FOR TAX YEAR 2022

LEAP FOR EDUCATION, INC.

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

	00			Return (of Organiza	ation Exemp	From	Incor	me Tax		OMB No. 1545-0047
Form	99				or gamze			meor			2022
			Under s			of the Internal Reven				ations)	
Departr	nent of th	ne Treasury			-	numbers on this form	-				Open to Public
		e Service			-	90 for instructions a					Inspection
				tax year begin			01 , 2022	2, and en	ding		-30,2023
		oplicable:	C Name of o		AP for Educa	ation, Inc.				D Employ	yer identification number
	dress ch	-	Doing busi								47-1445061
	ame chai	•		`	x if mail is not delivered	to street address)		Room/s		E Telepho	one number
F	tial retur			ongress St					102		(978)740-6667
H		n/terminated	-		, country, and ZIP or fore	ign postal code				G Gross	•
F	nended I			m, MA 0197						\$	2,620,153 r subordinates? Yes X No
	plication	n pending	Name and	address of principa	I officer:						
	x-exemp	nt atatua: X	501(c)(3)	501(c) () (incort po)	4047(o)(1) or	527		H(b) Are all		
	ebsite:	N/A	501(0)(3)	<u> </u>) (insert no.)	4947(a)(1) or	527		_		See instructions
		ganization: X	Corporation	Trust Ass	ociation Other		L Year of form	nation: 20	Н(с) Group	State of lega	
Par	_	Summar	•							State of lega	
			•	nization's missi	on or most significa	ant activities: To	provide	acade	mic pos	t seco	ndary and career
		-	•		tudents in q		provide	acaaci	mic, pos	0 5000	ndary and career
JCe		SELVICES	co una	iserveu s	cudencs in g	1aues 0 10.					
nar											
ver	2	Check this be	ox 🗌 if the	e organization d	iscontinued its ope	rations or disposed of	more than 2	25% of its	net assets.		
Activities & Governance			_	0	rning body (Part VI	•				3	11
∞ v			U U	0	0,0	body (Part VI, line 1b)				4	10
itie				-		2 (Part V, line 2a)				5	199
ctiv				ers (estimate if r						6	
∢	7a	Total unrelate	ed business	revenue from F	Part VIII, column (C	C), line 12 • • • •				7a	0
	b	Net unrelated	d business t	axable income	from Form 990-T, F	Part I, line 11 • • •				7b	0
									Prior Year		Current Year
	8	Contributions	s and grants	(Part VIII, line	1h)				1,830),255	2,470,514
iue	9	Program serv	vice revenue	e (Part VIII, line	2g)						0
Revenue	10	Investment ir	ncome (Part	VIII, column (A), lines 3, 4, and 7	d)			1	L,957	3,822
Re	11	Other revenu	ie (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10	Dc, and 11e) • • •		·	114	1,491	112,975
	12	Total revenue	e - add lines	8 through 11 (r	must equal Part VII	I, column (A), line 12)		•	1,940	5,703	2,587,311
	13	Grants and s	imilar amou	nts paid (Part I	X, column (A), lines	s 1-3) • • • • • • •		·			0
					, column (A), line 4						0
ŝ						column (A), lines 5-10)	·	1,484	1,588	1,914,418
nse			0	· · · ·	olumn (A), line 11e	e)		·			0
Expenses					umn (D), line 25)		203,52	8			
ш				. ,	nes 11a-11d, 11f-24			·		7,319	421,623
		-			equal Part IX, colu	., ,			1,831		2,336,041
	19	Revenue les	s expenses.	Subtract line	18 from line 12					1,796	251,270
s or nce:		T . (.)		10)					ginning of Curr		End of Year
Net Assets or Fund Balances		Total assets (Total liabilitie		,				·	1,573		2,074,713
let A und			`	,				· –		3,262	582,894
Par			re Block					•	1,240	0,549	1,491,819
					m. including accompany	ing schedules and statemen	s. and to the be	est of my kno	wledge and beli	ef. it is	
						mation of which preparer ha			0		
		Lind	a Saris								
Sigr	• †	Signature of offic								Date	•
Here		Lind	a Sarie	Executiv	e Director						
		Type or print nan		EACULIV	e DITECTOL						
		Print/Type pre	parer's name		Preparer's signature		Date		Check	X if	PTIN
Paid	l		Gilroy		Melissa Gilr	ov	09-20-2	2023	self-em		P01069703
	arer	Firm's name	. GIIIOY		Gilroy, CPA	-~y	p7 20-2		Firm's EIN	Pioyou	101000100
	Only		s	80 Green					Phone no.		
	y	i initis audies			IMA 02090					781-6	96-4019
Mav t	ne IRS	discuss this	return with t		own above? See in	structions					Yes X No
-					parate instruction			-			Form 990 (2022)
				,							

OMB No. 1545-0047

	n 990 (2022) LEAP for Education, Inc.	47-1445061	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		•••
1	Briefly describe the organization's mission:		C 1C
	To provide academic, post secondary and career services to underserved stude	nts in grades	6-16.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		XINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.	_	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,900,651 including grants of \$) (Revenue	e \$)
τa	Providing academic services to low income and first generation students in g)
	Troviaing academic bervices to fow income and first generation stadents in g	10000 10.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4d		`	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1, 900, 651)	
40	Total program service expenses 1,900,651		

Form **990** (2022)

	990 (2022) LEAP for Education, Inc. 47-14	45061	F	Page 3
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,"			
	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		v
~	•	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	- 8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		х
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				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
С		110		
		· 11c		x
d	o i <i>i i i</i>			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X	
е		. <u>11e</u>	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	. 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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		х
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		v
17	-			x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			x
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 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? If "Yes," complete Schedule I, Parts I and II	. 21		x

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Page 3

Form 990 (2022)

Form		7-14450	61	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		ſ		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? <i>If "Yes," complete Schedule L, Part I</i>		25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	• • • •	25b		X
26	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%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• • • •	26		<u>x</u>
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	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				
	"Yes," complete Schedule L, Part IV		28a		_ X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
•	conservation contributions? If "Yes," complete Schedule M		30		_ X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
~~	complete Schedule N, Part II	• • • •	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • •	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		.		
25-	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		0.F.L		
26	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		20		
27	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		27		
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		37		x
38			20		
Par	19? Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		38	х	L
Par	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	20		162	NU
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	20			
D C	Did the organization comply with backup withholding rules for reportable payments to vendors and	U			
C	reportable gaming (gambling) winnings to prize winners?		1c	v	
				X	

Form	990 (2022) LEAP for Education, Inc. 47-14450	61	F	Page 5
Par	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 199			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		х
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		х
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			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
C	Enter the amount of reserves on hand	4.4-		
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	40		
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	n rea, completer offit 000a.			

For	m 990 (2022) LEAP for Education, Inc. 47-14450		Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			х
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			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
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?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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 on Schedule O the process, if any, used by the organization to review this Form 990.	1.0		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40		12c	X	
13	Did the organization have a written whistleblower policy?	13	х	
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?	450		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	x	v
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tea		А
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts			
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 Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Financial Managament Assoc (781)248-5759, One Boston Place Suite 2600, Boston, MA 02	108		
		-		0000

Form 990 (2022	2) LEAP for Education, Inc.	47-1445061 Pa	age 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	Highest Compensated Employees, a	nd
	Independent Contractors		
	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 Comp	ensated Employees	
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year en	ding with or within the	
organization's t	ax year.		
 List all of t 	he 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 the 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, box 6 of 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.

(A) Name and the (B) Aming how and the and the (C) Particle (c) not deek more han one onloce and a decorburstee) (B) Particle (c) not deek more han one onloce and a decorburstee) (B) Particle (c) not deek more han one onloce and a decorburstee) (B) Particle (c) not deek more han one onloce and a decorburstee) (B) Particle (c) not deek more han one onloce and a decorburstee) (B) Particle (c) not deek more organization (m) (B) Particle (c) not deek more o				ipen			ly curre				
(h) (b) (c) (c) <td></td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td></td> <td></td> <td></td> <td></td>						• •					
Name and tile Average per vest (1) Linda Saris Dex. where get and other box. where per to is both and other and discut/instance Compensation (1) Comparison Reportable compensation	(A)	(B)	(do r	not che			nan one		(D)	(E)	(F)
per week (box for related organization and below other line) intermediation of the related organization and of the related organization below other line) intermediation of the related organization of the per sector intermediation of the related organization of the per sector intermediation of the related organization of the per sector intermediation organization of the per sector intermediation organization of the per sector intermediation organizati	Name and title	Ŭ	box,	unles	s per	son is	s both ar				
Image: constraint of the second se			offic	er and	l a dir	rector	/trustee)				
hours tor									organization (W-2/	organizations (W-2/	from the
Image: Constraint of the second se		· ·	Indiv or di	Insti	Offic	Key	emp	Forr			
(1) Linda Saris			recto	tutio	Ĕ	emp	loye	ner	1099-NEC)	1099-INEC)	related organizations
Image: Constraint of the second se		-	or	nal tr		loye	epomp				
Image: Constraint of the second se			stee	uste		Φ	bens				
Executive Director x x x y		dolled line)		¢			ated				
Executive Director x x x y											
(2) Victor F Cruz 1.00 x 0 0 0 Director x 0 0 0 0 0 Olirector x 0 0 0 0 0 0 Olirector x 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) Linda Saris	40.00									
Director x 0 0 0 Operation x 0 0 0 0 Director x 0 0 0 0 Older x 0 0 0 0 Older x 0 0 0 0 Older x 0 0 0 0 0						x			94,308	0	7,537
(3) Derek Gaskins 1.00 x 0 0 0 Director x 0 0 0 0 (4) Brian Castellanos 1.00 x 0 0 0 Director x 0 0 0 0 0 0 Director x 0 <td>(2) Victor E Cruz</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) Victor E Cruz	1.00									
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(4) Brian Castellanos 1.00 x 0 0 0 Director x 0 0 0 0 0 0 Director x 0	(3) Derek Gaskins	<u>1.00</u>									
Director X 0 0 0 (5) Dr David Silva 11.00 X 0 0 0 Director 11.00 X 0 0 0 0 Director x 0 0 0 0 0 0 Director x 0 0 0 0 0 0 0 Director x 0									0	0	0
(5) Dr David Silva 1.00 x 0 0 0 Director x 0 0 0 0 0 Director x 0 0 0 0 0 Director x 0 0 0 0 0 Director 1.00 x 0 0 0 0 Director x 0 0 0 0 0 Director x 0 0 0 0 0 Director x 0 0 0 0 0 0 Director x x 0 <td< td=""><td>(4) Brian Castellanos</td><td><u>1.00</u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) Brian Castellanos	<u>1.00</u>									
Director x 0 0 0 0 0 0 <	Director		х						0	0	0
(6) Jessica Huizenga 1.00 x 0 0 0 Director x 1.00 x 0 0 0 Director 1.00 x 0 0 0 0 Director x 0 0 0 0 0 Director 1.00 x 0 0 0 0 Clerk x x 0 0 0 0 Clerk x x 0 0 0 0 Treasurer 1.00 x 0 0 0 0 Board Vice Chair 1.00 x 0 0 0 0 President 1.00 x 0 0 0 0 0 (11)Jody Goldman 1.00 x 0 0 0 0 0 (13)	(5) Dr David Silva	1.00									
Director x 0 0 0 0 (7) Lydia Smyers 1.00 x 0 0 0 0 Director x 1.00 x 0 0 0 0 Bigdalia Gomez 1.00 x x 0 0 0 0 Clerk x x x 0 0 0 0 0 (9) James Rowan III 1.00 x x 0 0 0 0 Treasurer 1.00 x 0 0 0 0 0 Board Vice Chair 1.00 x 0 0 0 0 0 President 1.00 x 0 0 0 0 0 0 (11)Jody Goldman 1.00 x 0	Director		х						0	0	0
[7] Lydia Smyers .1.00 x 0 0 0 Director x x 0 0 0 0 [8] Miqdalia Gomez .1.00 x x 0 0 0 Clerk x x x 0 0 0 0 [9] James Rowan III .1.00 x 0 0 0 0 Treasurer 1.00 x 0 0 0 0 [10]Connie Rudnick Grayson .1.00 x 0 0 0 Board Vice Chair .1.00 x 0 0 0 0 [11] Jody Goldman .1.00 x 0 0 0 0 [12]	(6) Jessica Huizenga	1.00									
Director x 0 0 0 (8) Migdalia Gomez 1.00 x x 0 0 0 Clerk x x 0 0 0 0 0 (9) James Rowan III 1.00 x x 0 0 0 0 Treasurer x 0 0 0 0 0 0 0 0 Board Vice Chair 1.00 x 0 0 0 0 0 0 President x 0 0 0 0 0 0 0 (12) x 0 0 0 0 0 0 0 (13)	Director		х						0	0	0
Director X 0 0 0 (8) Migdalia_Gomez 1.00 X X 0 0 Clerk X X 0 0 0 (9) James Rowan III 1.00 X 0 0 0 Treasurer X X 0 0 0 [10]Connie Rudnick Grayson 1.00 X 0 0 0 Board Vice Chair X 0 0 0 [11]Jody Goldman 1.00 X 0 0 0 President X 0 0 0 (12) (13)	(7) Lydia Smyers	1.00									
Clerk x x x x 0 0 0 (9) James Rowan III 1.00 x 0 0 0 Treasurer x 0 0 0 0 Board Vice Chair 1.00 x 0 0 0 Board Vice Chair 1.00 x 0 0 0 President x 0 0 0 0 (11) Jody Goldman 1.00 x 0 0 0 (12)			х						0	0	0
(9) James Rowan III 1.00 x 0 0 0 Treasurer 1.00 x 0 0 0 0 (10)Connie Rudnick Grayson 1.00 x 0 0 0 0 Board Vice Chair x 0 0 0 0 0 0 President x 0 0 0 0 0 0 (12)	(8) Migdalia Gomez	1.00									
Treasurer x 0 0 0 (10)Connie Rudnick Grayson 1.00 x 0 0 Board Vice Chair x 0 0 0 (11)Jody Goldman 1.00 x 0 0 President x 0 0 0 (12) (13)	Clerk		x		х				0	0	0
(10)Connie Rudnick Grayson 1.00 x 0 0 0 Board Vice Chair 1.00 x 0 0 0 (11)Jody Goldman 1.00 x 0 0 0 President x 0 0 0 0 (12)	(9) James Rowan III	1.00									
Board Vice Chair X 0 0 0 (11) Jody Goldman 1.00 X 0 0 0 President X 0 0 0 0 0 (12)	Treasurer				х				0	0	0
Board Vice Chair X 0 0 0 (11) Jody Goldman 1.00 X 0 0 0 President X 0 0 0 0 0 (12)	(10)Connie Rudnick Grayson	1.00									
President x 0 0 0 (12) (13)					х				0	0	0
President X 0	(11)Jody_Goldman	1.00		I	T						
					х				0	0	0
	<u>(12)</u>										
<u>(14)</u>	<u>(13)</u>										
	<u>(14)</u>										

	90 (2022) LEAP for Education		_		_						-1445		Pa	age 8
Part	VII Section A. Officers, Directors, T	rustees, l	Key E	Emp	oloy	yee	s, an	nd F	Highest Comp	ensated	Emplo	yees	(conti	nued)
	(A) Name and title	(B) Average hours per week	box,	unles	Po eck n ss pei	rson i	han one s both ai /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/		con	(F) ated amo of other npensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	07gani2ations 1099-MIS 1099-NE(SC/	orgar	rom the nization a d organiza	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b c	Subtotal Subtotal Total from continuation sheets to Part VII, Section Section	ion A .	· · · · · ·	· · ·	 	· ·	 	•						
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limite								94,308		0		7,5	<u>37</u>
	reportable compensation from the organization												No.	0
3	Did the organization list any former officer, directo			-		-							Yes	No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re	portable con	npensa	ation	and	l oth	er com	npen	nsation from the			3		x
	organization and related organizations greater than individual							ule J	I for such			4		x
5	Did any person listed on line 1a receive or accrue							aniza	ation or individual		• • •	-		
	for services rendered to the organization? If "Yes,"	complete Sc	chedule	e J fo	or su	ich p	erson					5		х
	on B. Independent Contractors Complete this table for your five highest compensa		dont or	ontro	otor	e the	t roco	ivod	more than \$100.00	0 of				
1	compensation from the organization. Report comp										year.			
	(A)								(B)			(C)		
	Name and business addres	s							Description of servic	es		Compensa	ation	
								<u> </u>						
	Total number of independent contractors (institution	but not lim:		hoss	lict		hove							
2	Total number of independent contractors (including received more than \$100,000 of compensation from			lose	ISte	eu al	uuve)	wiiO	1					

Form 99				Educatio	on,	Inc.			47-14450	61 Page 9
Part '	VIII	Statement of Rev								_
		Check if Schedule O co	ntain	is a response	or no	te to any line in this				
							(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					
აი	b	Membership dues	• •		1b					
nut	c	Fundraising events	• •		1c	106,394				
Am	d	Related organizations .		r i i i i i i i i i i i i i i i i i i i	1d					
IIar	e	Government grants (contr			1e	1,193,162				
Sim	f	All other contributions, gift	-							
her		and similar amounts not in Noncash contributions inc			1f	1,170,958				
and Other Similar Amounts	g	lines 1a-1f			1g	\$				
an	h	Total. Add lines 1a-1f		L			2,470,514			
						Business Code	2/1/0/011			
	2a									
	b									
nu	c									
Revenue	d									
Ř	e									
		All other program service r								
	1	Total. Add lines 2a-2f .								
	3	Investment income (includi other similar amounts)					2 0 2 2			2 0 2 2
	4	Income from investment of					3,822			3,822
		Royalties		-	•					
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u> </u>	<u></u>						
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
		sales of assets								
		other than inventory	7a							
D	D	Less: cost or other basis and sales expenses	76							
		Gain or (loss)								
		Net gain or (loss)		•						
		Gross income from fundrai								
		events (not including \$	Ū	106,394						
		of contributions reported or	n line	;						
		1c). See Part IV, line 18	••		8a	145,817				
		Less: direct expenses .			8b	32,842				
		Net income or (loss) from f		aising events	· ·		112,975			112,975
	9a	Gross income from gaming								
	h	activities, See Part IV, line			9a 9b					
		Less: direct expenses . Net income or (loss) from g			L					
				ig activities	<u> </u>					
	10a	Gross sales of inventory, le returns and allowances			10a					
	ь	Less: cost of goods sold			10b					
		Net income or (loss) from s								
		. ,				Business Code				
	11a									
nu.	b									
Kevenue	С									
r		All other revenue								
		Total. Add lines 11a-11d							-	
	12	Total revenue. See instruct	tions	3 .			2,587,311	0	0	116,797

	Check if Schedule O contains a response or note to a	,		<u>····</u>	
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations		CAPCINGCS	general expenses	схренаса
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and				
	reign individuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	94,307	48,097	16,975	29,23
	ompensation not included above to disqualified	94,307	40,097	10,975	29,23
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	F	1 570 660	1 200 170	65.000	120 40
	ther salaries and wages	1,572,668	1,369,176	65,008	138,48
	ension plan accruals and contributions (include	4.5.4.5.4	10 100		o 10
	ection 401(k) and 403(b) employer contributions)	17,151	10,468	4,547	2,13
		72,057	53,602	16,737	1,71
		158,235	135,635	11,646	10,95
	ees for services (nonemployees):				
	anagement				
	egal · · · · · · · · · · · · · · · · · · ·				
	ccounting	38,724		38,724	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	ther. (If line 11g amount exceeds 10% of line 25, column				
	.) amount, list line 11g expenses on Schedule O.)	101,393	70,801	21,281	9,31
	dvertising and promotion ••••••	6,250	84	1,561	4,60
	ffice expenses				
	formation technology				
	oyalties				
	ccupancy	110,993	71,035	34,408	5,550
7 Tra	avel	4,346	2,893	1,152	30:
8 Pa	ayments of travel or entertainment expenses				
for	r any federal, state, or local public officials •••••				
9 Co	onferences, conventions, and meetings				
2 0 Int	terest	3,934		3,934	
2 1 Pa	ayments to affiliates • • • • • • • • • • • • • • • • • • •				
22 De	epreciation, depletion, and amortization ••••••				
:3 Ins	surance	9,142		9,142	
24 Ot	ther expenses. Itemize expenses not covered				
ab	oove (List miscellaneous expenses on line 24e. If				
lin	e 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a <u>st</u>	tudent services	71,659	71,659		
	aterials and supplies	75,182	67,201	6,747	1,234
c					
d					
e All	l other expenses				
	otal functional expenses. Add lines 1 through 24e	2,336,041	1,900,651	231,862	203,52
6 Jo	bint costs. Complete this line only if the	, > , _	, ,		
	ganization reported in column (B) joint costs				
	m a combined educational campaign and ndraising solicitation. Check here if				
iur	Ilowing SOP 98-2 (ASC 958-720)				

Form 990 (2022)	LEAP	for	Education,	Inc.

Page 11

Par	t 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	1,471,833	1	1,614,694
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,000	3	71,837
	4	Accounts receivable, net	75,107	4	116,052
	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)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	16,871	9	47,655
	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	224,475
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,573,811	16	2,074,713
	17	Accounts payable and accrued expenses	175,462	17	202,579
	18	Grants payable		18	
	19	Deferred revenue	7,800	19	
	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%			
Lial		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	149,251
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	001.004
	20			25	231,064
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	333,262	26	582,894
s		and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions	1,190,549	27	1 001 770
alaı	28	Net assets with donor restrictions		28	1,221,773
or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here	50,000	20	270,046
nn		and complete lines 29 through 33.			
Ъ	29	Capital stock or trust principal, or current funds		29	
ts (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
ìt A	32	Total net assets or fund balances	1,240,549	32	1,491,819
ž	33	Total liabilities and net assets/fund balances	1,573,811	33	2,074,713

EEA

Form 990 (2022)

Form	990 (2022) LEAP for Education, Inc.	47-1445061	L	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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	587,	311
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	336,	041
3	Revenue less expenses. Subtract line 2 from line 1	3		251,	270
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	240,	549
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,	491,	819
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		х
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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		3b		
			F		0000

Form 990 (2022)

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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number LEAP for Education, Inc. 47-1445061 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

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

(D)

(E) Total OMB No. 1545-0047

	LEAP for Education (Form 990) 2022	ducation, I	nc.			47-144506	1 Page 2
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1.028.385	1,433,610	1.529.208	1.694.852	2.364.120	8,050,175
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
	v						
4	Total. Add lines 1 through 3	1,028,385	1,433,610	1,529,208	1,694,852	2,364,120	8,050,175
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,349,826
6	Public support. Subtract line 5 from line 4 .						6,700,349
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,028,385	1,433,610	1,529,208	1,694,852	2,364,120	8,050,175
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,201	991	425	1,957	3,822	8,396
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.)	E E 41	E 000				10 541
11	Total support. Add lines 7 through 10	5,541	5,000				10,541
12	Gross receipts from related activities, etc.					12	8,069,112
	•	•	,				(2)
13	First 5 years. If the Form 990 is for the o	•			•		• •
Cast	organization, check this box and stop he						· · · · · · L
	ion C. Computation of Public Suppo			(0)			
14	Public support percentage for 2022 (line		•			14	83.04 %
15	Public support percentage from 2021 Sch					15	77.74 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	•		-			
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppor	ted organizatio	on		[
17a	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and line	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and st	op here. Explai	n in
	Part VI how the organization meets the fa						
	organization			-	-		_
b							
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the						
40	organization						
	Private toungation if the ordanization di	U DOL CROCK 2 1		100 100 1/0	ANT LON COOCH	THE DOV 3DD CC	
18	instructions						

-	le A (Form 990) 2022 LEAP for Ed	lucation, In	nc.			47-1445061	Page 3
Part							
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	nplete Part II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 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						
5	furnished by a governmental unit to the						
c	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	n tax year as a	section 501(c)	(3)
	organization, check this box and stop her	•				.,	`
Secti	on C. Computation of Public Support						
15	Public support percentage for 2022 (line 8			3. column (f))		15	%
16	Public support percentage from 2021 Sch		•	••••••		16	%
	on D. Computation of Investment In					1	/0
17	Investment income percentage for 2022 (li		-	/ line 13 colum	nn (f))	17	%
18	Investment income percentage from 2022 (I		• • •		1.77	18	%
19a	33 1/3% support tests - 2022. If the organ						
130	17 is not more than 33 1/3%, check this be						
h		-	-	-		•••	
b	33 1/3% support tests - 2021. If the organization						
20	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	
20	Private foundation. If the organization die	а посспеска в	iox on line 14,	isa, or isd, ch	eck uns pox an		JUS []

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Part V.)				
	Yes	No		
	165	NU		
1				
-				
2				
3a				
3b				
3c				
4-				
4a				
4b				
40				
4c				
5a				
5b				
5c				
6				
7				
8				
9a				
9b				
-				
9c				
40				
10a				
104				
10b	L			

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
3	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	iction	is).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

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EEA

Schedule A (Form 990) 2022

LEAP for Education, Inc.

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			2
	instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Section	
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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	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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
ecti	on 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	Check here if the current year is the organization's first as a non-functiona	llv inte	arated Type III suppor	ting organization

Schedule A (Form 990) 2022

	e A (Form 990) 2022 LEAP for Education, Inc.) Supporting Organi		45061 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ		/
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
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 purpo	oses of supported organi	zations	3
4	Amounts paid to acquire exempt-use assets		4	1
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	onsive	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2022 from Section C, line 6		9	·
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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)

Filers of:

Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2022

Attach to Form 990 or Form 990-PF.

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

Employer identification number LEAP for <u>Education, Inc</u>. 47-1445061 Organization type (check one): Section: X 501(c)(3) (enter number) organization

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received 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).

LEAP fo	or Education, Inc.	47-1445061			
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Amelia Peabody Foundation One Hollis Street Suite 215 Wellesley MA 02482	\$60,000	Person x Payroll Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_2	James Melvin Trust 800 Boylston St Boston MA 02199	\$60,000	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Wellington Mgt 280 Congress St Boston MA 02210	\$ <u>70,000</u>	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Norman Read Trust 120 Washington St Salem MA 01970	\$200,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Clark R Smith Family Foundation 19 Weymouth St London 1084 IO w1g-7bq	\$ <u> </u>	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Cell Signaling Technology Inc 3 Trask Lane Danvers MA 01923	\$ <u>56,225</u>	PersonImage: Complete Part II for noncash contributions.)		

Page **2**

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

	rganization		Employer identification number
	r Education, Inc.		47-1445061
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_7	Mary Louise Riley Foundation 2 Liberty Sq Suite 500 Dester MD 02100	\$50	Person x Payroll □ ,000 Noncash (Complete Part II for
(a) No.	Boston MA 02109 (b) Name, address, and ZIP + 4	– (c) Total contribution	(d) s Type of contribution
8	Essex County Small Steps Fund 25 Rockholm Rd Gloucester MA 01930	\$50	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_9	Salem State University Forten Schol 352 Lafayette St Salem MA 01970	_ \$55 _	Person x Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
_10	Gerondelis Family Foundation 56 Central Ave Ste 201 Lynn MA 01901	\$100	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		_ \$	Person Image: Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2022)

SCHE	DULE D
(Form	990)

Supplemental Financial Statements

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization	Emplo	oyer ide	entification number				
LEAP	for Education, Inc.		47-14	445061				
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts	s.					
	Complete if the organization answered "Yes" 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	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised							
	funds are the organization's property, subject to the organization's exclusive legal control?			Yes	∏ No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	ed			_			
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos							
	conferring impermissible private benefit?			🗌 Yes	🗌 No			
Par								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
	Preservation of land for public use (for example, recreation or education)	historio	callv im	portant land area				
	Protection of natural habitat		•					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conse	ervation	1				
_	easement on the last day of the tax year.			Held at the End of the	Tax Year			
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic structure included in (a)		2c					
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a							
u	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o			ring the				
•	tax year	. gaa						
4	Number of states where property subject to conservation easement is located							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of							
•	violations, and enforcement of the conservation easements it holds?			Yes				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservatio	n easer	nents c	luring the vear				
	· · · · · · · · · · · · · · · · · · ·			·····g ···· , · ···				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	i)					
	and section 170(h)(4)(B)(ii)?			🗌 Yes				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement			s the				
	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or	Other	[.] Simi	ilar Assets.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	balanc	e shee	t works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	nerance	of pub	lic				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal	ance sł	neet wo	orks of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:		-					
	(i) 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 treasures, or other similar assets for financial							
	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							

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

	e D (Form 990) 2022 LEAP for Educa						47-1445		Page 2	
Part	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (co.	ntinued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the fol	lowing that m	ake sigr	nificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	· exchange pr	ogram				
b	Scholarly research				•	-				
с	Preservation for future generations			— .						
4	Provide a description of the organization's of	ollections and explain	n how they	further the	organization's	s exemp	t purpose in Part			
	XIII.									
5	During the year, did the organization solicit	or receive donations	of art histor	ical treasu	res or other s	similar				
•	assets to be sold to raise funds rather than							. 🗌 Yes		
Part				gamzation						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.			,	,	- ,	1			
	Is the organization an agent, trustee, custor	lian or other intermed	hiary for con	tributions of	or other asset	s not				
								. Yes	□ No	
b	If "Yes," explain the arrangement in Part XII									
5			nowing tabl				۸۳	ount		
•	Beginning balance					. 10		ount		
C L	Additions during the year									
d	Distributions during the year									
e	Ending balance									
f	-									
2a	Did the organization include an amount on I							_		
b Dorf	If "Yes," explain the arrangement in Part XII Endowment Funds.	I. Check here if the e	xplanation h	has been p	rovided on Pa	art XIII				
Part		answard "Vas'	" on Form		ort IV/ line	10				
	Complete if the organization							-		
_		(a) Current year	(b) Pric	or 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							_		
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end balanc	e (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%	, D								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held and	administered	for the				
	organization by:							Γ	Yes No	
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz							. 3b		
4	Describe in Part XIII the intended uses of th	•								
Part										
	Complete if the organization	•	" on Form	n 990, Pa	art IV, line	11a. S	ee Form 990, I	Part X, lir	ne 10.	
	Description of property	(a) Cost or oth			, other basis		Accumulated	(d) Book		
		(investm		.,	other)	• •	epreciation	(4) Dook	Value	
1a	Land	· · · · ·								
b	Buildings									
с С					0 274		0.074			
d	Equipment				2,374		2,374			
e Tatal			V and service of) <i>line</i> 10	1					
i otal.	Add lines 1a through 1e. (Column (d) must ed	quai ⊢orm 990, Part)	x, column (E	s), IINE 10C	.) •••••					

Schedule D (For	rm 990) 2022 LEAP for Education	n, Inc.			47-1445061	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered	"Yes" on Form	990, Part	IV, line 11b.	See Form 990, Par	t X, line 12.
	(a) Description of security or category (including name of security)		(b) Book val	ue	(c) Method of valuation Cost or end-of-year marke	
(1) Financial	derivatives					
(2) Closely-he	eld equity interests	[
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related.					
	Complete if the organization answered	"Yes" on Form	990, Part	IV, line 11c.	See Form 990, Parl	: X, line 13.
	(a) Description of investment		(b) Book val	ue	(c) Method of valuation Cost or end-of-year marke	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered	"Yes" on Form	990, Part	IV, line 11d.	See Form 990, Part	t X, line 15.
	(a) Des	scription			(b)) Book value
(1)0perati	ing Lease - Right of use asse					224,475
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)					224,475
Part X	Other Liabilities.					
	Complete if the organization answered line 25.	"Yes" on Form	990, Part	IV, line 11e	or 11f. See Form 99	0, Part X,
1.	(a) Description of liability	(b) Book valu	le			
(1) Federal i	ncome taxes					
. /						

(a) Description of hability	(b) BOOK value
(1) Federal income taxes	
(2) perating Lease Liability	231,064
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	231,064

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Schedu		47-1445061	Page 4
Part		r 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	2,587,311
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
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	2,587,311
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.)	5	2,587,311
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	2,336,041
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,336,041
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	2,336,041
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	OMB No. 1545-0047							
(Forr	n 990)	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions a					90 or Form 9	90-EZ.	n.		Open to Public Inspection	
Name o	f the organization							Employer identifie	cation number	
LEAP	for Educatio							47-144		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, lin										
	Form 990-EZ filers are not required to complete this part.									
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
а	Mail solicitatio	ns		e	-	of non-government	•	3		
b	Internet and e	mail solicitations		f		of government gran	ts			
С	Phone solicita	tions		g 🗌	Special fun	draising events				
d	In-person soli	citations								
2a	Did the organizat	ion have a written or	oral agreement wit	h any individ	ual (including	g officers, directors,	truste	es,		
	or key employees	listed in Form 990,	Part VII) or entity in	connection	with professi	onal fundraising ser	vices?		🗌 Yes 🗌 No	
b	If "Yes," list the 10) highest paid individ	luals or entities (fur	ndraisers) pu	rsuant to agr	eements under whic	h the	fundraiser is to b	e	
	compensated at I	east \$5,000 by the o	rganization.							
	(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in				or retained by)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
1										
-										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total 3		hich the organization			icit contributi	ons or has been not	ified it	is exempt from		
5	registration or lice	0		501300 10 301			incu il	is exempt nom		

LEAP for Education, Inc.

47-1445061

Page **2**

Part 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.

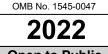
		gross receipts greater than	\$ 5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
			Event (event type)	(event type)	None (total number)	col. (c))			
ne									
Revenue	1	Gross receipts	252,211			252,211			
R	2	Less: Contributions	106,394			106,394			
	3	Gross income (line 1 minus	100,394			100,394			
		line 2)	145,817			145,817			
	4	Cash prizes							
	5	Noncash prizes							
6	6	Rent/facility costs							
nse	0								
xpe	7	Food and beverages	15,514			15,514			
Direct Expenses		J. J				/			
	8	Entertainment							
	9	Other direct expenses	17,328			17,328			
	40								
	10 11	Direct expense summary. Add line Net income summary. Subtract line	32,842						
Do	rt III	Gaming. Complete if the or				<u>112,975</u>			
10		\$15,000 on Form 990-EZ, li	-	es on Fonn 990, Faith					
		\$15,000 011 0111 550-EZ, I		.					
anı			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue		·							
Ř	1	Gross revenue							
ŝ	2	Cash prizes							
Direct Expenses	-								
xpe	3	Noncash prizes							
ğ	4	Rent/facility costs							
Dire	4								
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor • • • • • • •	No No	No	No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	•	Net energia e in energia e company o conte							
	8	Net gaming income summary. Sub	Suact line / from line 1, colu						
9	En	ter the state(s) in which the organiza	ation conducts gaming activ	vities:					
a Is the organization licensed to conduct gaming activities in each of these states?									
		No," explain:				🗌 Yes 📋 No			
10		ere any of the organization's gaming	licenses revoked, suspend	ded, or terminated during the	e tax year?	Yes No			
	b If"	Yes," explain:							

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.



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.