Form 990-T	Exempt Orga		sine	ss Income T	ax Return		OMB No 1545-0687				
•	(a For calendar year 2018 or other tax ye	nd proxy tax und	er se	ction 6033(e))			2018				
	1		structi	ons and the latest inform	ation.	- L	2010				
Department of the Treasury Internal Revenue Service	▶ Do not enter SSN numbe	•				Op 50	en to Public Inspection for 1(c)(3) Organizations Only				
A Check box if address changed	Name of organization (Check box if name of	hanged	and see instructions)		Employe (Employ instructi	er identification number ees' trust, see ons)				
B Exempt under section	Print <u>LEADINGAGE</u>	NEW JERSEY					-6063278				
X 501(c)(3 073	Number, street, and room or suite no. If a P 0 box, see instructions. Eurrelated business activity code (See instructions)										
408(e) 220(e)	3703 QUAKEK	3705 QUAKERBRIDGE ROAD, NO. 102									
408A530(a) 529(a)	City or town, state or pro	J 08619	r foreig	n postal code		5 <u>419</u>	00				
C Book value of all assets at end of year	F Group exemption num		<u> </u>		<u> </u>						
	12. G Check organization typ				401(a)		Other trust				
trade or business here	organization's unrelated trades or l	ADVERTISIN	<u>1</u>		the only (or first) unr		222 022				
	lank space at the end of the previo				complete Parts I-V. I						
business, then complete		us sentence, complete i a	ii to i aii	u II, complete a ochedule	IN TO CACIT AUDITIONA	i ii aus bi					
	the corporation a subsidiary in an	affiliated group or a parei	nt-subs	idiary controlled group?	▶ [Yes	X No				
	ind identifying number of the parer			, , , ,	, _						
	► JAMES W. MCC			Teleph	one number 🕨 ((609)	452-1161				
Part I Unrelated	d Trade or Business Inc	ome	,	(A) Income	(B) Expenses		(C) Net				
1a Gross receipts or sale	s										
b Less returns and allow	vances	c Balance	1c			\perp	,				
2 Cost of goods sold (S	• •		2			_					
3 Gross profit. Subtract			3			\rightarrow					
4 a Capital gain net incom	•	- 4707)	4a			\rightarrow					
b Net gain (loss) (Formc Capital loss deduction	4797, Part II, line 17) (attach Forn	14797)	4b 4c			+					
•	partnership or an S corporation (a	ttach statement)	5			+					
6 Rent income (Schedu		itaen statement)	6								
•	ed income (Schedule E)		7								
	alties, and rents from a controlled	organization (Schedule F)	8								
9 Investment income of	a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9								
10 Exploited exempt activ	vity income (Schedule I)		10								
11 Advertising income (S	Schedule J)		11	18,150.	5,11	11.	13,039.				
· · · · · · · · · · · · · · · · · · ·	structions; attach schedule)		12	4.5.4.5.5							
13 Total. Combine lines			13	18,150.	$\sqrt{5,11}$	1.	13,039.				
	ns Not Taken Elsewher contributions, deductions must		with t	he unrelated business.	undome)		`				
14 Compensation of offi	cers, directors, and trustees (Sche	edule K)		RECEIVE	_ (0)	14					
15 Salaries and wages		,		RECOM	y \@\	15					
16 Repairs and mainten	ance	1111119	\ \	RECEIVE NOV 2 5 201	المسلمانية المسلمين	16					
17 Bad debts		111419	\0	NOV	ا سالا	17					
18 Interest (attach sche	dule) (see instructions)		/2	NOV		18					
19 Taxes and licenses			'	OGL		19					
	ons (See instructions for limitation	rules)			-	20					
21 Depreciation (attach	•			21							
	imed on Schedule A and elsewher	e on return		22a		22b					
23 Depletion	wood componenties along				}	23					
	rred compensation plans				-	24					
25 Employee benefit pro26 Excess exempt exper	•				}	25 26					
27 Excess readership co					<u></u>	27	8,871.				
28 Other deductions (att					ļ	28					
	id lines 14 through 28				ļ	29	8,871.				
1.5	axable income before net operating	loss deduction Subtract	t line 29	from line 13	Ţ	30	4,168.				
1~	erating loss arising in tax years be					31					
32 Unrelated business to	exable income. Subtract line 31 fro	m line 30				32	4,168.				
823701 01-09-19 LHA Fo	r Paperwork Reduction Act Notice	, see instructions.					Form 990-T (2018)				

Part	II Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruc	ctions)		33		4,1	68.		
34	Amounts paid for disallowed fringes		34							
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	1	35		4,1	68.				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34		36							
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1.0	00.				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36.					•			
	enter the smaller of zero or line 36	•			38			0.		
Part I	V Tax Computation									
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)				39			0.		
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount of	on line 3	8 from:							
	Tax rate schedule or Schedule D (Form 1041)			•	40					
41	Proxy tax. See instructions				41					
42	Alternative minimum tax (trusts only)				42					
43	Tax on Noncompliant Facility Income. See instructions				43					
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0.		
Part \					1 44 [
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			T					
	Other credits (see instructions)	45b			1					
c	General business credit. Attach Form 3800	45c			1					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			7 i					
	Total credits. Add lines 45a through 45d				45e					
46	Subtract line 45e from line 44				46			0.		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	36 <u> </u>	Other (attach so	chedule)	47					
48	Total tax. Add lines 46 and 47 (see instructions)			•	48			0.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	-		0.		
50 a	Payments. A 2017 overpayment credited to 2018	_50a								
	2018 estimated tax payments	50b			1					
	Tax deposited with Form 8868	50c			1					
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			1					
	Backup withholding (see instructions)	50e			1					
	Credit for small employer health insurance premiums (attach Form 8941)	50f			1 !					
ß	Other credits, adjustments, and payments: Form 2439	1			1					
9	Form 4136 Other Total	50g								
51	Total payments. Add lines 50a through 50g				51					
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52					
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	53					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			•	54					
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	•	55					
Part \	I Statements Regarding Certain Activities and Other Information	n (see		-	•					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	or other	authority		_		Yes	No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may hav	ve to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	oreign d	country			ĺ		ł		
	here >						ĺ	Х		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor	to, a foreign tru	st?				X		
	If "Yes," see instructions for other forms the organization may have to file.									
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$									
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (otherwan taxpayer) is based on all information of which preparer	ements, a	nd to the best of m	y knowle	dge and be	lief, it is true,				
Sign				N	lav the IRS	discuss this	refurn w	ath		
Here	/_W.M: //-/3-19 PRESIDE	3 TV	CEO			shown below				
	Sugnature of officer Date Title			II.	structions)?	X Ye	s	No		
	Print/Type preparer's name Preparer's signature Date	е	Check		if PTIN					
Paid	I thank and a	1151	self- en	nployed	- 1					
Prepa	rer	liHi	7			<u>07604</u>				
Use C	INIV Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's	EIN 🕨	39	-0859	910	<u>0</u>		
	46 PUBLIC SQUARE						_			
	Firm's address ► WILKES-BARRE, PA 18701-2681		Phone	no. 5	<u> 70.8</u>	20.01				
823711 01	09-19					Form 99	0-T (2018)		

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	6
2 Purchases	2	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,	
4 a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to	F
5 Total Add lines 1 through 4b	5		the organization?		
Schedule C - Rent Income	(From Real	Property and	d Personal Property L	eased With Real Pro	perty)
(see instructions)				<u> </u>	
1 Description of property					
(1)			 -		
(2)					
(3)					
(4)					
	2 Rent receiv	ed or accrued			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ge 3(a) Deductions directions columns 2(a)	tly connected with the income in and 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total	0.	Total		0.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Del	ot-Financed	Income (see	: instructions)		
			2. Gross income from		onnected with or allocable inced property
1 Description of debt-fr	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)		•			
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	[0.
Total dividends-received deductions in	ncluded in column	. 8			

		<u> E</u>	Exempt Controlled Organizations								
Name of controlled organization	identi			at unrelated income 4. To payr		ments made includ		D. Part of column 4 that is notluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)										· · · · · · · · · · · · · · · · · · ·	
(2)											
(3)	,		·								
(4)				·							
Nonexempt Controlled Organi	izations										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payn made	nents	10. Part of column in the controllin gross		nzation's		ductions directly connected in income in column 10	
(1)										_	
(2)						•					
(3)										<u> </u>	
(4)											
						Add column Enter here and column 8, co	on page	1, Part I,	Enter h	dd columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					•			0.		0	
Schedule G - Investme	ent Income of a ructions)	Section 50)1(c)(7	'), (9), or (1	7) Org	anization					
· · · · · · · · · · · · · · · · · · ·	cription of income			2 Amount of	ncome	3. Deductions directly connect (attach schedu	ted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)						12.12311 00.1300	1			(SS) S plus col 4)	
(2)					t						
(3)					İ						
(4)					· · · · · · · · · · · · · · · · · · ·						
				Enter here and o Part I, line 9, col				`.		Enter here and on page Part I, line 9, column (B)	
Totals			▶		0.			,		0	
Schedule I - Exploited (see instru	-	/ Income, (Other	Than Adv	ertisin	g Income		,		•	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly conni- with produc of unrelate business inc	ected :tron ed	4. Net incom from un elated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross incom from activity the is not unrelated business incom	at d	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rt I, (B)		<u>-</u>		,	- · · · ·		Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisir	0.	Instructions)	0.	<u></u>						0,	
	Periodicals Rep		Cons	olidated I	Basis						
1. Name of periodical	2. Gross advertising income	3 D advertisii	orect ng costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	2 minus n, compute	5. Circulatio	n	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) MEMBERSHIP											
(2) DIRECTORY	18,15	0. 5,	111	.]			0.	8,8	371.		
(3)]						·	
(4)				\mathbf{L}							
Totals (carry to Part II, line (5))	▶ 18,15	0. 5,	111	.] 13	039.	<u></u>		8,8	371.	8,871 Form 990-T (2018	
										1 01111 222 1 120 1	

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_		
(2)							
(3)					-		
(4)							
Totals from Part I	▶	18,150.	5,111.		*		8,871
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11 col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	18,150.	5,111.	`			8,871

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		_%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	6,635.	6,635.	0.	0.
12/31/06	22,432.	22,432.	0.	0.
12/31/07	14,534.	8,092.	6,442.	6,442.
12/31/08	24,967.	0.	24,967.	24,967.
12/31/09	13,842.	0.	13,842.	13,842.
12/31/15	5,865.	0.	5,865.	5,865.
12/31/16	366.	0.	366.	366.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	51,482.	51,482.