income	for charitable purposes	
_	Τ.	the amounts in column (a) (see instructions))	5551.5				(cash basis only)	
1	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check X if the foundation is not required to attach Sch B	31		31	31		
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	4,485		4,485	4,485		
	5a	Gross rents	4,403		7,703	1,100		
4	b	Net rental income or (loss)						
Ę	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	9	Income modifications					······	
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	····					
	11	Other income (attach schedule)	4,516		4,516	4,516		
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	4,510		4,510	4,310		
es	14	Other employee salaries and wages			_			
enses	15	Pension plans, employee benefits						
0	1	Legal fees (attach schedule) See Stmt 1	300	[]	RECE	IVED	300	
ũ	b	Accounting fees (attach schedule) Stmt 2	500		TLUL		500	
ĕ	С	Other professional fees (attach schedule)		62		380		
rat	17	Interest		۱۹۱	0010	5 2020 S		
7 <u>1</u>	18	Taxes (attach schedule) (see instructions) Stmt 3	48	Ψ		č	48	
ΖΈ	19	Depreciation (attach schedule) and depletion			CDE	N. UT		
36	20	Occupancy						
ם בו	21	Travel, conferences, and meetings						
⊇હ	22	Printing and publications	310				310	
, bu	23	Other expenses (att sch) Stmt 4	310				210	
שנועבוני שטר 2 () 2021 Operating and Administrative Ex	24	Total operating and administrative expenses.	1,158		0	0	1,158	
oer o	25	Add lines 13 through 23 Contributions, gifts, grants paid	16,165		U	<u> </u>	16,165	
įō	25 26	Total expenses and disbursements. Add lines 24 and 25	17,323		0	0	17,323	
?—	27	Subtract line 26 from line 12	2.,323					
•	a	Excess of revenue over expenses and disbursements	-12,80 <u>7</u>	,				
	b	Net investment income (if negative, enter -0-)			4,516			
		Adjusted net income (if negative, enter -0-)				4,516		
<u></u>		work Reduction Act Notice, see instructions					Form 990-PF (2019)	

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year	
_	rant	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash – non-interest-bearing		 -		
	2	Savings and temporary cash investments	66,822	54,01	5 123,699	
	3	Accounts receivable ▶		,		
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)	7300			
		Less allowance for doubtful accounts ▶ 0				
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U S and state government obligations (attach schedule)				
•	b	Investments – corporate stock (attach schedule) See Stmt 5	133,688	133,68	8	
	c	Investments – corporate bonds (attach schedule)	£	,		
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch)				
	12	Investments – mortgage loans		1		
	13	Investments – other (attach schedule)			1	
	14	Land, buildings, and equipment basis				
	' '	Less accumulated depreciation (attach sch)				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers – see the				
	'	instructions Also, see page 1, item I)	200,510	187,70	3 123,699	
_	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
⊐	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0		0	
_		Foundations that follow FASB ASC 958, check here				
Š		and complete lines 24, 25, 29, and 30.				
nces	24	Net assets without donor restrictions	200,510	187,70	3	
ā	25	Net assets with donor restrictions				
ä		Foundations that do not follow FASB ASC 958, check here				
'n	1	and complete lines 26 through 30.				
Net Assets or Fund Balan	26	Capital stock, trust principal, or current funds				
ō	27	Paid-in or capital surplus, or land, bldg , and equipment fund				
ş	28	Retained earnings, accumulated income, endowment, or other funds			****	
SS	29	Total net assets or fund balances (see instructions)	200,510	187,70	3	
Ť	30	Total liabilities and net assets/fund balances (see		= 3 - 7 - 3		
ž	33	Instructions)	200,510	187,70	3	
_	Part I	·····				
		net assets or fund balances at beginning of year Part II, column (a), line 29 (mu	st agree with		**	
		of-year figure reported on prior year's return)		1	200,510	
2		amount from Part I, line 27a		2		
		r increases not included in line 2 (itemize)		3		
		ines 1, 2, and 3		4		
				5		
5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29						

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day	•	(d) Date sold (mo , day, yr)
1a N/A						
_b						
C						
_ d						
<u>e</u>		<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	other basis nse of sale		(h) Gain ((e) plus (f)	or (loss) minus (g))
_a						
b						
<u>c</u>						
<u>d</u>						
Complete only for assets showin	g gain in column (h) and owned by the fo	l Nundation on 12/31/6	30			
(i) FMV as of 12/31/69	(k) Exces	s of col (i) (j), if any		k), but not	(h) gain minus less than -0-) or om col (h))	
а	***************************************					
b					-	
С						
đ						
е						
, •	If (loss), enter -0- in ss) as defined in sections 1222(5) and (6	Part I, line 7		2		
Part I, line 8	nder Section 4940(e) for Reduc		In	3		
	nis part blank ition 4942 tax on the distributable amoun fy under section 4940(e). Do not complet	• •	pase period?			Yes X No
	each column for each year, see the instr		ng any entries			
(a)	(b)		(c)	T		(d)
Base period years Calendar year (or tax year beginning ir		Net value	of noncharitable-use assets	,		ribution ratio livided by col. (c))
2018	•	,609	202,9	911		0.086782
2017		,864	220,2			0.108363
2016	18	, 632	237,5	97		0.078418
2015	18	,002	246,9			0.072899
2014		,421	274,5	68		0.067091
2 Total of line 1, column (d)				2		0.413553
_	5-year base period – divide the total on I on has been in existence if less than 5 years.			3		0.082711
4 Enter the net value of noncharita	ble-use assets for 2019 from Part X, line	: 5		4		188,782
5 Multiply line 4 by line 3				5		15,614
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		45
7 Add lines 5 and 6				7		15,659
8 Enter qualifying distributions from	n Part XII. line 4			8		17,323
· · · · · · · · · · · · · · · · · · ·	n line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax ra			11,020

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	990-PF (2019) The Leads Foundation 06-0933954			<u>age 4</u>
_Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instruct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			45
	here ▶ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
-	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0
3	Add lines 1 and 2			45
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			45
6	Credits/Payments			-30
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6b			
b	Exempt foreign organizations – tax withheld at source			
С.	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>45</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Pa	art VII-A Statements Regarding Activities		4	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		1	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	CT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	55	1	
3	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"			
	complete Part XIV	9		\mid_{X} \not
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	t	
10		10		Х
	names and addresses	Form 9	an PF	

_ P	art VII-A Statements Regarding Activities (continued)			,		
				ļ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					٠,,
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	X	L
	Website address ► N/A		014 0	-	000	_
14		ohone no	914-2	62-	829	8
	300 Martine Avenue		1000	ı		
	Located at ▶ White Plains	ZIP+4 ▶	10601	L		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	. 1	ا ء ا			▶ ∟
40	and enter the amount of tax-exempt interest received or accrued during the year	▶ [15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority			40	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			16	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
Đ,	the foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>.</u>		<u> </u>
<u>E.</u> £	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly)				163	110
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		21 110			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		<u> </u>			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	لسا	\			
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in					
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	ر				
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		NT / 70	.		
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
_	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	П v	X No			
	at any time during the year?	Yes	V NO			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	·				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10, 15, or 20 year first phase holding period? (Hea Form 4720, Schedule C. to determine if the					
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		N/A	3b		
40	foundation had excess business holdings in 2019.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	se?	14/17	4a		Х
4a b	Did the foundation invest during the year any amount in a mariner that would jeopardize its charitable purpose Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it			70		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2			4b		Х
	The second secon	· · · · · · · · · · · · · · · · · · ·			0-PF	(2019)

146	art VII-B	Statements Regarding A	ctivities for Which Form	<u>4720 May Be R</u>	Required (co.	<u>ntınue</u>	d)				
5a	During the ye	ar did the foundation pay or incur	any amount to							Yes	No
	(1) Carry on	propaganda, or otherwise attempt	t to influence legislation (section	4945(e))?		Yes	X	No			
	(2) Influence	the outcome of any specific publi	c election (see section 4955), or	to carry on,	_						
	directly o	r indirectly, any voter registration of	drive?			Yes		No			
	(3) Provide a	grant to an individual for travel, s	tudy, or other similar purposes?			Yes	X	No			
	(4) Provide a	grant to an organization other tha	an a charitable, etc , organization	described in	_						
	section 4	945(d)(4)(A)? See instructions				Yes	X	No			
	(5) Provide f	or any purpose other than religiou	s, charitable, scientific, literary, o	r educational							
	purposes	, or for the prevention of cruelty to	children or animals?			Yes	X	No			
b	If any answe	ris "Yes" to 5a(1)–(5), did any of t	he transactions fail to qualify und	er the exceptions d	escribed						
	ın Regulatıon	s section 53 4945 or in a current r	notice regarding disaster assistar	ice? See instruction	ns		N	/ <u>A</u>	5b		
	Organization	s relying on a current notice regard	ding disaster assistance, check h	ere			>	· 🔲			•
С	If the answer	is "Yes" to question 5a(4), does the	ne foundation claim exemption fro	om the tax							
		aıntaıned expenditure responsibilit			N/A 🗌	Yes		No			
	If "Yes," attac	th the statement required by Regu	ilations section 53 4945-5(d)								
6a	Did the found	lation, during the year, receive any	y funds, directly or indirectly, to p	ay premiums	_		_				
	· ·	I benefit contract?				Yes	X	No			
b		lation, during the year, pay premiu	ims, directly or indirectly, on a pe	rsonal benefit contr	act?				6b		X
		, file Form 8870									
7a	At any time d	uring the tax year, was the founda	ition a party to a prohibited tax sh	elter transaction?		Yes		No			
b	If "Yes," did t	he foundation receive any proceed	ds or have any net income attribu	table to the transac	tion?		N	/A	7b		
8	Is the founda	tion subject to the section 4960 ta	x on payment(s) of more than \$1	,000,000 in	اســـا		127				
		or excess parachute payment(s)				Yes	_=_	No			
Pa		nformation About Officers	s, Directors, Trustees, Fo	undation Mana	agers, Highl	y Paid	d Em	ploy	ees,		
		ind Contractors									
<u>1 L</u>	ist all officer	s, directors, trustees, and found	lation managers and their com	pensation. See ins	structions.	-					
(b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) I										(e) Expense account,	
		(a) Name and address							(e) Ex	pense ac	count,
		(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	en plai	nployee t ns and di	benefit eferred		pense ac r allowar	
Λm	u I Faingo		Poston	hours per week devoted to position	(If not paid,	en plai	nployee t	benefit eferred			
	y J Feingo	Ld	Boston	hours per week devoted to position VP/Secretary	(If not paid,	en plai c	nployee t ns and di	benefit eferred			nces
13	3 St Botol	d Oh Street	MA 02115	hours per week devoted to position VP/Secretary 0.00	(If not paid,	en plai	nployee t ns and di	benefit eferred			
13 St	3 St Botoly ephanie Fe	oh Street Ingold	MA 02115 White Plains	hours per week devoted to position VP/Secretary 0.00 President	(If not paid,	en plai co	nployee t ns and di	benefit eferred ation 0			0
13 St 30	3 St Botoly ephanie Fe: 0 Maritine	ld oh Street Ingold Avenue	MA 02115 White Plains NY 10601	hours per week devoted to position VP/Secretary 0.00 President 0.00	(If not paid,	en plai c	nployee t ns and di	benefit eferred			nces
13 St 30 Er	ephanie Feronder of the second seconder of the second seco	nd Dh Street Ingold Avenue	MA 02115 White Plains NY 10601 Bedford	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director	(If not paid,	en plai c	nployee t ns and di	benefit eferred ation 0			0 0
13 St 30 Er	3 St Botoly ephanie Fe: 0 Maritine	nd Dh Street Ingold Avenue	MA 02115 White Plains NY 10601	hours per week devoted to position VP/Secretary 0.00 President 0.00	(If not paid,	en plai co	nployee t ns and di	benefit eferred ation 0			0
13 St 30 Er	ephanie Feronder of the second seconder of the second seco	nd Dh Street Ingold Avenue	MA 02115 White Plains NY 10601 Bedford	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director	(If not paid,	en plai c	nployee t ns and di	benefit eferred ation 0			0 0
13 St 30 Er	3 St Botol; ephanie Fe: 0 Maritine ic Feingolo Jefferson	nd oh Street Ingold Avenue i Lane	MA 02115 White Plains NY 10601 Bedford NY 10506	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00	(If not paid, enter -0-)	em plain co	nployee t ns and dr ompensa	benefit eferred ation 0			0 0
13 St 30 Er 23	3 St Botol; ephanie Fe: 0 Maritine ic Feingolo Jefferson	nd Dh Street Ingold Avenue	MA 02115 White Plains NY 10601 Bedford NY 10506	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00	(If not paid, enter -0-)	em plain co	nployee t ns and dr ompensa	benefit eferred ation 0			0 0
13 St 30 Er 23	ephanie Fe: O Maritine ic Feingold Jefferson Compensati	nd oh Street Ingold Avenue i Lane	MA 02115 White Plains NY 10601 Bedford NY 10506	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 see inst	(If not paid, enter -0-)	one, en	nployee to sand discompensate ter	penefit eferred alton 0 0	othe	r allowar	0 0
13 St 30 Er 23	3 St Botoly ephanie Fe: 0 Maritine ic Feingold Jefferson Compensati "NONE."	nd oh Street Ingold Avenue i Lane	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t	obenefit eferred alion O O O consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	3 St Botoly ephanie Fe: 0 Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 see inst	(If not paid, enter -0-)	one, en	nployee to sand discompensate ter	benefit eferred alion 0 0 0 consto	(e) Ex	r allowar	O O Count,
13 St 30 Er 23	3 St Botoly ephanie Fe: 0 Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,
13 St 30 Er 23	ephanie Fe Maritine ic Feingold Jefferson Compensati "NONE."	oh Street Ingold Avenue d Lane on of five highest-paid employe	MA 02115 White Plains NY 10601 Bedford NY 10506 es (other than those included of	hours per week devoted to position VP/Secretary 0.00 President 0.00 Director 0.00 on line 1 - see inst (b) Title, and average hours per week	(If not paid, enter -0-)	one, en	ter Contribut ployee t as and di	benefit eferred alion 0 0 0 consto	(e) Ex	pense ac	O O Count,

Form 990-PF (2019)

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,						
	see instructions)	1					
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,						
	purposes		105 007				
a	Average monthly fair market value of securities	1a	125,897				
b	Average of monthly cash balances	1b	65,760				
С	Fair market value of all other assets (see instructions)	1c	101 653				
d	Total (add lines 1a, b, and c)	<u>1d</u>	191,657				
е	Reduction claimed for blockage or other factors reported on lines 1a and						
	1c (attach detailed explanation)		•				
2	Acquisition indebtedness applicable to line 1 assets	2	0				
3	Subtract line 2 from line 1d	3	191,657				
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	- 1					
	instructions)	4	2,875				
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	188,782				
6	Minimum investment return. Enter 5% of line 5	6	9,439				
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foun	dations				
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)						
1	Minimum investment return from Part X, line 6	1	9,439				
2a	Tax on investment income for 2019 from Part VI, line 5						
b	Income tax for 2019 (This does not include the tax from Part VI)						
С	Add lines 2a and 2b	2c_	45				
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,394				
4	Recoveries of amounts treated as qualifying distributions	4					
5	Add lines 3 and 4	5	9,394				
6	Deduction from distributable amount (see instructions)	6					
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,						
	line 1	7	9,394				
P	rt XII Qualifying Distributions (see instructions)						
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes						
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	17,323				
b	Program-related investments – total from Part IX-B	1b					
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,						
	purposes	2					
3	Amounts set aside for specific charitable projects that satisfy the						
а	Suitability test (prior IRS approval required)	3a					
b	Cash distribution test (attach the required schedule)	3b					
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	17,323				
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income						
	Enter 1% of Part I, line 27b See instructions	5	45				
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,278				
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation					
	qualifies for the section 4940(e) reduction of tax in those years						

P	irt XIII Undistributed Income	(see instructions)			
1	Distributable amount for 2019 from Part >	XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	line 7					9,394
2	Undistributed income, if any, as of the en	nd of 2019				
а	•					
b						
3	Excess distributions carryover, if any, to 2	2019	7. 17.22		, , , , ,	, , , , , , , , , , , , , , , , , , , ,
a	From 2014		់ ១០ អារ៉ាយអារ៉ារ៉ាងអារ៉ារ៉ាងអារ៉ារ៉ាង	**************************************		hindagi gyalib siy
b	From 2015	4,456	1.1.1.111111111111111111111111111111111	1		1 1
C	1 1 11 11 11	6,840			lar. Pitr - jubilahilan	dimilin
þ	From 2017	12,947	Harrista Landari			noticina
0		7,559		hamiliani di dini di dini di dini di dini di dini di dini di di dini di dini di dini di dini di dini di dini di		Tilling Comments and the comment of the comments of the commen
f	Total of lines 3a through e		31,802	, , , , , , , , , , , , , , , , , , ,	to to the different	23 Zam Librariani
4	Qualifying distributions for 2019 from Par	rt XII,				
	line 4 ▶ \$17,323					
	Applied to 2018, but not more than line 2					
b	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)					
C	Treated as distributions out of corpus (Ele	action		Listing the second	area a second	
	required – see instructions)			unicadolica residentation r		
d	Applied to 2019 distributable amount					9,394
•	,		7,929	,		1
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					1
ĥ	Enter the net total of each column as				arrapaa aaaayaa	a mi
	indicated below			1',		1 '1 ':
а	Corpus Add lines 3f, 4c, and 4c. Subtrac	at line 5	39,771	<u> </u>		<u> </u>
b	Prior years' undistributed income Subtra	ct				
	line 4b from line 2b			· · · · · · · · · · · · · · · · · · ·		
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency has					
	been issued, or on which the section 494	I2(a)		j		
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2018 Subtract I	line				
	4a from line 2a Taxable amount – see					
	instructions					
f						
	4d and 5 from line 1. This amount must be	pe e				
	distributed in 2020				Ţ.	0
7	Amounts treated as distributions out of co	•				may a mar a 'cr
	to satisfy requirements imposed by section				1.1.6.1	
	170(b)(1)(F) or 4942(g)(3) (Election may	be		11 1 1 1111	i i i i i i i i i i i i i i i i i i i	
	required—see instructions)			7.1		inisering a second
8	Excess distributions carryover from 2014			l '		
	applied on line 5 or line 7 (see instruction			's 'Ell ' contil	1 1 1 1 1	
ý	Excess distributions carryover to 2020	0	20.221		TO STAND AND	1
	Subtract lines / and 8 from line 6a		39,731	2 22 2000 100 2000 100 100 100 100 100 1		1
0	Analysis of line 9			4 ,1,	. 2	100
a	Excess from 2015	4,456	, , , , , , , , , , , , , , , , , , , ,	,	· :kæk	: 3
b	Excess from 2016	6,840	4		······································	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
С	Excess from 201/	12,947		ļ	الله الله الله الله الله الله الله الله	
d	Excess from 2010	7,559	i '	T		
6	Excess from 2019	7,929			1	1,

Pa	art XIV Private Operating Fou	ındations (see ir	istructions and Pa	rt VII-A, question 9	9)	
1a	If the foundation has received a ruling or	determination letter ti	hat it is a private opera	ting		
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the found		-	bed in section 49	942(J)(3) or 4942	(i)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for		 	· · · · · · · · · · · · · · · · · · ·		
	each year listed					
b	85% of line 2a		+			
	Qualifying distributions from Part XII.		+	_	· ,	/
С	' '					
	line 4, for each year listed				 	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					<u>.</u>
е	Qualifying distributions made directly					
	for active conduct of exempt activities				//	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			}	<i>!</i> //	
	alternative test relied upon			/		
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test – enter 2/3			1		
-	of minimum investment return shown in					
	Part X, line 6, for each year listed					
С	"Support" alternative test – enter			7		··
·	, ,					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in		1			
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from			-		
	an exempt organization					
	(4) Gross investment income					
Pe	rt XV Supplementary Inform	nation (Complete	e this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye	ear – see instruc	tions.)	· · · · · · · · · · · · · · · · · · ·		
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mo	re than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only					
	N/A	•	,		•	
ь	List any managers of the foundation who	own 10% or more of	the stock of a corporat	ion (or an equally large	portion of the	
_	ownership of a partnership or other entity			· · · · · ·	•	
	N/A	, 0, 111101, 110 1041144				
2	Information Regarding Contribution, C	Srant Gift Loan Sci	holarshin etc. Progr	ame.		
•	Check here ► X if the foundation only		-		loes not accept	
	-		*	•	•	
	unsolicited requests for funds If the foun		rants, etc., to individua	is or organizations und	er other conditions,	
	complete items 2a, b, c, and d See instr					
а	The name, address, and telephone numb	per or email address of	of the person to whom	applications should be	addressed	
	N/A					
					***	·
b	The form in which applications should be	submitted and inform	nation and materials th	ey should include		
	N/A				a = 41.0	_
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable fi	elds, kinds of institutio	ns, or other	
	factors					
	N/A					
	··· · · · · · · · · · · · · · ·		 			Form 990-PF (2019

Form 990-PF (2019) The Leads Foundation

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		Future Payment	-	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient.		
a Paid duning the year Bronxville Montessori Sch			-	
Bronxville NY		Cl	haritable	12,000
Frick Museum				
New York NY		C)	haritable	300
Museum of Natural History				
New York NY		C1	haritable	275
Museum of the City of NY				
New York NY		C	haritable	150
Natioal Musuem of Women Art	ts			
New York NY		C	haritable	150
New York Historical Society	Y			
New York NY		C)	haritable	250
New York Public Library				
New York NY		C	haritable	125
NY Public Radio				
New York NY		C	haritable	100
Smithsonian Institute 600 Maryland Avenue Washington DC 20560		C	haritable	150
Friends of Greenburgh Libra	rv	<u>.</u>		100
300 Tarrytown Road Elmsford NY 10523	n - 1	C	haritable	100
Total		1	▶ 3a	16,165
b Approved for future payment N/A				
	,			
Total			▶ 3b	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Edgemont School Foundation Charitable 500 Friends of the High Line Charitable 100 The Hammond Museum 28 Deveau Road North Salem NY 10560 Charitable 250 Museum of Art and Design 2 Columbus Circle New York NY 10019 Charitable 600 Thirteen Charitable 100 Ocean Conservancy Charitable 100 Brooklyn Museum Charitable 250 Morgan Library Charitable 150 Japanese Art Society of America Charitable 125 Jacob Burns Film Center Charitable 390 Total **b** Approved for future payment N/A **▶** 3b

Total

r git A titA Allalys						
Enter gross amounts unless ot	herwise indicated	Unrelated (a) Business code	business income (b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program service revenue a				code		(See instructions)
a b						
•						
f						
g Fees and contracts fro	m government agencies					
2 Membership dues and ass	essments					
3 Interest on savings and ter	nporary cash investments		· · · · · · · · · · · · · · · · · · ·			31
4 Dividends and interest from				ļ		4,485
5 Net rental income or (loss)						
a Debt-financed property				- -		
b Not debt-financed prop	•			+		
6 Net rental income or (loss)	from personal property					
7 Other investment income				 	-	
8 Gain or (loss) from sales o				+ +		
9 Net income or (loss) from s				+		
10 Gross profit or (loss) from s	•					
		- 		+		
b		-		+ -		
		-		+		
e		-	·			
12 Subtotal Add columns (b),	(d), and (e)	_		0	0	4,516
13 Total. Add line 12, column		<u> </u>	··· ··· · · · · · · · · · · · · · · ·		13	4,516
See worksheet in line 13 instru						
Part XVI-B Relation	onship of Activities to the	Accomplishme	nt of Exempt F	urposes		
	w how each activity for which incon					
	nent of the foundation's exempt pur	poses (other than I	by providing funds f	or such purpo	ses) (See instructio	ns)
N/A						
	-		<u> </u>	<u> </u>		
						
					····	
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
		···				

Part XVII	Information Rega Organizations	arding Ira	ansters to an	a i ransactio	ons and Relationsh	ips with Nonch	aritable Ex	emp	Į.
1 Did the ord		rectly engag	e in any of the fol	lowing with any o	other organization descri	bed		Yes	No
	501(c) (other than section		•	•	-	500			
organizatio					g p				ĺ
_	from the reporting found	ation to a no	ncharitable exemi	ot organization o	f				
(1) Cash			·				1a(1)		X
(2) Other	assets						1a(2)		X
b Other tran	sactions								
(1) Sales	of assets to a noncharit	able exempt	organization				1b(1)		X
(2) Purch	ases of assets from a no	oncharitable (exempt organizati	on			1b(2)		X
(3) Renta	l of facilities, equipment,	or other ass	ets				1b(3)		X
(4) Reimb	oursement arrangements	;					1b(4)		X
(5) Loans	or loan guarantees						1b(5)		X
• •	mance of services or me	•	_				1b(6)		X
_	f facilities, equipment, m	-					1c		X
	· · · · · · · · · · · · · · · · · · ·		-	<u>-</u>	mn (b) should always sh				
		_	•	-	the foundation received				
	<u> </u>	1			the goods, other assets,	Or Services received ransfers, transactions, and		nte	
(a) Line no	(b) Amount involved	(C) Name	e of noncharitable exem	prorganization	(d) Description of t	iansiers, transactions, and	snaring arrangeme	iiis	
N/A						· ,			
•									
						<u></u>			
									
				•		•			
						·			
		ļ							
					· · · · · · · · · · · · · · · · · · ·				
	1								
	ndation directly or indirect	•			c-exempt organizations		□ v .	es X	No
	in section 501(c) (other omplete the following sc		501(C)(3)) of in Se	SCHOIT 527 *			L., '\	53 [7]) 110
D II Tes, C	(a) Name of organization	ledule	(b) Type of o	organization	1	(c) Description of relations	ahip		
N/A	(a) Harris of Grandans	····	(2,1,7,500)		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	····	
		•				**			
,						1. **			
-									
					edules and statements, and to t which preparer has any knowle		and belief, it is true	,	
Correct,	and complete Deciaration of p	nepalei (olliei t	illali (axpayel) is based	on an information or	which preparer has any knowne	May ti	he IRS discuss this re		
Sign			\sim		2		ne preparer shown be nstructions	elow? Yes	No
Here 🗼 🦯			\mathcal{P}	/ . a	1/2/2		N N	.00	
<u> </u>	Legha	ul C	leyfy		-	President			
Sig	gnature of officer or Mustee			Date	Til	lle		T	
Print	Type preparer's name		•	Preparer's signatu	ire		Date	Check	ıf
Paid _			``			_			ployed
Preparer Bern	nard P. Cassid			Bernard P	. Cassidy	}	08/26/20		
Jse Only			int Advis	ors Inco	<u>rporated</u>	PTIN	P00340		
firm's			oad Ave	V 10500		Firm's EIN			
	Yorkt	own He	eights, N	<u>Y 10598</u>		Phone no	914-96		

, 06-0933954	Federal 8	Federal Statements		
Stat	Statement 1 - Form 990-PF	- Form 990-PF, Part I, Line 16a - Legal Fees	lal Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
L C				
Total	3000	0	5	300
Statem	Statement 2 - Form 990-PF, P	Part I, Line 16b - Accou	Accounting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ibest corp				
Total	\$	o	0 8	\$
	Statement 3 - Form 990	Form 990-PF, Part I, Line 18 - Taxes	axès	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
US Treasury (2018) Total	\$ 48	0 0 0 0	0	\$ 48
Stater	Statement 4 - Form 990-PF, I	n 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
i sesueux sesueux	%	٠ ٠	\$	%
Postage CT Sec of State - Filing Fee Bank Fees	110 50 150			110 50 150
Total	\$ 310	\$	8	\$ 310
				4