** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LEADINGAGE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
2519 CONNECTICUT AVENUE, NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20008-1520

D Employer identification number
13-6213525

E Telephone number
202-783-2242

G Gross receipts $ 39,651,076.

F Name and address of principal officer: WILLIAM L. MINNIX, JR.
SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.LEADINGAGE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1965 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE QUALITY CARE FOR THE ELDERLY THROUGH APPLIED RESEARCH, SHARED LEARNING AND ADVOCACY.

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)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	100
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,036,037.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<453,705.>

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,979,106.	2,520,507.
	9	Program service revenue (Part VIII, line 2g)	15,493,050.	15,241,716.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,115.	333,248.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	838,943.	592,596.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,443,214.	18,688,067.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,795.	348,367.
	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)	9,894,672.	10,089,996.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,362.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,165,946.	8,425,158.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,311,413.	18,863,521.
	19	Revenue less expenses. Subtract line 18 from line 12	131,801.	<175,454.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	28,018,380.	27,356,708.
	21	Total liabilities (Part X, line 26)	23,125,672.	22,317,115.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,892,708.	5,039,593.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ WILLIAM L. MINNIX, JR., PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ RHA | Date 4-7-11 | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RAFFA, PC
1899 L STREET NW, SUITE 900
WASHINGTON, DC 20036

EIN ▶

Phone no. ▶ 202-822-5000

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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO ADVANCE THE PROVISION, BY NOT-FOR-PROFIT SENIOR SERVICE ORGANIZATIONS, CONTINUING CARE RETIREMENT COMMUNITIES, ASSISTED LIVING AND SENIOR HOUSING FACILITIES, AND COMMUNITY SERVICE ORGANIZATIONS, OF HEALTHY, AFFORDABLE AND ETHICAL LONG-TERM SERVICES AND SUPPORT FOR THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,627,308. including grants of $) (Revenue $ 4,929,712.)
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.

4b (Code:) (Expenses $ 3,989,216. including grants of $ 176,050.) (Revenue $)
ADVOCACY- PROVIDE EDUCATION AND ADVOCACY SUPPORT ON PUBLIC POLICY ISSUES AFFECTING AGING SERVICES.

4c (Code:) (Expenses $ 2,678,061. including grants of $) (Revenue $ 1,170,860.)
CENTER FOR APPLIED RESEARCH -ADVANCE THE DEVELOPMENT AND DIFFUSION OF HIGH-QUALITY AGING AND LONG-TERM CARE SERVICES AND SUPPORTS THROUGH RESEARCH.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 5,720,490. including grants of $ 172,317.) (Revenue $ 8,280,890.)

4e **Total program service expenses** ▶ $ 17,015,075.

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes: ; No: X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

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Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	60			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	100			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? N/A			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	21		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA,IL,NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - 202-783-2242
2519 CONNECTICUT AVE., NW, WASHINGTON, DC 20008-1520

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WINTHROP MARSHALL CHAIR	4.00	X		X				0.	0.	0.
THOMAS SLEMMER IMMEDIATE PAST CHAIR	4.00	X		X				3,500.	0.	0.
MARGARET MULLAN IMMEDIATE PAST CHAIR	4.00	X		X				0.	0.	0.
AUDREY WEINER CHAIR ELECT	4.00	X		X				0.	0.	0.
JAMES BERNARDO TREASURER	4.00	X		X				0.	0.	0.
BONNIE GAUTHIER SECRETARY	4.00	X		X				0.	0.	0.
JASMINE BORREGO MEMBER	2.00	X						0.	0.	0.
JO-ANN COSTANTINO MEMBER	2.00	X						0.	0.	0.
CHARLES GOULD MEMBER	2.00	X						0.	0.	0.
MAUREEN HEWITT MEMBER	2.00	X						0.	0.	0.
STEVEN JABERG MEMBER	2.00	X						0.	0.	0.
RAYMOND JOHNSON MEMBER	2.00	X						0.	0.	0.
ANNELLE LEWIS MEMBER	2.00	X						0.	0.	0.
GEORGE LINIAL MEMBER	2.00	X						0.	0.	0.
CONNIE MARCH MEMBER	2.00	X						0.	0.	0.
MICHAEL MOORE MEMBER	2.00	X						0.	0.	0.
WILIAM PIERCE MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KATHRYN ROBERTS MEMBER	2.00	X						0.	0.	0.
JILL SCHUMANN MEMBER	2.00	X						0.	0.	0.
PATRICIA SPRIGG MEMBER	2.00	X						0.	0.	0.
DOUGLAS STRUYK MEMBER	2.00	X						0.	0.	0.
PETER SZUTU MEMBER	2.00	X						0.	0.	0.
E. KERN TOMLIN MEMBER	2.00	X						0.	0.	0.
DELVIN ZOOK MEMBER	2.00	X						0.	0.	0.
WILLIAM L. MINNIX PRESIDENT/CEO	37.50			X				391,617.	0.	54,221.
KATRINKA SMITH-SLOAN COO/SEN. VP, STRATEGY	37.50			X				264,924.	0.	19,826.
ROBYN STONE EXECUTIVE DIRECTOR, CFAR	37.50				X			244,511.	0.	28,769.
1b Total ▶								2,315,821.	0.	342,841.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 30

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
VERIS CONSULTING, INC, 11710 PLAZA AMERICA DR., #300, RESTON, VA 20190	ACCOUNTING/FINANCE	581,423.
O'KEEFE COMMUNICATIONS, INC, 4301 CONN. AVE., NW, #200, WASHINGTON, DC 20008	VIDEO/MULTIMEDIA EVENT PRODUCTION	342,103.
CHICAGO RESTAURANT PARTNERS, LLC 2301 S. LAKE SHORE DR., CHICAGO, IL 60616	EVENT CATERING	329,123.
CLARK AND WEINSTOCK, 437 MADISON AVE., 9TH FLOOR, NEW YORK, NY 10022	ADVOCACY CONSULTING	277,746.
KUSHNER & ASSOCIATES 3444 CLOUDCROFT DR., MALIBU, CA 90265	TRANSPORTATION SVC.	222,466.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 14

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,520,507.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			2,520,507.			
Program Service Revenue			Business Code					
	2 a	MEMBERSHIP DUES	900099		7,753,055.	7,753,055.		
	b	REGISTRATION/EXHIBITS	900099		4,960,682.	4,960,682.		
	c	SHARED SERVICES	541900		1,357,119.	527,835.	829,284.	
	d	RESEARCH PROGRAMS	900099		1,170,860.	1,170,860.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			15241716.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			237,144.		<271.>	237,415.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross Rents	439,085.					
	b	Less: rental expenses	786,523.					
	c	Rental income or (loss)	<347438.>					
	d	Net rental income or (loss) ▶			<347,438.>		<347,438.>	
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	20139172					
	b	Less: cost or other basis and sales expenses	20043068					
	c	Gain or (loss)	96,104.					
	d	Net gain or (loss) ▶			96,104.			96,104.
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a	102,448.				
	b	Less: cost of goods sold	b	133,418.				
	c	Net income or (loss) from sales of inventory ▶			<30,970.>	<30,970.>		
		Miscellaneous Revenue	Business Code					
	11 a	WEBSITE ADVERTISING	541800		284,237.		284,237.	
	b	PERIODICAL ADVERTISING	541800		270,225.		270,225.	
	c	OTHER	900099		259,803.			259,803.
	d	All other revenue	900099		156,739.			156,739.
	e	**Total.** Add lines 11a-11d ▶			971,004.			
	12	**Total revenue.** See instructions. ▶			18688067.	14381462.	1036037.	750,061.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	348,367.	348,367.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,317,596.	2,143,848.	173,748.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,142,748.	4,513,731.	1,629,017.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	417,962.	308,005.	109,957.	
9	Other employee benefits	641,932.	504,682.	137,250.	
10	Payroll taxes	569,758.	455,105.	114,653.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	206,154.	26,472.	179,682.	
c	Accounting	595,938.		595,938.	
d	Lobbying	264,000.	264,000.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	52,669.		45,517.	7,152.
g	Other	578,531.	562,771.	15,760.	
12	Advertising and promotion	122,256.	119,823.	2,433.	
13	Office expenses	623,698.	531,218.	92,480.	
14	Information technology	177,975.		177,975.	
15	Royalties	86,299.	86,299.		
16	Occupancy	367,459.		367,459.	
17	Travel	687,519.	526,657.	160,862.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,353,524.	2,333,131.	20,393.	
20	Interest	497,320.		497,320.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	582,948.		582,948.	
23	Insurance	118,594.		118,594.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	CONTRACT SERVICES	303,121.	276,238.	26,883.	
b	TAXES AND LICENSES	234,288.	1,404.	232,392.	492.
c	DUES AND SUBSCRIPTIONS	211,783.	116,071.	95,712.	
d	BAD DEBT EXPENSE	184,449.	187,966.	<1,691.>	<1,826.>
e	EQUIPMENT PURCHASES	144,327.	21,854.	122,473.	
f	All other expenses	32,306.	3,687,433.	<3,723,671.>	68,544.
25	**Total functional expenses.** Add lines 1 through 24f	18,863,521.	17,015,075.	1,774,084.	74,362.
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	250.	1	987,115.
	2	Savings and temporary cash investments	4,313,577.	2	1,862,489.
	3	Pledges and grants receivable, net	677,058.	3	403,574.
	4	Accounts receivable, net	2,075,725.	4	2,507,561.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,222.	8	0.
	9	Prepaid expenses and deferred charges	1,142,972.	9	1,087,657.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 18,025,347.			
	b	Less: accumulated depreciation — 10b: 5,461,853.	12,956,176.	10c	12,563,494.
	11	Investments - publicly traded securities	6,301,838.	11	7,439,743.
	12	Investments - other securities. See Part IV, line 11	49,443.	12	59,867.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	492,119.	15	445,208.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	28,018,380.	16	27,356,708.
Liabilities	17	Accounts payable and accrued expenses	1,689,451.	17	1,602,989.
	18	Grants payable		18	
	19	Deferred revenue	5,156,759.	19	4,721,800.
	20	Tax-exempt bond liabilities	11,049,532.	20	11,036,378.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,253,252.	23	4,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	976,678.	25	955,948.
	26	**Total liabilities.** Add lines 17 through 25	23,125,672.	26	22,317,115.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,045,814.	27	3,704,113.
	28	Temporarily restricted net assets	1,120,025.	28	607,761.
	29	Permanently restricted net assets	726,869.	29	727,719.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,892,708.	33	5,039,593.
	34	Total liabilities and net assets/fund balances	28,018,380.	34	27,356,708.

Form **990** (2009)

COPY

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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.	3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization
LEADINGAGE, INC.

Employer identification number
13-6213525

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section (**see instructions**))	**(iv)** Is the organization in col. **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3188702.	4067535.	3444814.	2979106.	2520507.	16200664.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14035374.	14670044.	14446030.	14512656.	14514880.	72178984.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	17224076.	18737579.	17890844.	17491762.	17035387.	88379648.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1692380.	1757542.	1793376.	1520846.	1381938.	8146082.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	4965091.	2647728.	3285219.	2693921.	4032340.	17624299.
c Add lines 7a and 7b	6657471.	4405270.	5078595.	4214767.	5414278.	25770381.
8 **Public support** (Subtract line 7c from line 6.)						62609267.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17224076.	18737579.	17890844.	17491762.	17035387.	88379648.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	722,207.	744,204.	731,409.	608,081.	237,415.	3043316.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	722,207.	744,204.	731,409.	608,081.	237,415.	3043316.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	285,217.	181,298.	383,550.	560,224.	416,542.	1826831.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	18231500.	19663081.	19005803.	18660067.	17689344.	93249795.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	67.14 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	67.39 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	3.26 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	3.47 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ X

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 17,857.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 67,083.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 33,910.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 36,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 49,614.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 10,714.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 107,920.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 11,330.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15		$ 142,920.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16		$ 44,080.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		$ 105,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21		$ 24,314.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23		$ 57,470.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24		$ 84,670.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: LEADINGAGE, INC.

Employer identification number: 13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		$ 142,920.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27		$ 57,720.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29		$ 33,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30		$ 57,720.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		$ 51,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
59		$ 10,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33		$ 145,420.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34		$ 142,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35		$ 13,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
37		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41		$ 10,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42		$ 11,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
43		$ 10,714.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
45		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
46		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
47		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
48		$ 142,970.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
49		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
50		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
51		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
52		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
53		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
56		$ 147,448.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
57		$ 10,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
58		$ 23,133.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
54		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
55		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
LEADINGAGE, INC.	13-6213525

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	**Employer identification number**
LEADINGAGE, INC.	13-6213525

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	52,432.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	471,081.	
c Total lobbying expenditures (add lines 1a and 1b)	523,513.	
d Other exempt purpose expenditures	17,259,226.	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,782,739.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	312,292.	458,103.	561,658.	523,513.	1,855,566.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	34,478.	27,446.	72,060.	52,432.	186,416.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	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:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	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			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No. 1545-0047 2009 Open to Public Inspection

Name of the organization	Employer identification number
LEADINGAGE, INC.	13-6213525

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	862,402.	850,687.			
b	Contributions	850.	500.			
c	Net investment earnings, gains, and losses	75,167.	38,439.			
d	Grants or scholarships					
e	Other expenditures for facilities and programs		27,224.			
f	Administrative expenses					
g	End of year balance	938,419.	862,402.			

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 77.55 %

c Term endowment ▶ 22.45 %

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

			Yes	No
(i)	unrelated organizations	3a(i)	X	
(ii)	related organizations	3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,471,500.		2,471,500.
b Buildings		13,033,642.	3,162,535.	9,871,107.
c Leasehold improvements		7,638.	5,410.	2,228.
d Equipment		2,185,293.	1,966,634.	218,659.
e Other		327,274.	327,274.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				12,563,494.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
INTEREST RATE SWAP AGREEMENT	955,948.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	955,948.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,688,067.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,863,521.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<175,454.>
4	Net unrealized gains (losses) on investments	4	300,809.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	21,530.
9	Total adjustments (net). Add lines 4 through 8	9	322,339.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	146,885.

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

1	Total revenue, gains, and other support per audited financial statements			1	19,930,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	300,809.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	800.		
d	Other (Describe in Part XIV.)	2d	940,671.		
e	Add lines **2a** through **2d**			2e	1,242,280.
3	Subtract line **2e** from line **1**			3	18,688,067.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	18,688,067.

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

1	Total expenses and losses per audited financial statements			1	19,783,462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	919,941.		
e	Add lines **2a** through **2d**			2e	919,941.
3	Subtract line **2e** from line **1**			3	18,863,521.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	18,863,521.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT RESULTS FROM THE SOLICIATION BY THE ORGANIZATION OF DONATIONS AS PART OF THE ORGANIZATION'S CAPITAL AND ENDOWMENT CAMPAIGN TO FUND AN ENDOWMENT FOR THE INSTITUTE FOR THE FUTURE OF AGING SERVICES(IFAS). THE MISSION OF IFAS IS: (1) TO CREATE A BRIDGE BETWEEN THE POLICY, PRACTICE, AND RESEARCH COMMUNITIES TO ADVANCE THE DEVELOPMENT OF HIGH QUALITY AGING SERVICES AND (2) TO 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.

Part XIV Supplemental Information *(continued)*

THE EARNINGS ON THE ENDOWMENT FUND ARE TO BE USED TO SUPPORT THE OPERATIONS OF IFAS. IFAS HAS BEEN RENAMED CENTER FOR APPLIED RESEARCH (CFAR) IN 2011.

PART X: LEADINGAGE FOLLOWS THE PROVISIONS OF FASB ASC TOPIC INCOME TAXES. THE ORGANIZATION'S MANAGEMENT HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009, AND HAS DETERMINED THAT IT HAS NO MATERIAL UNCERTAIN INCOME TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2006 THROUGH 2008 REMAINS OPEN IN THE MAJOR U.S. TAXING JURISDICTIONS IN WHICH LEADINGAGE IS SUBJECT TO TAXATION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT: 20730.

RECOVERY ON UNCOLLECTIBLE PLEDGES: 800.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 133418.

RENTAL EXPENSES: 786523.

UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENT: 20730.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 133418.

RENTAL EXPENSES: 786523.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LEADINGAGE, INC.

Employer identification number 13-6213525

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S LUTHERAN MINISTRY 2429 MISSION WAY BILLINGS, MT 59102	81-0288768	501(C)(3)	104,620.	0.			LEGAL EXPENSES OF MISSION-CRITIAL TAX ISSUE
MISSIONS UNITED, INC. 2429 MISSION WAY BILLINGS, MT 59102	81-0499281	501(C)(3)	71,431.	0.			LEGAL EXPENSES OF MISSION-CRITIAL TAX ISSUE
FLORIDA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (FAHSA) - 1812 RIGGINS ROAD - TALLAHASSEE, FL 32308-4885	23-7335883	501(C)(3)	7,296.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
AGING SERVICES OF CALIFORNIA 1315 I STREET, SUITE 100 SACRAMENTO, CA 95814-2912	95-2383463	501(C)(3)	16,376.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
PENNSYLVANIA ASSOCIATION FOR NON-PROFIT SENIOR SERVICES - 1100 BENT CREEK BLVD. - MECHANICSBURG, PA 17050-1838	23-6394750	501(C)(3)	7,015.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
IOWA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 1701 48TH STREET, SUITE 203 - WEST DES MOINES, IA 50266-6723	23-7345539	501(C)(6)	7,067.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS

2 Enter total number of section 501(c)(3) and government organizations ..... ▶ 5.

3 Enter total number of other organizations ..... ▶ 7.

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: 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-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LEADINGAGE, INC.

Employer identification number: 13-6213525

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 2205 HANCOCK DRIVE - AUSTIN, TX 78756-2508	23-7032760	501(C)(6)	17,917.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
KANSAS ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - 217 SE 8TH AVENUE - TOPEKA, KS 66603-3906	48-0832501	501(C)(6)	49,858.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
ASSOCIATION OF OHIO PHILANTHROPIC HOMES, HOUSING AND SERVICES FOR AGING - 855 SOUTH WALL STREET - COLUMBUS, OH 43206-1921	34-0758854	501(C)(4)	6,032.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
INDIANA ASSOCIATION OF HOMES AND SERVICES FOR THE AGING - P.O. BOX 68829 - INDIANAPOLIS, IN 46268-0829	35-1844985	501(C)(6)	6,693.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
AGING SERVICES OF SOUTH CAROLINA 2711 MIDDLEBURG DR. # 309A COLUMBIA, SC 29204-2475	45-0533796	501(C)(6)	6,092.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS
NORTH CAROLINA ASSOCIATES OF NON-PROFIT HOMES FOR THE AGING - 3700 NATIONAL DRIVE # 218 - RALEIGH, NC 27609	56-1541496	501(C)(6)	5,811.	0.			DEVELOP PROGRAMS OF SUPPORT LEADINGAGE AND MEMBERS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LEADINGAGE, INC.

Employer identification number: 13-6213525

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM L. MINNIX	(i)	388,977.	0.	2,640.	33,650.	20,571.	445,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATRINKA SMITH-SLOAN	(i)	264,024.	0.	900.	17,150.	2,676.	284,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBYN STONE	(i)	243,374.	1,137.	0.	17,150.	11,619.	273,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUZANNE WEISS	(i)	211,174.	101.	1,500.	15,085.	11,720.	239,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ZACHARY SIKES	(i)	176,405.	101.	225.	13,083.	29,775.	219,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHARON SULLIVAN	(i)	156,162.	2,832.	900.	11,494.	28,374.	199,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ADRIENNE RUFFIN	(i)	153,348.	101.	0.	10,948.	2,698.	167,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA MANARD	(i)	148,397.	101.	638.	10,577.	11,720.	171,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VIRGINIA NUESSLE	(i)	148,471.	101.	0.	10,536.	11,720.	170,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HELAINE RESNICK	(i)	147,393.	101.	900.	10,657.	1,915.	160,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MADJ ALWAN	(i)	136,252.	101.	900.	10,094.	28,973.	176,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7: EACH EMPLOYEE LISTED ON PART VII OF THE 990 RECEIVED A $101 DOLLAR PAYMENT FOR GENERAL STAFF APPRECIATION. THE REMAINING PAYMENTS WERE BASED ON KEY PERFORMANCE INDICATORS AS IDENTIFIED BY THE PRESIDENT/CEO, COO, AND THE HR DIRECTOR.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the Organization: LEADINGAGE, INC.

Employer Identification number: 13-6213525

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SUZANNE WEISS SENIOR VP, ADVOCACY	37.50				X			212,775.	0.	26,805.
ZACHARY SIKES SENIOR VP, SERVICES	37.50				X			176,731.	0.	42,858.
SHARON SULLIVAN VP OF MARKETING/CONF.	37.50				X			159,894.	0.	39,868.
ADRIENNE RUFFIN DEPUTY DIRECTOR, IFAS	37.50				X			153,449.	0.	13,646.
BARBARA MANARD VP, LT HEALTHCARE STRAT.	37.50					X		149,136.	0.	22,297.
VIRGINIA NUESSLE EXECUTIVE DIR., IAHSA	37.50					X		148,572.	0.	22,256.
HELAINE RESNICK DIRECTOR OF RESEARCH	37.50					X		148,394.	0.	12,572.
DEBORAH CLOUD VP, SENIOR EDITOR	37.50					X		125,065.	0.	20,656.
MADJ ALWAN DIRECTOR, CAST	37.50					X		137,253.	0.	39,067.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: LEADINGAGE, INC.
Employer identification number: 13-6213525

Part I Bond Issues

SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	DISTRICT OF COLUMBIA	53-6001131	254839K36	09/01/05	11090000.	ADVANCE REFUNDING OF PRIOR BOND ISSUE		X		X
B										
C										
D										
E										

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	11,090,000.				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	11,014,714.				
4	Other unspent proceeds					
5	Issuance costs from proceeds	75,286.				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X									

Part III Private Business Use (Continued)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%		%	
5 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 ▶	5.00 %		%		%		%		%	
6 Total of lines 4 and 5	5.00 %		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	MORGAN STANLEY									
c Term of hedge	7.0000000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?	X									

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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2009

Open to Public Inspection

Name of the organization: LEADINGAGE, INC.

Employer identification number: 13-6213525

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ELDERLY; PROVIDE OR OTHERWISE MAKE AVAILABLE TO ITS MEMBER ORGANIZATIONS EDUCATIONAL SEMINARS AND MATERIALS RELATED TO THE PROMOTION OF EXCELLENCE IN THE DELIVERY OF CHRONIC OR LONG-TERM CARE SERVICES; PROMOTE AND SUPPORT INNOVATIVE RESEARCH INITIATIVES THAT LEAD TO EVIDENCE BASED SOLUTIONS TO SUPPORTING PEOPLE AS THEY AGE; AND PROMOTE A COMPREHENSIVE SYSTEM OF CARE AND SERVICES BY ORGANIZATIONS THAT RECOGNIZES THE DIGNITY OF ALL PERSONS AND ENHANCES THE QUALITY OF LIFE FOR OLDER ADULTS AND OTHERS WITH SPECIAL NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP AND STATE RELATIONS

EXPENSES $ 2642585.   INCLUDING GRANTS OF $ 118822.   REVENUE $ 7753055.

CORPORATE AND BUSINESS DEVELOPMENT

EXPENSES $ 1807482.   INCLUDING GRANTS OF $ 53495.   REVENUE $ 527835.

SHARED LEARNING AND LEADERSHIP DEVELOPMENT

EXPENSES $ 1270423.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION RECEIVED APPROVAL TO CHANGE ITS NAME TO LEADINGAGE, INC. DURING 2010.

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 PROVIDING

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CARE AND HOUSING FOR THE AGED; GOVERNMENT HOMES, FACILITIES, AND SERVICE PROVIDERS PROVING CARE AND HOUSING FOR THE AGING AND AGED; 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 AND AGENCIES OTHER THAN HOMES AND SERVICE PROVIDERS FOR THE AGING, AND STATE AND MULTI-STATE ASSOCIATIONS OF HOMES AND SERVICE PROVIDERS FOR THE AGING.

FORM 990, PART VI, SECTION A, LINE 7A: THE HOUSE OF DELEGATES CAN ELECT EIGHTEEN MEMBERS OF THE GOVERNING BODY DURING THE ANNUAL MEETING. IN THE ELECTION THOSE NOMINEES RECEIVING THE HIGHEST NUMBER OF VOTES SHALL BE DECLARED ELECTED. THE HOUSE OF DELEGATES IS COMPRISED OF (1) MEMBERS ELECTED BY STATE OR MULTI-STATE ASSOCIATIONS, THE NUMBER OF WHICH IS BASED ON TOTAL LEADINGAGE MEMBERS WITHIN THAT ASSOCIATION; (2) FIFTEEN DELEGATES AT LARGE WHICH ARE APPOINTED BY THE CHAIR AFTER RECEIVING RECOMMENDATIONS OF THE NOMINATIONS COMMITTEE; AND (3) THE EXECUTIVE DIRECTORS OF THE STATE ASSOCIATION ASSOCIATE MEMBERS AS EX-OFFICIO MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS THROUGH THEIR HOUSE OF DELEGATES REPRESENTATION HAVE THE FOLLOWING POWERS AND PREROGATIVES: TO DELIBERATE THE MAJOR ISSUES CONFRONTING THE ASSOCIATION AND THEN TO REFLECT A CONSENSUS FOR THE GUIDANCE OF THE BOARD OF DIRECTORS; TO AMEND THE BYLAWS; TO APPROVE DUES INCREASES AND SPECIAL ASSESSMENTS; TO BE CONSULTED

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AND TO MAKE RECOMMENDATIONS ON THE ANNUAL BUDGET; AND TO ELECT AND/OR RECALL OFFICERS, DIRECTORS OF THE ASSOCIATION, AND MEMBERS OF THE NOMINATIONS COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED BY MANAGEMENT. THE FORM 990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS VIA E-MAIL FOR REVIEW AND COMMENT. IF THERE ARE NO RECOMMENDED CHANGES FROM THE 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.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, SENIOR STAFF, AND STAFF DIRECTORS 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 PRESIDENT/CEO AND THE COO. THE BOARD IS NOTIFIED IF A BOARD MEMBER DISCLOSES A CONFLICT. THE BOARD MEMBER IS ASKED TO RESIGN OR TO RECUSE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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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.

FORM 990, PART VI, SECTION B, LINE 15: 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 WILL ALSO 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, WORKING 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 AND 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 GOALS BASED ON ANNUAL AND LONG TERM PERFORMANCE.
 - THE ORGANIZATION WILL USE MODERATE LEVELS OF INCENTIVE PAY TO SUPPORT SECURITY AND AVOID AN OVER EMPHASIS ON SHORT-TERM RESULTS. THE LONG TERM NATURE OF THE ORGANIZATION'S MISSION AND STRATEGIES REQUIRES THAT

COPY

Name of the organization: LEADINGAGE, INC.

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PERFORMANCE-BASED PAY BALANCE SHORT TERM ACCOMPLISHMENTS WITH THE ACHIEVEMENT OF LONG TERM INITIATIVES THAT ARE OFTEN ACCOMPLISHED THROUGH THE EXERCISE OF INFLUENCE AND CONSENSUS BUILDING AND NOT DIRECT IMPACT ON PUBLIC/EXTERNAL POLICIES OR MARKETS.

- INCENTIVES WILL BE 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 ORGANIZATION'S INFLUENCE ON PUBLIC POLICY AND MARKET ISSUES.
- BENEFITS WILL BE PRUDENT AND COMPETITIVE WITH THE LOCAL MARKETPLACE TO SUPPORT OUR RECRUITING AND RETENTION EFFORTS.
- PENSIONS AND DEFERRED BENEFITS WILL BE PROVIDED WITHIN OUR FISCAL RESOURCES TO ENSURE OUR EXECUTIVES ARE PROVIDED WITH APPROPRIATE SECURITY AND POST-EMPLOYMENT BENEFITS BASED ON THEIR SERVICE TO THE ASSOCIATION.

THE ANNUAL OPERATIONAL PROCESS FOR DETERMINING THE SALARIES OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS AS FOLLOWS:

- NEW HIRES TARGET STARTING SALARY RANGES FOR THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED UPON A RELEVANT FACTOR REVIEW OF THE ORGANIZATION'S COMPREHENSIVE POSITION DESCRIPTION AGAINST APPROPRIATE PUBLISHED EXTERNAL SALARY SURVEYS IN THE WASHINGTON METROPOLITAN AREA (E.G. HRA-NCA SALARY SURVEY; PRM CONSULTING NON-PROFIT MANAGEMENT SURVEY; SALARY SURVEY OF DC AREA NON-PROFITS; ASAE COMPENSATION SURVEY, ETC.) AND COMPARABLE EXISTING INTERNAL POSITIONS, IF ANY, BY THE SENIOR DIRECTOR, HR

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& ADMINISTRATION, THE COO AND/OR THE PRESIDENT AND CEO. BASED ON THE FACTORS ABOVE, THE STATED SALARY REQUIREMENTS OF THE CANDIDATE, THE QUALIFICATIONS OF THE CANDIDATE, CURRENT MARKET CONDITIONS AND THE ORGANIZATION'S BUSINESS NEEDS, SALARY OFFERS ARE RECOMMENDED BY THE SR. DIRECTOR, HR & ADMINISTRATION (AND THE DESIGNATED 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 CONSIDERED FOR SALARY INCREASES ON THE BASIS OF THEIR INDIVIDUAL AND GROUP PERFORMANCE AGAINST THE ACHIEVEMENTS DESCRIBED IN THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY AND ARCHITECTURE. 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 - SEPTEMBER 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 DETERMINE ANNUAL SALARY INCREASE PERCENTAGES FOR THE OFFICERS AND KEY EMPLOYEES UNDER THEIR SUPERVISION. OTHER KEY EMPLOYEE ANNUAL SALARY INCREASE PERCENTAGES ARE DETERMINED BY THE APPROPRIATE 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.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAINTAINS ITS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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ANNUAL REPORT WITH FINANCIAL STATEMENTS ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(B) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF PRIOR BOND ISSUE.

FORM 990, PART 1, LINE 6: LEADINGAGE HAS VARIOUS STANDING COMMITTEES THAT ESTABLISH TASK FORCES FOR SPECIFIC ISSUES. IN ORDER TO TRACK THE NUMBER OF VOLUNTEERS, THE ORGANIZATION MAINTAINS ROSTERS OF ITS COMMITTEES WITHIN ITS MEMBERSHIP DATABASE.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
5	BUILDINGS AND IMPROVEMENTS	VARIES		.000	16	13041281.			13041281.	2840405.		327,540.
	* 990 PAGE 10 TOTAL BUILDINGS					13041281.		0.	13041281.	2840405.	0.	327,540.
	MACHINERY & EQUIPMENT											
7	FURNITURE AND EQUIPMENT	VARIES		.000	16	2121734.			2121734.	1837934.		129,658.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					2121734.		0.	2121734.	1837934.	0.	129,658.
	LAND											
4	LAND	VARIES		.000	16	2471500.			2471500.			0.
	* 990 PAGE 10 TOTAL LAND					2471500.		0.	2471500.	0.	0.	0.
	OTHER											
8	CAPITAL LEASE	VARIES		.000	16	327,274.			327,274.	327,274.		0.
	* 990 PAGE 10 TOTAL OTHER					327,274.		0.	327,274.	327,274.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					17961789.		0.	17961789.	5005613.	0.	457,198.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

COPY

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS   ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: LEADINGAGE, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)   COUNTY: NEWY
PROCESS NAME

FILED:10/04/2010 DURATION:********* CASH#:101004000228 FILM #:101004000200

FILER:

LEILA FOGG
1220 N. MARKET ST., STE 850

WILMINGTON, DE 19801

ADDRESS FOR PROCESS:

THE CORPORATION
2519 CONNECTICUT AVENUE, NW
WASHINGTON, DC 20008-1520

REGISTERED AGENT:

SERVICE COMPANY: DELAWARE CORPORATE SERVICES INC.   SERVICE CODE: JC

FEES	55.00	PAYMENTS	55.00
FILING	30.00	CASH	0.00
TAX	0.00	CHECK	0.00
CERT	0.00	CHARGE	0.00
COPIES	0.00	DRAWDOWN	55.00
HANDLING	25.00	OPAL	0.00
		REFUND	0.00

DOS-1025 (04/2007)

COPY

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING, INC.

Under Section 803 of the Not-for-Profit Corporation Law

The undersigned, being the President and Chief Executive Officer of American Association of Homes and Services for the Aging, Inc., does hereby state:

FIRST: The name of the Corporation is American Association of Homes and Services for the Aging, Inc. (hereinafter called the "Corporation"). The name under which the Corporation was originally formed was American Association of Homes for the Aging, Inc.

SECOND: The Corporation's original Certificate of Incorporation was filed with the Department of State on June 18, 1965.

THIRD: The Corporation was originally formed pursuant the Membership Corporations Law; it is currently classified as a corporation as defined in subparagraph (a)(5) of Section 102 of the New York Not-for-Profit Corporation Law ("N-PCL").

FOURTH: The Corporation is a Type B corporation under Section 201 of the N-PCL.

FIFTH: Paragraph FIRST of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows:

FIRST: Name. The name of the corporation is: LeadingAge, Inc.

SIXTH: The Secretary of State is hereby designated as agent of the Corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the Corporation is: 2519 Connecticut Avenue, NW, Washington, D.C. 20008-1520.

SEVENTH: This amendment to the Corporation's Certificate of Incorporation was authorized by the written consent of a majority of the members voting on the amendment, with the number of votes approving the amendment equal to at least a quorum, in accordance with Sections 802(a)(1) and 613(c) of the N-PCL, and as authorized by Section 614(a) of the N-PCL and Paragraph EIGHTH of the Corporation's Certificate of Incorporation.

* * * * * *

Signed:

William L. Minnix, Jr.
President and Chief Executive Officer

Dated: 9/16/10

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING, INC.

Under Section 803 of the Not-For-Profit Corporation Law

Filed by: Leila Fogg
1220 N. Market St., Suite 850
Wilmington, DE 19801

DRAWDOWN #JC, DELAWARE CORPORATE SERVICES INC.

STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Albany, New York

CONSENT TO FILING WITH THE DEPARTMENT OF STATE
(Certificate of Amendment with Name Change)

Consent is hereby given to the filing by

American Association of Homes and Services for the Aging, Inc.
[name of entity]

of the annexed certificate of amendment, including a change of name to

LeadingAge, Inc.,
[new name]

pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law, the Business Corporation Law, the Limited Liability Company Law or any other applicable statute.

This consent is issued solely for purposes of filing the annexed document by the Department of State and shall not be construed as approval by the Board of Regents, the Commissioner of Education or the State Education Department of the purposes or objects of such entity, nor shall it be construed as giving the officers or agents of such entity the right to use the name of the Board of Regents, the Commissioner of Education, the University of the State of New York or the State Education Department in its publications or advertising matter.

IN WITNESS WHEREOF this instrument is executed and the seal of the State Education Department is affixed.

DAVID M. STEINER
Commissioner of Education

By: Seth D. Gilboord
Seth D. Gilboord
Commissioner's authorized designee

SEP 21 2010
Date

THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE STATE EDUCATION DEPARTMENT.

COPY