sets alan	20	Total assets (Pa	art X, line 16) •				1,539,260	1,573,	,811		
Net Assets Fund Balan	21	Total liabilities (Part X, line 26)				413,507	333,	,262		
		Net assets or fu	und balances. Su	btract line 21 from line 20			1,125,753	1,240,	,549		
Part	t II	Signature	Block								
				this return, including accompanying schedules a than officer) is based on all information of which			nowledge and belief, it is				
. .	Ĩ	Linda	Saris								
Sign		Signature of officer Date									
Here		Linda	Saris, Exec	utive Director							
		Type or prin	t name and title								
		Print/Type prepar	er's name	Preparer's signature		Date	Check 🗴 if	PTIN			
Paid		Melissa G	Gilroy	Melissa Gilroy		09-30-2022	self-employed	P01069703			
Prep	arer	Firm's name	Meli	ssa Gilroy, CPA			Firm's EIN 🕨				
Use	Only	Firm's address	► 80 G	reenacre Rd	Phone no.						
			West	wood MA 02090			781	-696-4019			
May th	ne IRS	discuss this ret	turn with the prepa	arer shown above? See instructions				Yes X	No		
			A of Motion and	ha announte in structions				=	(000 0 V)		

990

For the 2021 calendar year, or tax year beginning

X 501(c)(3)

X Corporation

Doing business as

35 Congress St

Salem, MA 01970

501(c) (

Trust

Name and address of principal officer:

Briefly describe the organization's mission or most significant activities:

Number of voting members of the governing body (Part VI, line 1a)

Total unrelated business revenue from Part VIII, column (C), line 12

Net unrelated business taxable income from Form 990-T, Part I, line 11

Program service revenue (Part VIII, line 2g)

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Professional fundraising fees (Part IX, column (A), line 11e) ...

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

Benefits paid to or for members (Part IX, column (A), line 4)

b Total fundraising expenses (Part IX, column (D), line 25)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Total number of volunteers (estimate if necessary)

Contributions and grants (Part VIII, line 1h)

services to underserved students in grades 6-16.

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

Total number of individuals employed in calendar year 2021 (Part V, line 2a)

Department of the Treasury

Check if applicable:

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status: Website: N/A

Form of organization:

1

2

3

4

5

6

7a

8

9

10

11

12

13

14

15

16a

17

18

19

b

Summary

Name change

Initial return

Internal Revenue Service

Α

в

J.

Activities & Governance

Revenue

Expenses

ts or ances

Part I

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

4947(a)(1) or

C Name of organization LEAP for Education, Inc

Number and street (or P.O. box if mail is not delivered to street address)

City or town, state or province, country, and ZIP or foreign postal code

(insert no.)

Association

Other

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

.

.

. . .

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

07-01

527

. . .

.

.

.

182.787

L Year of formation:

, 2021, and ending

Room/suite

2014

102

OMB No. 1545-0047

Open to Public

Inspection

, 2022

(978)740-6667

1

Yes

MA

Current Year

.981.314

X No

11

10

143

0

0

1,957

114,491

1,946,703

1,484,588

347,319

114.796

831 ,907

End of Year

0

0

0

0

1,830,255

Yes

D Employer identification number

47-1445061

06-30

E Telephone number

G Gross receipts

If "No," attach a list. See instructions

M State of legal domicile:

3

4

5

6

7a

7b

425

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

To provide academic, post secondary and career

Prior Year

1,695,737

1,696,162

1,095,839

368,683

464,522

231,640

Beginning of Current Year

For Paperwork Reduction Act Notice, see the separate instructions.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule Q.) (Expenses \$ including grants of \$) (Revenue \$)		1990(2021) LEAP for Education, Inc.	47-1445061	. Page 2
1 Brefy deache the cogenization's mission: To provide academic, post secondary and carcer services to underserved students in grades 6-11 2 Dd the arganization undertake any significant program services during the year which were not listed on the prior form 590 or 590-527 2 Dd the arganization undertake any significant program services during the year which were not listed on the prior form 590 or 590-527 2 Dd the arganization case counduring, or make significant dranges in how it conducts, any program services? 3 Did the arganization case counduring, or make significant dranges in how it conducts, any program services are services to program service accompliatments for each of 18 three largest program services, as measured by experiese. Section 501(c)(3) and 501(c)(4) angations are required to report the anound digrats and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:	Pa			
To provide academic, post secondary and career services to underserved students in grades 6-16 2 Did the organization undertake any significant program services during the year which were not listed on the prior 7600 600 F80-E27 3 Did the organization undertake any significant program services during the year which were not listed on the prior 7600 600 F80-E27 4 Did the organization cease conducting, or make significant thronges in how it conducts, any program services, as the organization reported to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services required. 4 (Code:				🗌
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 090 or 990-E2?	1			
prior Form 890 or 990.627		To provide academic, post secondary and career services to underserved student	s in grades	s 6-16.
prior Form 890 or 990.627				
prior Form 890 or 990.627				
if "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$int adds, <u>893</u> including grants of \$) (Revenue \$ 4b (Code:) (Expenses \$including grants of \$) (Revenue \$	2	Did the organization undertake any significant program services during the year which were not listed on the		
3 Did the organization cease conducting or make significant changes in how it conducts, any program services; as measured by services; describe these changes on Schedule 0. Describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses. Sciento 50(c)(3) and 50(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$		prior Form 990 or 990-EZ?	🗌 Yes	🗙 No
<pre>services?</pre>		If "Yes," describe these new services on Schedule O.		
If "Ves," describe these changes on Schedule O. 4 Describe the organization's program service accomplishmets for each of its three largest program services, as measured by expenses. Section 501(c(s)) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$1,436,893 including grants of \$) (Revenue \$	3		_	_
4 Describe the organization's program services accomplishments for each of lis three largest program services as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, f any, for each program service reported. 4a (Code:) (Expenses \$			· · · · 📋 Yes	X No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:			h	
<pre>the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$including grants of \$) (Revenue \$) (Reven</pre>	4		-	
4a (Code:) (Expenses \$, 436,893 including grants of \$) (Revenue \$) Providing academic services to low income and first generation students in grades 6 - 16.			ers,	
Providing academic services to low income and first generation students in grades 6 - 16.				
Providing academic services to low income and first generation students in grades 6 - 16.	4a	(Code:) (Expenses \$ 1,436,893 including grants of \$) (Revenue	\$)
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
(Expenses \$ including grants of \$) (Revenue \$)				
	4d			
4e Total program service expenses 🕨 1,436,893)	
	4e	Total program service expenses 1,436,893		m 000 (2021)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		<u> </u>
•	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,	-		
•		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	T		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		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, investment, and program service activities outside the United States, or aggregate			
		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40		18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
20 -		19 20a		X
20а ь		20a 20b		<u>x</u>
b 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		X

47-1445061

Page 3

Form 990 (2021)

LEAP for Education, Inc.

Form	1990 (2021) LEAP for Education, Inc.	47-14450	61	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? 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?		054		
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•••••	21		x
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
a	"Yes," complete Schedule L, Part IV		28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		^
U	"Yes," complete Schedule L, Part IV		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		25		<u> </u>
	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? <i>If "Yes,"</i>		•.		
	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, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				_ <u></u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
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 on Schedule O for Part VI, lines 11b and		-		
-	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				\square
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	21			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	
			F	000 /	004

	990 (2021) LEAP for Education, Inc. 47-14450	61	F	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 143			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	L_		
		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization 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 L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>x</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organization. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2021) LEAP for Education, Inc. 47-144	5061	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "No'		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management		_	
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		10		
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?		_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 7-	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		
h	one or more members of the governing body?	<u>7</u> a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	1	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	12	x o	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done		x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15	X	
b	Other officers or key employees of the organization	15)	x
	If "Yes" to line 15a or 15b, describe the process on 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?	16	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16	ו	
	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable) 900 and 900 T (Section 501(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Own website X Upon request Other (explain on Schedule O)			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Financial Managament Assoc (781)248-5759, One Boston Place Suite 2600, Boston, MA	02100		
	Financial Managament ASSOC (101/240-3/39, One Boston Flace Suite 2000, Boston, MA	0ZT00		

Form 990 (202	1) LEAP for Education, Inc.	47-1445061	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor Independent Contractors	npensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with or wit	hin the	
organization's	tax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	`	(do not check box, unless p				,	Reportable	Reportable	Estimated amount
	hours					(trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or o	Ins	Officer	Ke	em Hig	For	1099-MISC/	1099-MISC/	organization and
	related	ividu direc	tituti	icer	/ em	ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	ıstee	trust		ee	Ipen				
	dotted line)	•	ee			Highest compensated employee				
						<u> </u>				
(1) Linda Saris	40.00									
Executive Director		х			x			90,235	0	8,924
(2) Derek Gaskins	1.00									
Director		х						0	0	0
(3) Victor E Cruz	1.00									
Director		х						0	0	0
(4) Migdalia Gomez	1.00									
Director - Community Eng Mgr		х						0	0	0
(5) Brian Castellanos	1.00									
Director		х						0	0	0
(6) Jonathan Ofilos	1.00									
Director		х						0	0	0
(7) Dr David Silva	1.00									
Director		х						0	0	0
(8) James Rowan III	<u>1.00</u>									
Treasurer				х				0	0	0
(9) Jody_Goldman	<u>1.00</u>									
President				х				0	0	0
(10)Connie Rudnick Grayson	<u>1.00</u>									
Board Vice Chair				х				0	0	0
(11)Ellen_Galligan	1.00									
Clerk				х				0	0	0
<u>(12)</u>										
<u>(13)</u>										·
<u>(14)</u>										

	90 (2021) LEAP for Education	n, Inc.								47-	-14450	61	Р	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and	Hig	hes	t Com	npen	sated Employees	(continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Po: eck m ss per	rson is	han one s both a /trustee employee	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportabl compensati from relate organizations 1099-MIS0 1099-NEC	on d (W-2/ C/	cor fi orgai	(F) nated amo of other mpensati rom the nization a d organiz	ion and
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)														
(23)														
<u>(24)</u>														
(25)														
1b	Subtotal			•••	• •	•••		• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)			•••	•••	•••		· •	90,235		0		8,9	224
2	Total number of individuals (including but not limite								/	f				-23
	reportable compensation from the organization	•												0
													Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>		• •	•		-		•				3		х
4	For any individual listed on line 1a, is the sum of re											-		<u></u>
	organization and related organizations greater that	n \$150,000?	If "Yes	s," co	ompl	lete :	Sched	lule .	J for such					
	individual											4		х
5	Did any person listed on line 1a receive or accrue			-			-					_		
Sect	for services rendered to the organization? <i>If "Yes,"</i> on B. Independent Contractors	complete S	criedul	eJf	ur Sl	uch j	Jersor	I				5		Х
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp	ensation for	the ca	lenda	ar ye	ear e	ending	with		ization's tax	year.	(0)		
	(A) Name and business addres	s							(B) Description of servic	es	С	(C) Compens	ation	
								┣						
								-						
								-						
2	Total number of independent contractors (including	g but not limi	ted to t	those	e list	ted a	bove)	who)					

►

received more than \$100,000 of compensation from the organization
--

Form 99	· ·	21) LEAP	for	Educati	on,	Inc.			47-14450	61 Page 9
Part V	/	Statement of Rev	enu	Ie						_
		Check if Schedule O co	ntair	is a response	e or no	ote to any line in thi				_ _
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
ŝ	b	Membership dues	• •		1b					
irant	с	Fundraising events			1c	135,403	-			
S, G	d	Related organizations .			1d		-			
Gift ilar	e	Government grants (contr			1e	638,859	-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif	-		45					
her		and similar amounts not in Noncash contributions inc			1f	1,055,993	-			
gti	g	lines 1a-1f			1g	\$				
aŭ C	h	Total. Add lines 1a-1f					1,830,255			
						Business Code	1,030,233			
O	2a									
ې د	b									
Ser	с									
am	d									
Program Service Revenue	е									
4		All other program service r								
	–	Total. Add lines 2a-2f .				P.				
	3	Investment income (includi other similar amounts)	-				1,957			1 057
	4	Income from investment of					1,957			1,957
	5	Royalties		-	•					
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)				>				
	7a	Gross amount from		(i) Securitie	S	(ii) Other	-			
		sales of assets	7-							
	h	other than inventory Less: cost or other basis	7a				-			
e		and sales expenses	76							
enu	c	Gain or (loss)								
Rev		Net gain or (loss)		•						
Other Revenue	8a	Gross income from fundrai	sing							
đ		events (not including \$		135,403						
		of contributions reported or								
		1c). See Part IV, line 18			8a	- , -	-			
		Less: direct expenses .			8b	34,611	114 401			114 401
		Net income or (loss) from f Gross income from gaming		aising events		···· •	114,491			114,491
	54	activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
		Net income or (loss) from g				🕨				
		Gross sales of inventory, le	-							
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	c	Net income or (loss) from s	sales	of inventory	• •					
<i>(</i> 0						Business Code				
ious	11a									
llan enu	b c									
Miscellanous Revenue	-	All other revenue								
Σ		Total. Add lines 11a-11d				└ <u>····</u>				
		Total revenue. See instruc					1,946,703	0	0	116,448

	on 501(c)(3) and 501(c)(4) organizations must complete all colu	umns. All other organiza	ations must complete co	olumn (A).	
	Check if Schedule O contains a response or note to a	any line in this Part IX			
	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations		expenses	general expenses	0,000
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	90,234	32,033	31,131	27,070
6	Compensation not included above, to disqualified	30,234		51,151	27,070
Ũ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,184,354	1 029 179	30 049	125 227
8	Pension plan accruals and contributions (include	1,104,334	1,028,179	30,948	125,227
U	section 401(k) and 403(b) employer contributions)	20 250	25,197	3 613	1 510
9	Other employee benefits	30,358 73,178		3,643	<u>1,518</u> 3,659
9 10	Payroll taxes	106,464	60,738 88,365	8,781 12,776	5,323
11	Fees for services (nonemployees):	100,404	60,303	12,110	3,323
a	Management				
b					
c	Accounting	27 957		27 957	
d	Lobbying	37,857		37,857	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g		100 076		E0 044	E 177
12	(A) amount, list line 11g expenses on Schedule O.)	108,976	50,955	52,844	5,177
13	Advertising and promotion	9,075	430	50	8,595
14	Information technology				
14	Royalties				
16		100 011	02 672	10 007	E 041
17	Travel	100,811	83,673	12,097	5,041
18	Payments of travel or entertainment expenses	8,756	4,031	4,457	268
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		4 405		4 405	
20 21	Payments to affiliates	4,485		4,485	
21	Depreciation, depletion, and amortization				
22 23		7 166		7 166	
23 24	Other expenses. Itemize expenses not covered	7,166		7,166	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
~	(A) amount, list line 24e expenses on Schedule O.)	04.016	04.016		
a b	Student services	24,316	24,316	E 000	000
b	Materials and supplies	45,877	38,976	5,992	909
c c					
d	All other expenses				
e 25	All other expenses	1 001 00-			100 -0-
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,831,907	1,436,893	212,227	182,787
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here I if				
	following SOP 98-2 (ASC 958-720)				Form 000 (2021)

|--|

47-1445061

Page 11

Par	t X	X Balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X					
			(A)		(B)		
			Beginning of year		End of year		
	1	Cash - non-interest-bearing	1,436,185	1	1,471,833		
S	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	50,000	3	10,000		
	4	Accounts receivable, net	35,435	4	75,107		
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6			
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges	17,640	9	16,871		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 2,374					
	b	Less: accumulated depreciation 10b 2,374		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,539,260	16	1,573,811		
	17	Accounts payable and accrued expenses	246,707	17	175,462		
	18	Grants payable		18			
	19	Deferred revenue	16,800	19	7,800		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
ies	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
Liał		controlled entity or family member of any of these persons		22			
_	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties	150,000	24	150,000		
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	413,507	26	333,262		
<i>(</i> 0		Organizations that follow FASB ASC 958, check here					
ces		and complete lines 27, 28, 32, and 33.					
alan	27		1,038,253	27	1,215,549		
Ba	28	Net assets with donor restrictions	87,500	28	25,000		
oun		Organizations that do not follow FASB ASC 958, check here					
۲ ۲		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds		29			
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31			
Net	32	Total net assets or fund balances	1,125,753	32	1,240,549		
	33	Total liabilities and net assets/fund balances	1,539,260	33	1,573,811 Form 990 (2021)		

EEA

Form 990 (2021)

Form	1990 (2021) LEAP for Education, Inc. 4	7-144506	1	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	946,	,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	831,	,907
3	Revenue less expenses. Subtract line 2 from line 1	3		114,	,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	125,	,753
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	240,	,549
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		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 on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2021)

SCHEDULE	A
(Form 990)	

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.

OMB No. 1545-0047	
2021	

					Open to Public				
	al Revenue Servi	₽ 00	to www.irs.gov/Fo	orm990 for instructions and the latest information.				Inspection	
Name	e of the organiza	tion					Employer identificatio	n number	
		ation, Inc.		l arranizationa mus	+	to this n	47-14450		
Par				l organizations mus			an.) See instructi	ons.	
	<u> </u>	•		ies 1 through 12, check o		,			
1 2	_			urches described in sect	• •	(1)(A)(I).			
2				Schedule E (Form 990).) on described in section 1		\/iii\			
4	E .		-	on with a hospital describ			(1)(A)(iii) Enter the		
•		name, city, and state:							
5			enefit of a college or	r university owned or ope	rated by a	aovernmer	ntal unit described in		
		, 70(b)(1)(A)(iv). (Complet	-	, ,	,	5			
6			,	unit described in section	170(b)(1)(A)(v).			
7	🗴 An organi	zation that normally rece	ives a substantial pa	art of its support from a g	overnment	al unit or fr	om the general public		
	described	in section 170(b)(1)(A)(vi). (Complete Part	II.)					
8	🗌 A commu	nity trust described in se	ction 170(b)(1)(A)(v	i). (Complete Part II.)					
9	An agricul	tural research organizati	on described in sec	tion 170(b)(1)(A)(ix) ope	rated in co	njunction w	ith a land-grant colleg	e	
	or univers	ity or a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name, o	city, and sta	ate of the college or		
10				33 1/3% of its support fro subject to certain except				SS	
	support fr	om gross investment inc	ome and unrelated b	ousiness taxable income	(less section	oń 511 tax)			
				section 509(a)(2). (Com		,			
11 12	E ·	e 1		test for public safety. Se or the benefit of, to perform			to correct out the purport	sos of	
12		• ·	-	d in section 509(a)(1) or					
			•	e of supporting organizat				Check	
a		•		vised, or controlled by its			-	a	
				ly appoint or elect a majo				.9	
		orting organization. You i			,				
b			-	ontrolled in connection w	ith its supp	orted orgai	nization(s), by having		
	contro	ol or management of the	supporting organiza	tion vested in the same p	ersons that	at control or	manage the supporte	ed	
	organ	ization(s). You must cor	mplete Part IV, Sec	tions A and C.					
c	: 🗌 Туре	III functionally integrate	ed. A supporting org	anization operated in cor	nnection wi	th, and fun	ctionally integrated wi	th,	
	its su	oported organization(s) (see instructions). Yo	ou must complete Part l'	V, Section	s A, D, and	d E.		
d		•	•	g organization operated i				()	
			-	n generally must satisfy a		•	ent and an attentivene	SS	
				te Part IV, Sections A a					
e	—	-		en determination from the		is a Type I	I, Type II, Type III		
f		imber of supported organ	,	integrated supporting org	janization.				
g		following information abo		nanization(s)				· · · · [
8	(i) Name of support	v	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	(1) Haine er eappel		(,	(described on lines 1-10	listed in you	ir governing	support (see	other support (see	
				above (see instructions))	docum	nent?	instructions)	instructions)	
					Yes	No			
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									

- Total For Par
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedu	le A (Form 990) 2021 LEAP for Ed	lucation, I	nc.			47-144506	1 Page 2
Part	II Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to						-
Secti	on A. Public Support			· · · ·			
	ıdar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	846 812	1,028,385	1 433 610	1 529 208	1 694 852	6,532,867
2	Tax revenues levied for the	040,012	1,020,303	1,435,010	1,525,200	1,054,052	0,332,007
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	846,812	1,028,385	1,433,610	1,529,208	1,694,852	6,532,867
5	The portion of total contributions by	840,812	1,028,385	1,433,610	1,529,208	1,094,852	0,532,807
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							1,439,552
-	Public support. Subtract line 5 from line 4 .						5,093,315
	on B. Total Support Idar year (or fiscal year beginning in) ►	(-) 0017	(b) 2010	(a) 2010	(4) 2020	(a) 2021	(f) Tatal
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	846,812	1,028,385	1,433,610	1,529,208	1,694,852	6,532,867
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources	1,259	1,201	991	425	1,957	5,833
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 VI.)	2,475	5,541	5,000			13,016
11	Total support. Add lines 7 through 10						6,551,716
12	Gross receipts from related activities, etc.	•	,			12	
13	First 5 years. If the Form 990 is for the or	•			•	•	,,,,
	organization, check this box and stop her						🕨 📋
	on C. Computation of Public Suppor					, ,	
14	Public support percentage for 2021 (line 6					14	77.74 %
15	Public support percentage from 2020 Sch	•	•			15	74.04 %
16a	33 1/3% support test - 2021. If the organ						
	box and stop here. The organization qual						
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		· · · · 🕨 🗌
17a	10%-facts-and-circumstances test - 202	If the organ	nization did not	check a box c	n line 13, 16a,	or 16b, and lin	ie 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check i	this box and st	op here. Expla	ain in
	Part VI how the organization meets the fa	cts-and-circur	nstances test. [·]	The organizati	on qualifies as	a publicly sup	ported
	organization						
b	b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
		lacto-and-one					
	Ū,			•	•	• •	··
18	organization						► 🗌
18	Ū,	d not check a	box on line 13,		, or 17b, checl	this box and s	► [] see

Part							
	(Complete only if you checked th						ider Part II.
0 + -	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	.)	
	on A. Public Support	() 00 17	(1) 00 (0	() 00 (0	(1) 0000	() 000 (
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				•		•
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	aonization's f	irat accord thi	 ird fourth or fi	 fth tax year as	a contion 501/	(a)(2)
14	organization, check this box and stop her	•			•		
Secti	on C. Computation of Public Suppor						· · · · · •
15	Public support percentage for 2021 (line 8			13 column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
	on D. Computation of Investment In						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17	Investment income percentage for 2021 (by line 13. colu	mn (f))	17	%
18	Investment income percentage from 2020			•	())	18	%
19a	33 1/3% support tests - 2021. If the orga					-	
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2020. If the organizatio	-	-				-
	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization di	-	-			-	ctions ►

Page 3

47-1445061

Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

t I, complete Part V.)					
		Yes	No		
1		Tes	NO		
	1				
	•				
	2				
	3a				
	3b				
)					
	3c				
	4a				
	4b				
	40				
	4c				
	5a				
	5b				
	5c				
	6				
	7				
	/				
	8				
	5				
	9a				
	9b				
	9c				
	10a				
	10b				

Schedule A (Form 990) 2021

	A (Form 990) 2021 LEAP for Education, Inc. 47-1445061		P	Page 5
Part I	V Supporting Organizations (continued)			
44			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		<u> </u>
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
C	provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sectio	on C. Type II Supporting Organizations		Vee	
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	on D. All Type III Supporting Organizations	•		Ĺ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		Ĺ
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inot	w. otic	
1 a	The organization satisfied the Activities Test. Complete line 2 below.	: 11150	ucuc	<i></i>
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedu	ie A (Fo	orm 990	J) 2021

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 (P) Current Year (optional) 2 Add lines 1 through 3. 2 (D) Prior Year 3 Other gross income (see instructions) 3 4 (D) Prior Year 4 Add lines 1 through 3. 4 (D) Prior Year (B) Current Year (optional) 6 Portion of operating expenses paid or incurred for production or collection of organs income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthy value of securities 1a (D) Prior Year (D) Current Year (optional) 1 Aggregate fair market value of securities 1a (D) Prior Year (D) Current Year (optional) 1 Aggregate fair market value	Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 (C) Prior Year (C) Prior Year <td< th=""><th>1</th><th>Check here if the organization satisfied the Integral Part Test as a qualifying</th><th>g trus</th><th>st on Nov. 20, 1970 <i>(exp</i></th><th>lain in Part VI). See</th></td<>	1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 <i>(exp</i>	lain in Part VI). See
Section A - Adjusted net income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 6 6 Portion of operating expenses paid or incurred for production or collection of gross income of rom management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a 1 Aggregate monthy value of securities 1a b Average monthy value of securities 1a 0 Total (add lines 1a, 1b, and 1c) 1d 2 Acadia dial ins 2a, 1b, and 1c) 1d		instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Secti	ons A through E.
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthy cash balances 1b (C) c Fair market value of other non-exempt-use assets 1c 1d 0 Discount claimed for blockage or other factors (explain in detail in Part W): (Acquisition indebtedness applicable to non-exempt-use assets 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 2 3 Subtract line 2 from line 1d. 3 2 2 2	Secti	on A - Adjusted Net Income		(A) Prior Year	· · /
3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 6 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 A a Average monthly value of securities 1a 6 b Average monthly value of securities 1a 6 c Fair market value of other non-exempt-use assets 1c 1 d Total (add lines 1a, 1b, and 1c) 1d 6 explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Acquisitue of non-exempt-use assets (subtract line 3 (for greater amount, see instructions). 5 6 4 <td< th=""><th>1</th><th>Net short-term capital gain</th><th>1</th><th></th><th></th></td<>	1	Net short-term capital gain	1		
4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a 1a b Average monthly value of securities 1a 1d c Fair market value of other non-exempt-use assets 1c 1d c Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 3 2 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 6 7 8 Multiply line 5 by 0.035.	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for lockage or other factors (explaim in detail in Part W): 2 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 6 6 6 Multiply line 5 by 0.035. 6 6 2 2 <tr< th=""><td>3</td><td>Other gross income (see instructions)</td><td>3</td><td></td><td></td></tr<>	3	Other gross income (see instructions)	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for productino of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a (C) b Average monthly value of other non-exempt-use assets 1c (C) c Fair market value of other non-exempt-use assets 1c (C) (C) a Average monthly value of securities 1a (D) (D) b Average monthly value of securities 1a (D) (D) c Fair market value of other non-exempt-use assets 1c (D) (D) (D) explaintion indebtedness applicable to non-exempt-use assets 2 (E) (E) (E) 3 Subtract line 2 from line 1d. 3 (E) (E) (C) (E) 4 Cash deemed held for exemp	4	Add lines 1 through 3.	4		
of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)67Other expenses (see instructions)78Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Section B - Minimum Asset Amount1Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):(A) Prior YearaAverage monthly value of securities1abAverage monthly value of other non-exempt-use assets1ccFair market value of other non-exempt-use assets1cdTotal (add lines 1a, 1b, and 1c)1deDiscount claimed for blockage or other factors (explain in detail in Part VI):22Acquisition indebtedness applicable to non-exempt-use assets23Subtract line 2 from line 1d.34Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).66Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount2Current Year1Adjusted net income for prior year (from Section A, line 8, column A)12Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount.34Enter greater of line 2 or line 3.45Income tax imposed in prio	5	Depreciation and depletion	5		
property held for production of income (see instructions)67Other expenses (see instructions)78Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Section B - Minimum Asset Amount(A) Prior Year1Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of tax year or assets held for part of year):Image: tabular of other non-exempt-use assetsImage: tabular of tabular	6	Portion of operating expenses paid or incurred for production or collection			
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a (B) Current Year (optional) 1 Aggregate fair market value of securities 1a (B) Current Year (optional) 2 Average monthly value of securities 1a (D) Prior Year 4 Verage monthly cash balances 1b (D) Prior Year c Fair market value of other non-exempt-use assets 1c (D) Prior Year d Total (add lines 1a, 1b, and 1c) 1d (D) Prior Year 2 Acquisition indebtedness applicable to non-exempt-use assets 2 (D) Prior Year 3 Subtract line 2 from line 1d. 3 (D) Prior Year (D) Prior Year 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 6 (D) Prior Year (D) Prior Year 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 (D) Prior Year (D) Pr		of gross income or for management, conservation, or maintenance of			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): (A) Prior Year (B) Current Year (optional) a Average monthly value of securities 1a (C) Prior Year (D) Prior Year b Average monthly cash balances 1b (C) Current Year (D) Prior Year (D) Prior Year (D) Prior Year c Fair market value of securities 1a (C) Prior Year (D) Pri		property held for production of income (see instructions)	6		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1a 1a b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 6 2 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) 8 2 3 Minimum asset amount for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. 2 2 3 3 Minimum asset amount for prior year (from Section A, line 8, column A) 3 4 4 Enter greate	7	Other expenses (see instructions)	7		
Section B - Minimum Asset Amount (A) Phor Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a (optional) a Average monthly value of securities 1a (optional) b Average monthly value of securities 1a (optional) c Fair market value of other non-exempt-use assets 1c (optional) c Fair market value of other non-exempt-use assets 1c (optional) c Fair market value of other non-exempt-use assets 1c (optional) c Fair market value of other non-exempt-use assets 1c (optional) c Fair market value of other non-exempt-use assets 1c (optional) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d (optional) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 (optional) 3 Subtract line 2 from line 1d. 3 (optional) 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 (optional) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 (optional) 6 Multiply line 5 by 0.035. 6 (Curren	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year): Image: constraint of the securities a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Image: constraint of the second	Secti	on B - Minimum Asset Amount		(A) Prior Year	· · /
a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	1	Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6		instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 2 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduc	а	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 2 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	b	Average monthly cash balances	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	С	Fair market value of other non-exempt-use assets	1c		
(explain in detail in Part V):Image: constraint of the second structure in th	d	Total (add lines 1a, 1b, and 1c)	1d		
2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	е	Discount claimed for blockage or other factors			
3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6		(explain in detail in Part VI):			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent 91Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	3	Subtract line 2 from line 1d.	3		
5Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
6Multiply line 5 by 0.035.67Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6		see instructions).	4		
7Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).6	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	6	Multiply line 5 by 0.035.	6		
Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Secti	on C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	2	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	4	Enter greater of line 2 or line 3.	4		
emergency temporary reduction (see instructions). 6	5	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions). 6	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		-	6		
	7		ally ir	ntegrated Type III suppor	rting organization
(see instructions).			-		

EEA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 6

47-1445061

Schedul	A (Form 990) 2021 LEAP for Education, Inc. V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi		445061 Page 7
	on D - Distributions	, oupporting organi		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purper	oses of supported organ	izations	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5
6	Other distributions (describe in Part VI). See instructions.	•		6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.	Ū I		8
9	Distributable amount for 2021 from Section C, line 6		1	9
10	Line 8 amount divided by line 9 amount		1	10
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) s Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			
EEA	-			Schedule A (Form 990) 2021

Schedule A (Fe	orm 990) 2021 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Attach te	o Form	n 990 or	Form 9	90-PF.	

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.					
Name of the organization	es to minimoly of a new later have have been and the mornation.	Employer ide	ntification number			
LEAP for Education	, Inc.	47-14	45061			
Organization type (check of	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 foundati	on				
	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	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	sial Rule. See				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to or property) from any one contributor. Complete Parts I and II. See instructions for contributions.	-				
Special Rules						
regulations under 16b, and that rece	 For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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. 					
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable onal purposes, or for the prevention of cruelty to children or animals. Complete Part) instead of the contributor name and address), II, and III.	e, scientific,				
For an organizatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive	d from any one				

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 💲

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Amelia Peabody Foundation One Hollis Street Suite 215 Wellesley MA 02482	\$60,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2	James Melvin Trust 800 Boylston St Boston MA 02199	\$40,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Wellington Mgt 280 Congress St Boston MA 02210	\$65,000	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Norman Read Trust 120 Washington St Salem MA 01970	\$200,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Clark R Smith Family Foundation <u>19 Weymouth St</u> <u>London 1084 IO wlg-7bg</u>	\$52,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Essex County Small Steps Fund 25 Rockholm Rd Gloucester MA 01930	\$ <u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Part I (a)

Page **2**

Employer identification number 47-1445061

LEAP	for	Education,	Inc

Name of organization c.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	Cradle to Career Initative 75 Arlington St Fl 7 Boston MA 02116	\$100,000	PersonImage: Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
8	Mollie and John Byrnes	\$50,000	Person x Payroll Noncash				
	Gloucester MA 01930		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	PersonIPayrollINoncashI(Complete Part II for noncash contributions.)				

Page 2

Employer identification number 47-1445061

Schedule B (Form 990) (2021) Name of organization

LEAP for Education, Inc.

SCHE	DULE D	
(Form	990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

2021 Open to Public Inspection

OMB No. 1545-0047

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

Name o	ame of the organization Employer identification number					
LEAP	for Education, Inc.	47-1445061				
Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acc	counts.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year) • • • •					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	\ensuremath{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?					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed			
	only for charitable purposes and not for the benefit of the dor					
_	conferring impermissible private benefit?	<u></u>	Yes 🗌 No			
Par						
	Complete if the organization answered "Yes" of					
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recreation		historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic str		· · 2c			
d	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the			
	tax year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,					
6	Stan and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing concervation	a accomente during the year			
'	Amount of expenses incurred in monitoring, inspecting, nance \$	and enforcing conservation	reasements during the year			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)	(4)(B)(i)			
U	and section $170(h)(4)(B)(ii)$?					
9	In Part XIII, describe how the organization reports conservati					
•	balance sheet, and include, if applicable, the text of the footn	•				
	organization's accounting for conservation easements.					
Par	<u> </u>	of Art, Historical Treasures, or C	Other Similar Assets.			
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works			
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furth	nerance of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and bala	ance sheet works of			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · ▶ \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide the			
	following amounts required to be reported under FASB ASC	958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		· · · · · ▶ \$			
b	Assets included in Form 990, Part X	<u></u>	· · · · · \$			

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

_	D (Form 990) 2021 LEAP for Educat	tion, Inc.			_		47-144		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	storical T	Freasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the fo	ollowing that n	nake sig	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	🗌 Loan o	r exchange pr	ograms			
b	Scholarly research		е	Other		•			
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how the	v further the	e organization	's exem	ot purpose in Part		
-	XIII.			<i>y</i>	o organization				
5	During the year, did the organization solicit	or receive donations	of art his	torical traas	ures or other	eimilar			
J	assets to be sold to raise funds rather than				-			. 🗌 Yes	
Par	t IV Escrow and Custodial Arra		part of the	organizatio				. [] 163	
	Complete if the organization		" on For	m 990 P	art IV line	9 or n	enorted an am	nount on F	Form
	990, Part X, line 21.			in 000, i	art iv, into	0, 01 1	oported an an		onn
		lion or other interme	diany for a	ontributiono	or other acco	to not			
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?								
								· _ res	No No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing ta	ble:			1 .		
								nount	
С	Beginning balance						-		
d	Additions during the year						1		
е	Distributions during the year						•		
f	Ending balance								
2a	Did the organization include an amount on I	Form 990, Part X, lin	e 21, for e	scrow or cu	istodial accou	nt liabilit	y?	. Yes	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	explanatio	n has been	provided on P	art XIII			
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes	" on For	m 990, P	art IV, line	10.			
		(a) Current year	(b) F	rior year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
d	Grants or scholarships								
e	Other expenditures for facilities and								
U	programs								
£	Administrative expenses								
f									
g	End of year balance								
2	Provide the estimated percentage of the cur		· •	, column (a))) held as:				
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sh								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held an	d administere	d for the	•	F	
	organization by:								Yes No
	(i) Unrelated organizations							- 3a(i)	
	(ii) Related organizations					• • •		. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as requ	uired on So	chedule R?				. 3b	
4	Describe in Part XIII the intended uses of th	e organization's end	lowment fu	unds.					
Par									
	Complete if the organization	answered "Yes	<u>on For</u>	<u>m 990, P</u>	art IV, line	<u>11a. S</u>	ee Form 990,	Part X, li	ne 10.
-	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Book	value
		(investm	nent)	(other)	d	epreciation		
1a	Land								
b	Buildings								
с	Leasehold improvements								
d					2,374		2,374		
e	Other				,5/1				
	Add lines 1a through 1e. (Column (d) must e		X column)c)				
		quari onn 330, rait		(<i>D</i>), iii C 10	.,				

	(a) Description of security or category	res on For	(b) Book value		(c) Method of valuation:
	(a) Description of security of category (including name of security)		(b) Book value		or end-of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	🕨			
Part VIII	Investments - Program Related.			<i></i>	
	Complete if the organization answered "	Yes" on Forr	n 990, Part IV, li	ne 11c. See Form	i 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	🕨			
Part IX	Other Assets.				
	Complete if the organization answered	res" on Forr	n 990, Part IV, li	ne 11d. See Form	1 990, Part X, line 15.
	(a) Descri	ption			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>			
Part X	Other Liabilities.	Vool on For		no 110 or 11f Sou	- Form 000 Dort V
	Complete if the organization answered "	res on For	n 990, Part IV, II		e Form 990, Part X,
1.	(a) Description of liability	(b) Book va	alue		
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8) (9)					
(8) (9) Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ► r uncertain tax positions. In Part XIII, provide the text of				

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page 3

47-1445061

Schedule D (Form 990) 2021

Part VII

Investments - Other Securities.

Schedule	D (Form 990) 2021 LEAP for Education, Inc.	47-1445061	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,946,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,946,703
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,946,703
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,831,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,831,907
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,831,907
Part	XIII Supplemental Information.		

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

SCHEDULE G		Supplement	ctivities	OMB No. 1545-0047						
(Form 990)		Complete if	or if the	2021						
Department of the Treasury Internal Revenue Service		organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
	Revenue Service f the organization		io to www.irs.gov/r	orm990 for ins	structions and	the latest informatio	on.	Employer identifica	•	
LEAP	for Educati	on, Inc.						47-144	5061	
Par		sing Activities.	Complete if the	e organiza	tion answe	ered "Yes" on F	orm			
	 Form 990-	-EZ filers are not r	equired to comp	olete this pa	nrt.					
1	Indicate whether	the organization rais	ed funds through a	any of the foll						
а	Mail solicitatio			e		of non-government	-	S		
							of government grants			
c d	Phone solicita			g	J Special fun	draising events				
2a	— ·	tion have a written or	oral agreement w	ith any individ	lual (includin	a officers directors	truste	205		
	0	s listed in Form 990,	0		·	•			Yes No	
b	If "Yes," list the 1	0 highest paid individ	luals or entities (fu	ndraisers) pu	irsuant to ag	reements under whi	ich the	fundraiser is to be	- <u> </u>	
	compensated at	least \$5,000 by the o	rganization.							
			1	1		,			1	
	(i) Name and address of individu or entity (fundraiser)				draiser have control of	(iv) Gross receipts from activity	(or	Amount paid to r retained by) Iraiser listed in	(vi) Amount paid to (or retained by)	
				contrib	utions?			col. (i)	organization	
				Yes	No	-				
1										
2										
-										
3										
4										
-										
5										
6										
7										
8										
9										
10										
			1							
Total			· · · · · · · · ·	••••	<u></u>	<u> </u>				
3	List all states in v registration or lic	which the organizatio ensing.	n is registered or li	censed to so	licit contribut	ions or has been no	otified	it is exempt from		

47-1445061

Page **2**

rt II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gioss receipts greater than	φ0,000.			
Revenue			(a) Event #1 Event	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	284,505			284,505
	2	Less: Contributions	135,403			135,403
	3	Gross income (line 1 minus				
		line 2)	149,102			149,102
Direct Expenses	4	Cash prizes • • • • • • • • • • • • • • • • • • •				
	_					
	5	Noncash prizes				
	6	Pont/facility costs				
	6	Rent/facility costs				
xpe	7	Food and beverages	10,396			10,396
ct E		3				
Dire	8	Entertainment				
_						
	9	Other direct expenses	24,215			24,215
	10	Direct expense summary. Add line				34,611
Da	11 Irt III	Net income summary. Subtract lin Gaming. Complete if the or				114,491
Га		\$15,000 on Form 990-EZ, I	•	es on Fonn 990, Fait	iv, line 19, of reported i	
		\$13,000 ON 1 ON 1 330-EZ, 1		(I) Dull take for start		(I) Total manaira (a dal
anı			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1					
		Gross revenue				
		Gross revenue				
。 。	2	Gross revenue				
nses		Cash prizes				
xpenses						
ct Expenses	2 3	Cash prizes				
Direct Expenses	2	Cash prizes				
Direct Expenses	2 3 4	Cash prizes				
Direct Expenses	2 3	Cash prizes	Yes %	Yes %		
Direct Expenses	2 3 4	Cash prizes	% % No	Yes % □ No	% % No	
Direct Expenses	2 3 4 5	Cash prizes	E	8		
Direct Expenses	2 3 4 5	Cash prizes	No	No		
Direct Expenses	2 3 4 5 6 7	Cash prizes	No es 2 through 5 in column (d)	□ No	□ No	
Direct Expenses	2 3 4 5 6	Cash prizes	No es 2 through 5 in column (d)	□ No	□ No	
	2 3 4 5 6 7 8	Cash prizes	No See 2 through 5 in column (d) Set a column from line 1, column	No	□ No	
9	2 3 4 5 6 7 8 En	Cash prizes	No Solution Conducts gaming activ	No	□ No	Tyes No
9	2 3 4 5 6 7 8 8 0 En a ls	Cash prizes	No Solution Conducts gaming activ	No	□ No	Yes No
9	2 3 4 5 6 7 8 8 0 En a ls	Cash prizes	No Solution Conducts gaming activ	No	□ No	Yes No
9	2 3 4 5 6 7 8 8 0 En a ls	Cash prizes	No Solution Conducts gaming activ	No	□ No	Yes No
9	2 3 4 5 6 7 8 8 b If " 4 	Cash prizes	No es 2 through 5 in column (d) ptract line 7 from line 1, colu ation conducts gaming activities in each o	No umn (d) vities:	No	Yes No
99	2 3 4 5 6 7 8 8 b If " 4 	Cash prizes	No es 2 through 5 in column (d) ptract line 7 from line 1, colu ation conducts gaming activities in each o	No umn (d) vities:	No	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEAP for Education, Inc.

Employer identification number 47-1445061

01. Form 990 governing body review (Part VI, line 11)

The Finance Committee reviews and approves the 990 before it is submitted to the full

Board for review and approval. This is done prior to the filing of the 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Board is required to comply with the conflict of interest policy and inform the Board

of any conflicts annually.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Board determines the salary for the Executive Director reviewing current wage

information for non-profits.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available upon request or on the Massachusetts Secretary of State

website. The 990 can be accessed via Guidestar.

FOR TAX YEAR 2021

LEAP FOR EDUCATION, INC.

Melissa Gilroy, CPA 80 Greenacre Rd Westwood, MA 02090 (781)696-4019