Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

	or the		JUN 30, 2021	
	heck if	C Name of organization	D Employer identific	cation number
	pplicable:	O Name of organization	D Employer identilit	Zation number
	Address	LEAP, INC.		
	change Name		11-31116	۸ ۵
	change Initial			
	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	return/ termin-	621 DEGRAW STREET	(718)-23	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,306,584.
	return Applica-	BROOKLIN, NI 11217	H(a) Is this a group re	
	tion pending	F Name and address of principal officer: AARON SHIFFMAN	for subordinates	? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	
		npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. See instructions
		:▶ WWW.BWINY.ORG	H(c) Group exemptio	
			/ear of formation: 1992 N	1 State of legal domicile: NY
Pa		Summary		
ø		riefly describe the organization's mission or most significant activities: LEAP EMP		
Governance	<u>I</u>	NCOME PEOPLE BY HELPING THEM GAIN ACCESS TO	LIVING-WAGE E	MPLOYMENT
rns	2 C	heck this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	13
ر د		umber of independent voting members of the governing body (Part VI, line 1b)		12
Se Se	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)	5	56
λŧ	6 T	otal number of volunteers (estimate if necessary)	6	50
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
Φ	8 C	ontributions and grants (Part VIII, line 1h)	5,121,953.	5,970,832.
Š	9 P	rogram service revenue (Part VIII, line 2g)	70,726.	193,337.
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,054.	1,937.
~	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,214.	129,652.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,305,947.	6,295,758.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	13,300.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ģ	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,017,471.	3,162,556.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be		otal fundraising expenses (Part IX, column (D), line 25) 418,378.		
û	17 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,233,773.	2,133,297.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,251,244.	5,309,153.
	19 R	evenue less expenses. Subtract line 18 from line 12	54,703.	986,605.
or			Beginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)	4,001,843.	4,959,342.
Assets (d Balanc	21 T	otal liabilities (Part X, line 26)	920,720.	931,734.
Net		et assets or fund balances. Subtract line 21 from line 20	3,081,123.	4,027,608.
Pa	ırt II	Signature Block		
Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sigr	ո	Signature of officer	Date	
Her	e	AARON SHIFFMAN, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı E	VA MRUK EVA MRUK	04/22/22 self-employ	
Prep		Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN	27-1728945
Use	Only [Firm's address 500 MAMARONECK AVENUE		
		HARRISON, NY 10528-1633	Phone no. 91	4-381-8900
May	the IRS	S discuss this return with the preparer shown above? See instructions		X Yes No
		HARRISON, NY 10528-1633	Phone no. 91	

11-3111694 Page **2** LEAP, INC. Form 990 (2020) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: LEAP EMPOWERS LOW AND MODERATE INCOME PEOPLE BY HELPING THEM GAIN ACCESS TO LIVING-WAGE EMPLOYMENT OPPORTUNITIES AND CAREER PATHS. SEEK TO DEVELOP PROGRAMS THAT COUNTER PREVAILING MARKET INEQUALITIES AND CONTRIBUTE TO A BROADER MOVEMENT FOR ECONOMIC JUSTICE. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,165,350 • including grants of \$ 0. 0 •) (Revenue \$ _ (Code:) (Expenses \$ RED HOOK ON THE ROAD: RED HOOK ON THE ROAD IS BWI'S COMMERCIAL DRIVING TRAINING PROGRAM. THIS FOUR-WEEK PROGRAM PREPARES PARTICIPANTS FOR JOBS AS DRIVERS OF "CLASS B/BPS" COMMERCIAL VEHICLES INCLUDING TRUCKS, SCHOOL BUSES, COACH OR CHARTER BUSES, AIRPORT SHUTTLE BUSES AND ACCESS-A-RIDE AND OTHER PARA-TRANSIT VEHICLES. THE COURSE CONSISTS OF INDUSTRY-SPECIFIC SKILLS, SUCH AS MAP-READING AND BEHIND THE WHEEL INSTRUCTION, AS WELL AS JOB READINESS AND SOFT SKILLS, SUCH AS MOCK INTERVIEWS AND CUSTOMER SERVICE SKILLS TRAINING. IN FY21, BWI ENROLLED 174 INDIVIDUALS INTO TRAINING, GRADUATING 95%. SO FAR, 86% OF GRADUATES HAVE OBTAINED CDL CERTIFICATION AND 78% OF THOSE LICENSED HAVE BEEN CONNECTED TO **749,886.** including grants of \$ 0 •) (Revenue \$ _) (Expenses \$ BWI'S NYCHA RESIDENT TRAINING ACADEMY: BWI'S NYCHA RESIDENT TRAINING ACADEMY PREPARES PUBLIC HOUSING RESIDENTS FOR CAREERS WITH THE NEW YORK CITY HOUSING AUTHORITY (NYCHA). TRAINEES PARTICIPATE IN UP TO SIX WEEKS OF TRAINING FOR VARIOUS EMPLOYMENT OPPORTUNITIES ON NYCHA DEVELOPMENTS THROUGHOUT THE FIVE BOROUGHS, INCLUDING CARETAKER AND CONSTRUCTION RELATED ROLES. POSITIONS WITH NYCHA OFFER OPPORTUNITIES FOR ADVANCEMENT AND EXCELLENT BENEFITS. IN FY21, THIS PROGRAM ENROLLED 317 INDIVIDUALS, GRADUATING 98% OF THOSE ENROLLED. THUS FAR, 83% OF GRADUATES HAVE BEEN PLACED INTO JOBS, EARNING \$15.78 ON AVERAGE. 522,127. including grants of \$ 0 •) (Revenue \$) (Expenses \$ BROOKLYN WOODS: BROOKLYN WOODS TRAINS NEW YORKERS FOR CAREERS IN WOODWORKING AND FABRICATION. THROUGH SEVEN WEEKS OF CLASSROOM AND HANDS-ON TRAINING, GRADUATES LEARN SHOP PRODUCTION, WOOD TECHNOLOGY, FINISHING TECHNIQUES, CABINET INSTALLATION, MECHANICAL DRAWING, AND THE SAFE USE AND PROPER CARE OF HAND AND POWER TOOLS IN BWI'S CUSTOM-BUILT WOODWORKING SHOP. GRADUATES ARE PLACED IN JOBS AT LARGE AND SMALL WOODWORKING SHOPS,

CONSTRUCTION AND HOME RENOVATION COMPANIES, HOME IMPROVEMENT STORES AND REAL ESTATE PROPERTY MANAGEMENT FIRMS. BROOKLYN WOODS ALSO OPERATES CABINET-BUILDING SOCIAL ENTERPRISE WHICH OFFERS EMPLOYMENT OPPORTUNITIES TO RECENT GRADUATES. IN FY21, BROOKLYN WOODS ENROLLED 57

3

4d Other program services (Describe on Schedule O.)

1,977,666. including grants of \$ 13,300.) (Revenue \$ 193,337.)

4,415,029. Total program service expenses ▶

Form 990 (2020)

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Form 990 (2020) LEAP, INC. Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	Х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			. ,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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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Form 990 (2020) LEAP, INC.

Part IV Checklist of Required Schedules (continued)

	·		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	Х	
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			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </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			37
	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 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? <i>If</i>	28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
032004	\$ 12-23-20		990	(2020)

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Form 990 (2020) LEAP , INC .

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	- Commission				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[110				
	filed for the calendar year ending with or within the year covered by this return	2a	56							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	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 Advanced in the Financi	ccoun	ts (FBAR).			X				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party potify the organization that it was or is a party to a prohibited tax shelter transaction?									
b	, , , , , , , , , , , , , , , , , , , ,									
С	, , , , , , , , , , , , , , , , , , , ,									
6a										
	any contributions that were not tax deductible as charitable contributions?		i i	6a		_X_				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and tox deductible?		gitts	C h						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c)			6b						
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae n	rovided to the payor?	7a		Х				
a b			Tovided to the payor:	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.5						
·	to file Form 8282?	ao roqe		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e							
	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	, , , , , , , , , , , , , , , , , , , ,			9b						
10	Section 501(c)(7) organizations. Enter:	۱	.							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	445	ı							
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a								
b	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124						
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	13b								
С	Enter the amount of reserves on hand	13c								
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 Schedul	le O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		_ <u>X</u> _				
	If "Yes," see instructions and file Form 4720, Schedule N.		_			37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		<u>X</u>				
	If "Yes," complete Form 4720, Schedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
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))	only)	availa	ble
	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	financ	cial	
	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			
	AARON SHIFFMAN - (718)-237-2017			
	621 DEGRAW STREET BROOKLYN NY 11217			

Form **990** (2020)

12350422 756359 1176235.001

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AARON SHIFFMAN EXECUTIVE DIRECTOR	35.00			Х				187,758.	0.	64,267.
(2) MICHELLE DE LA UZ	0.50							20171301	0.1	01,20,0
SECRETARY	34.50	х		х				0.	199,607.	8,628.
(3) ROY NIELSEN	0.50									,
DIRECTOR OF FINANCE & IT	34.50	1		Х				0.	153,281.	18,407.
(4) JULIO PEREZ	35.00								•	,
PROGRAM DIRECTOR	0.00	1				Х		129,412.	0.	32,975.
(5) SHAWN HEGELE	35.00									
DEVELOPMENT DIRECTOR	0.00					Х		119,287.	0.	4,708.
(6) SCOTT PELTZER	35.00									
DIRECTOR OF BROOKLYN WOODS	0.00					X		105,901.	0.	4,430.
(7) JUNE YEARWOOD	2.00									
CHAIR	0.00	Х		X				0.	0.	0.
(8) GARY RINDNER	2.00	1								
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(9) JEFF REISER	2.00	1								_
TREASURER	0.00	Х		Х				0.	0.	0.
(10) MELANIE ASH	2.00	1								_
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) LISA COWAN	2.00	1								
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) LARA GRUBER	2.00	ļ								
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) LARA O'BRIEN	2.00	l							•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) ANJULIKA SAINI	2.00	١.,							•	_
BOARD MEMBER	0.00	Х	-		_	_		0.	0.	0.
(15) CHRISTOPHER SAND	2.00	- -							•	
BOARD MEMBER	0.00	X			_			0.	0.	0.
(16) PATRICIA SWANN	2.00	₩.							^	_
BOARD MEMBER (17) TOYA WILLIFORD	2.00	Х	-	\vdash	\vdash	\vdash		0.	0.	0.
BOARD MEMBER		х						0.	0.	0.
DOARD HERIDER	1 0.00	Λ	L	<u> </u>	<u> </u>			<u> </u>	U •	Form 990 (2020)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ነ than e	one	Reportable	Reportable		Es	stimate	∍d
		hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensatio	- 1	an	nount	of
		week (list any				110010	1711 03	100)	from	from related		0000	other	tion
		hours for	direct				_		the organization	organization: (W-2/1099-MIS			pensa om th	
		related	9e 0r	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	,,,		anizat	
		organizations	trust	al tru		yee	om pe					_	d relat	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	In di	Insti	Officer	Key	High	Former			\longrightarrow			
	MELISSA WOODS	2.00	-											_
BOAR	D MEMBER	2.00	X				_		0.		0.			0.
			-											
							-				\dashv			
											-+			
			-											
											$\neg \dagger$			
											\neg			
							_				\longrightarrow			
			_											
									F40 2F0	252.00		1 2	2 4	1 -
	Subtotal								542,358.	352,88	0.	13	3,4	
	Total from continuation sheets to Part VI								542,358.	352,88		12	3,4	<u>0.</u>
	Total (add lines 1b and 1c)							<u> </u>		· · · · · · · · · · · · · · · · · · ·		тэ	3,4	13.
2	Total number of individuals (including but n	ot ilmited to ti	nose	liste	ed ar	oove	e) wn	io re	eceived more than \$100,	υυυ οτ reportable)			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trus	tee l	(ev e	mnl	ove	e or	hic	nhest compensated emp	lovee on	Г			
•	line 1a? If "Yes," complete Schedule J for si											3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	•								-		4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedu	le J f	or su	ıch ı	pers	on .					5		Х
Sec	tion B. Independent Contractors	,												
1	Complete this table for your five highest co	mpensated in	depe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	oensati	ion fro	om	
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	ear.				
	(A)								(B)	.	_	(0		
	Name and business			<u> </u>					Description of s		C	ompe	nsatio	n
	RTHSIDE DRIVING SCHOOL	-			A				COMMERCIAL D	KTATNG		0.0	0 6	0.0
	ESH POND ROAD, RIDGEWOO	עו, אין, עו	L <u>I</u> 3	85					TRAINING	DIVING		<u>∠</u> 3	9,6	UU.
AK	IA DRIVING SCHOOL								COMMERCIAL D	KT A TING				

NORTHSIDE DRIVING SCHOOL LTD., 68-35 A
FRESH POND ROAD, RIDGEWOOD, NY 11385
ARIA DRIVING SCHOOL
189-17 JAMAICA AVENUE, HOLLIS, NY 11423

Description of services
Commercial DRIVING
TRAINING
239,600.

COMMERCIAL DRIVING
TRAINING
102,750.

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

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		Check if Schedule O contains a response of	r note to anv lin	ne in this Part VIII			
			· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4 .	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts				-			
ij g				-			
fts, Ar		3	20,000.	-			
ig ig			939,327.	-			
ns, Sim		· · · · · · · · · · · · · · · · · · ·	333,341.	-			
utio er (1	All other contributions, gifts, grants, and	011 505				
ĕŧ		***	011,505.	-			
ont od (Noncash contributions included in lines 1a-1f	10,826.	F 070 020			
<u>0</u> <u>8</u>		Total. Add lines 1a-1f		5,970,832.			
			Business Code	102 225	100 000		
Se	2 8	WOODWORKER TRAINING	900099	193,337.	193,337.		
e vi	ı	·					
Program Service Revenue	•	:					
eve	(l					
ю Н	(
<u>P</u>	1	All other program service revenue					
		Total. Add lines 2a-2f)	193,337.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,566.			1,566.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 11,197.					
		Less: cost or other basis					
<u>e</u>		and sales expenses					
her Revenue		Gain or (loss) 7c 371.					
ev		Net gain or (loss)	•	371.			371.
e F		Gross income from fundraising events (not					<u> </u>
Ğ	٠.	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b		-			
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	3 (Part IV, line 19 9a					
		Less: direct expenses 9b		-			
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns and allowances 10a					
				-			
		J					
$\overline{}$		Net income or (loss) from sales of inventory	Business Code				
S		REIMBURSEMENT OF EXPS.	900099	113,980.			113,980.
eo Te	11 6		900099	15,672.			15,672.
Miscellaneous Revenue		OTHER REVENUE	200023	13,012.			13,014.
sce Be	(
Ξ̈́	(All other revenue		120 652			
		Total Add lines 11a-11d		129,652.	102 227	^	121 500
	12	Total revenue. See instructions		6,295,758.	193,337.	0.	131,589.

032009 12-23-20

Form 990 (2020) LEAP , INC . Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	13,300.	13,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	254 002	200 550	10 704	26 720
_	trustees, and key employees	254,992.	209,559.	18,704.	26,729.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,254,524.	1,886,302.	125,475.	242,747.
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,231,321	1,000,002.	123,1134	444/14/
5	section 401(k) and 403(b) employer contributions)	80,451.	66,117.	5,901.	8.433.
9	Other employee benefits	348,185.	286,147.	25,540.	36.498.
10	Payroll taxes	224,404.	184,420.	16,461.	8,433. 36,498. 23,523.
11	Fees for services (nonemployees):		,	,	==,===
а	Management				
b	Legal	10,000.		10,000.	
С	Accounting	64,537.		64,537.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	82,833.	39,622.	33,539.	9,672. 3,595.
12	Advertising and promotion	43,816.	38,703.	1,518.	3,595.
13	Office expenses	120,385.	92,731.	16,074.	11,580.
14	Information technology	146,296.	100,225.	12,901.	33,170.
15	Royalties	666 000	615 052	20 544	10 110
16	Occupancy	666,807.	615,953.	38,744.	12,110.
17	Travel	21,138.	17,401.	2,839.	898.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates	84,695.		84,695.	
22 23	Insurance	8,736.		8,736.	
24	Other expenses. Itemize expenses not covered	077500		377331	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAINING PROGRAMS	852,653.	835,790.	7,440.	9,423.
	ADMINISTRATIVE EXPENSE	13,931.	13,931.		
С	REPAIRS & MAINTENANCE	12,206.	10,778.	1,428.	
d	REGISTRATION & FEES	5,264.	4,050.	1,214.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,309,153.	4,415,029.	475,746.	418,378.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

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LEAP, INC.

Form 990 (2020) Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,655,918.	1	2,649,828
	2	Savings and temporary cash investments			387.	2	0
	3	Pledges and grants receivable, net	1,476,802.	3	1,469,565		
	4	Accounts receivable, net			107,848.	4	179,297
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial co	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ns		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
ပ္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			54,613.	9	38,604
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,743,811.			
	b	Less: accumulated depreciation	10b	1,182,672.	645,834.	10c	561,139
	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		60,441.	15	60,909	
	16	Total assets. Add lines 1 through 15 (must equal I			4,001,843.	16	4,959,342
	17	Accounts payable and accrued expenses			387,420.	17	398,434
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
္ပ	22	Loans and other payables to any current or former	office	er, director,			
1116		trustee, key employee, creator or founder, substan	tial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ns		22	
ڏ	23	Secured mortgages and notes payable to unrelated	d thire			23	
	24	Unsecured notes and loans payable to unrelated the	nird p	arties		24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D			533,300.	25	533,300
	26	Total liabilities. Add lines 17 through 25			920,720.	26	931,734
		Organizations that follow FASB ASC 958, check	here	X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			3,005,192.	27	3,934,510
Ba	28	Net assets with donor restrictions			75,931.	28	93,098
밀		Organizations that do not follow FASB ASC 958					
로		and complete lines 29 through 33.					
<u>ة</u>	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,081,123.	32	4,027,608
-	33	Total liabilities and net assets/fund balances			4,001,843.	33	4,959,342

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,29					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,30					
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,08	1,1	23.			
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	-4	0,1	20.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,02	7,6	08.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 in Schedule	Э.						
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:							
	Separate basis Consolidated basis X 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 Scho							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	-	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Inspection
Employer identification number

			, INC.					1	1-3111694				
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck 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 secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(ii	ii). Enter	the hospital's nan	ne,			
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from the	general p	oublic described in	n			
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	nd-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of th	e college	or				
		university:											
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts fr	om			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	support fi	om gross investm	nent			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orgar	nization a	fter June 30, 197	5.			
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Н	An organization organized a	-	•	•								
12		An organization organized a	-	- ·	-		· · · · · · · · · · · · · · · · · · ·		· ·	or			
		more publicly supported org	-						Check the box in				
		lines 12a through 12d that o	* *					-					
а			· · · · · · · · · · · · · · · · · · ·		•	-							
		the supported organization		• • • •	majority o	f the direc	tors or trustees	of the su	pporting				
		organization. You must c	=										
b			· ·					•	-				
		control or management of			ame perso	ns that coi	ntrol or manage	tne supp	oorted				
_		organization(s). You mus			:	.:		:	ما ن د ام				
С		☐ Type III functionally inte	- ' '				•	integrate	a with,				
_		its supported organization						al a	(-)				
d								-	* *				
		that is not functionally interest (and instruction	-	•	•		-	n attentiv	reness				
е		requirement (see instructi Check this box if the orga	•	-				Type III					
٠		functionally integrated, or					Type i, Type ii,	туретп					
f	Ente	er the number of supported o		iany integrated supporting		ation.							
		vide the following information	•										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of m	onetary	(vi) Amount of o	ther			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instruc	ctions)			
				,,									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	<u>``</u>	·				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4739980.	5708145.	5508670.	5121953.	5970832.	27049580.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4739980.	5708145.	5508670.	5121953.	5970832.	27049580.
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)						2049848.
6	Public support. Subtract line 5 from line 4.						24999732.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	4739980.	5708145.	5508670.	5121953.	5970832.	27049580.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	979.	218.	1,836.	2,054.	1,566.	6,653.
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.)	57,330.	94,111.	55,284.	111,214.	129,652.	447,591.
11	Total support. Add lines 7 through 10						27503824.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	869,955.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	_
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.90 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	91.72 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶
_	Schedule A (Form 990 or 990-EZ) 2020						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 line 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.)

	Yes	No
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10b		

Pa	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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		
Sec	tion 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			
0	the supported organization(s).	1		
Sec	tion 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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	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		
р	Did the activities described in 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	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		OI:		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1	Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1	1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
A Net short term capital gain 1 Net short term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly cash balances 1 Decount claims of to blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Out of the 2 from line 1 d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temporary reduction (see instructions).					
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines I through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section B, line 8, column A) 1 Agilised net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount 7 Enter greater of line 2 or line 3. 6 Distributable Amount for prior year (from Section B, line 8, column A) 6 Distributable Amount for prior year (from Section B, line 8, column A) 7 Enter greater of line 2 or line 3. 8 Minimum asset amount for prior year (from Section B, line 8, column A) 8 Enter greater of line 2 or line 3. 9 Distributable Amount for prior year (from Section B, line 8, column A) 9 Discount (for the firm of	Section	on A - Adjusted Net Income		(A) Prior Year	. ,
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 action B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount 7 Current Year 8 Distributable Amount 5 Libract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	1	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 6, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 6, 6, and 7 from line 4) 8 Adjusted Net Income (subtract line 9 from line 4) 8 Adjusted Net Income (subtract line 9 from line 9 from line 10, 10	2	Recoveries of prior-year distributions	2		
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	7		ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	!
3	Administrative expenses paid to accomplish exempt purpose	3	<u> </u>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		j
6	Other distributions (describe in Part VI). See instructions.			; <u> </u>
7	Total annual distributions. Add lines 1 through 6.			'
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	1
9	Distributable amount for 2020 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount	T	10)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>_i</u>	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Part VI

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2016 AMOUNT: \$ 8,317. 7,545. 2017 AMOUNT: \$ 9,042. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 7,544. 2020 AMOUNT: \$ 15,672. REIMBURSEMENT OF EXPENSES FROM RELATED PARTIES 2016 AMOUNT: \$ 49,013. 2017 AMOUNT: \$ 86,566. 2018 AMOUNT: \$ 46,242. 2019 AMOUNT: \$ 103,670. 2020 AMOUNT: \$ 113,980.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

11-3111694 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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**

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

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 or 990-EZ), 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;

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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

11-3111694

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		\$ 500,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 5	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

11-3111694

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

LEAP, INC. 11-3111694 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** LEAP 11-3111694 INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEAP, INC.

Employer identification number 11-3111694

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring			
_						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a		I I			
_	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax			
4	year	rement is leasted				
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per					
3	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	Land volunteer modes devoted to morntoning, inspecting,	rianding of violations, and emotoring consc	orvation oddernante during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year			
•	▶ \$	9	on casements daming and year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	nts that describes the			
	organization's accounting for conservation easements.	-				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works			
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public			
	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 95	8, to report in its revenue statement and ba	alance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB A	_				
	Revenue included on Form 990, Part VIII, line 1					
-	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020			

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements		1,323,465.	809,004.	514,461.	
d Equipment		420,346.	373,668.	46,678.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equa	561,139.				

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	l		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (h) must equal Form 000 Part V. col. (D) line 12.)			
Total. (Col. (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 X line 15	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	9 15.)	>	
Part X Other Liabilities.	_		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(h) De elecció
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	AM TOAN		E33 300
(2) PAYCHECK PROTECTION PROGRA	AM LOAN	+	533,300.
(3)		+	
(4)		+	
(5) (6)		+	
<u>(6)</u>		+	
<u>(7)</u> (8)		+	
(9)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	N	533,300.
2. Liability for uncertain tax positions. In Part XIII, provide	•		

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 ... X

Schedule D (Form 990) 2020

	rt XI Reconciliation of Revenue per Audited Financial Stater	nonto With D	ovenue per De		JIIIOJ I Page
Par	<u> </u>		evenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		1	6,382,667.
1				1	0,302,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	20			
	Net unrealized gains (losses) on investments		86,909.	-	
	Donated services and use of facilities		00,505.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			0-	86,909.
	Add lines 2a through 2d			2e	6,295,758.
3	Subtract line 2e from line 1			3	0,233,130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)				0
С	Add lines 4a and 4b			4c	0.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	monto With I	Evnanasa nar F	5	6,295,758.
Pai	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			F 42C 102
1	Total expenses and losses per audited financial statements			1	5,436,182.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	06.000		
	Donated services and use of facilities		86,909.	-	
b	Prior year adjustments	2b		-	
С	Other losses			_	
d	Other (Describe in Part XIII.)	2d	40,120.		
е	Add lines 2a through 2d			2e	127,029.
3	Subtract line 2e from line 1			3	5,309,153.
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.)	4b			
С	Add lines 4a and 4b			4c	0.
5				5	5,309,153.
Pai	rt XIII Supplemental Information.				
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a				
PAF	RT X, LINE 2:				
	··, — ·				
ΈZ	AP RECOGNIZES THE EFFECT OF INCOME TAX PO	SITIONS	ONLY IF TH	OSE	POSITIONS
	1120001(122) 1112 211201 01 11(00112 11111 10	D	01121 11 111		1001110110
۱RA	E MORE LIKELY THAN NOT TO BE SUSTAINED. M	ANAGEMEN'	T HAS DETE	RMT	TED THAT
1111	HORD DIRECT TIMES NOT TO DE CONTRIBED.	ZIIIIZIO DI II DI	I IIIID DEIL	111111	100 111111
. Fr Z	AP HAD NO UNCERTAIN TAX POSITIONS THAT WO	מווים אבטווי	TRE ETNANC	ТΔТ.	спапемени
عضد	AF HAD NO UNCERTAIN TAX FOSTITONS THAT WO	ODD REQU	IKE FINANC	тип	SIMILMENT
ס פיר	COCNITATION OF DISCLOSURE LEVE IS NO LONGE	ים כוום דהכיו	п п∧ гулм т	ת אדא ו	ONC DV
CEC	COGNITION OR DISCLOSURE. LEAP IS NO LONGE	K SUBUEC	I TO EXAMI	MAT	LONS BI
	D ADDITOADID MAYING TUDIODIOMONG DOD MAY	DEDIODG	DD TOD MO	TTTNTT	- 20
LHF	E APPLICABLE TAXING JURISDICTIONS FOR TAX	PERIODS	PRIOR TO	JUNE	<u> </u>
	10				
4 U J	18.				
PΑF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
					40 400
√R]	ITE-OFF OF UNCOLLECTIBLE PLEDGE				40,120.

Schedule D (Form 990) 2020 LEAP, INC.	11-3111694 Page 5
Schedule D (Form 990) 2020 LEAP, INC. Part XIII Supplemental Information (continued)	<u> </u>
(continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

LEAP, IN	iC.						11-3111694
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	ls to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	1
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's	procedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance	o Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" on Form 990, Part I\	/, line 21, for any
recipient that received more that	n \$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3	-	-					>
3 Enter total number of other organizati	ons listed in the line	1 table					

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

Schedule I (Form 990) 2020 LEAP, INC. 11-3111694 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	red "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT JOB TRAINING STIPENDS	30	13,300.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE STIPENDS ARE ISSUED TO STUDENTS	S IN THE	VARIOUS JO	B TRAINING	PROGRAMS	
THAT LEAP RUNS (WOODWORKING, COMMER	RCIAL DRI	VER'S LICE	NSING, COM	PUTER AND	
NETWORK CABLING, PRODUCTION ASSISTA	NTS FOR	TV AND FIL	M). TO BE	ELIGIBLE FOR	
A STIPEND TO OFFSET EXPENSES, A REC	CIPIENT M	UST BE ENR	OLLED IN O	NE OF THOSE	
PROGRAMS.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-3111694

Name of the organization

LEAP

INC.

Department of the Treasury

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

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) AARON SHIFFMAN	(i)	186,208.	1,500.	50.	7,636.	56,631.	252,025.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE DE LA UZ	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	195,057.	1,500.	3,050.	4,726.	3,902.	208,235.	0.
(3) ROY NIELSEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF FINANCE & IT	(ii)	151,731.	1,500.	50.	3,227.	15,180.		0.
(4) JULIO PEREZ	(i)	127,862.	1,500.	50.	5,241.	27,734.	162,387.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

LEAP, INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE FOLLOWING INDIVIDUALS RECIEVED TAXABLE DISCRETIONARY BONUSES INCLUDED
IN THEIR 2020 W-2S:
AARON SHIFFMAN, EXECUTIVE DIRECTOR - \$1,500
JULIO PEREZ, PROGRAM DIRECTOR - \$1,500
SHAWN HEGELE, DEVELOPMENT DIRECTOR - \$1,500
SCOTT PELTZER, DIRECTOR OF BROOKLYN WOODS - \$1,500

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEAP, INC.

Employer identification number 11-3111694

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES AND CAREER PATHS. WE SEEK TO DEVELOP PROGRAMS THAT
COUNTER PREVAILING MARKET INEQUALITIES AND TO A BROADER MOVEMENT FOR
ECONOMIC JUSTICE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EMPLOYMENT. STARTING WAGES FOR WORKING GRADUATES ARE \$21.08/HOUR, ON
AVERAGE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PARTICIPANTS, GRADUATING 82%. THUS FAR, 79% OF GRADUATES HAVE BEEN
PLACED IN JOBS IN THE SECTOR EARNING \$17.14 ON AVERAGE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
"MADE IN NY" PRODUCTION ASSISTANT TRAINING PROGRAM:
THE "MADE IN NY" PRODUCTION ASSISTANT (PA) TRAINING PROGRAM CONNECTS
UNDERREPRESENTED NEW YORKERS WITH CAREERS IN TV AND FILM PRODUCTION
THROUGH HANDS-ON TRAINING. THE INTENSIVE FIVE-WEEK PROGRAM IS OFFERED
IN PARTNERSHIP WITH THE NYC MAYOR'S OFFICE OF MEDIA AND ENTERTAINMENT.
PARTICIPANTS LEARN SET AND OFFICE PRODUCTION ASSISTANT SKILLS AND ARE
PLACED IN JOBS ON FEATURE FILMS, EPISODIC AND REALITY TV, COMMERCIALS,
MUSIC VIDEOS AND OTHER PRODUCTIONS. ANNUALLY, POSITIONS FOR GRADUATES
OF THE "MADE IN NY" PA PROGRAM ARE PLENTIFUL, AND WAGES ARE STRONG AND
RISING. IN FY21, THIS PROGRAM ENROLLED 76 INDIVIDUALS, GRADUATING 95%.
THUS FAR, 97% OF GRADUATES HAVE BEEN CONNECTED TO EMPLOYMENT AND ARE

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization LEAP, INC. 11-3111694 EARNING AN AVERAGE OF \$21.70/HOUR. "MADE IN NY" POST PRODUCTION TRAINING PROGRAM: THE "MADE IN NY" POST PRODUCTION PROGRAM OFFERS FIVE WEEKS OF TRAINING ON INDUSTRY STANDARD POST PRODUCTION SOFTWARE AND CERTIFICATION BY THE NEW YORK CITY MAYOR'S OFFICE OF FILM, THEATRE AND BROADCASTING. THE PROGRAM PREPARES GRADUATES EACH YEAR FOR ENTRY-LEVEL POSITIONS AT POST PRODUCTION COMPANIES. ENTRY-LEVEL POSITIONS OFTEN LEAD TO EXPOSURE TO MORE TECHNICAL FACETS OF POST PRODUCTION AND CAN HELP ESTABLISH A PATHWAY TO A MORE SPECIALIZED ROLE IN THE FIELD. IN FY21, THIS PROGRAM ENROLLED 13 INDIVIDUALS, GRADUATING 100% AND THUS FAR PLACING 69% OF GRADUATES IN JOBS EARING \$17.14/HOUR. NEW YORK DRIVES ("NYD"): IN 2021 BWI MADE THE DECISION TO SUNSET OUR NEW YORK DRIVES TRAINING PROGRAM THAT PROVIDED JOBSEEKERS WITH THE SKILLS AND OPPORTUNITY TO SECURE THEIR NEW YORK STATE DRIVER'S LICENSE. THIS DECISION WAS INFORMED BY PERSISTENT CHALLENGES AROUND ENROLLMENT AND RECRUITMENT ACTIVITIES AND FEWER OVERALL TRANSITIONS TO THE "MADE IN NY" PA PROGRAM. NEW BARRIERS SUCH AS THE EXTENDED CLOSURE OF THE DEPARTMENT OF MOTOR VEHICLES' SIGNIFICANTLY NARROWED ACCESS TO PERMITS AND ROAD TESTS. DESPITE EFFORTS OF PROGRAM STAFF TO CONNECT WITH TRAINEES AND ALUMNI DURING THE DAYS AND WEEKS FOLLOWING THE CRISIS, COVID-19 PANDEMIC HAS EXACERBATED SUCH CHALLENGES FOR NEW YORK DRIVES. BWI REMAINS COMMITTED

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization LEAP, INC. 11-3111694 TO SUPPORTING THOSE FOR WHOM A DRIVER'S LICENSE IS A HURDLE TO PARTICIPATION ON AN INDIVIDUAL BASIS. IN FY21, NEW YORK DRIVES ENROLLED INDIVIDUALS INTO TRAINING AND GRADUATED 100%. THUS FAR, 83% OF GRADUATES HAVE CONNECTED TO EMPLOYMENT, EARNING AN AVERAGE OF \$21.40/HOUR. BROOKLYN NETWORKS: BROOKLYN NETWORKS IS BWI'S TELE-DATA INSTALLATION PROGRAM. THROUGH THIS PROGRAM, BWI PREPARES NEW YORKERS FOR IN-DEMAND CAREERS INSTALLING AND MAINTAINING COMPUTER, VOICE, DATA, VIDEO AND SECURITY SYSTEM CABLING. THIS SIX-WEEK, FULL-TIME TRAINING PROGRAM IS LED BY INDUSTRY EXPERTS AND SERVED 64 INDIVIDUALS IN FY21, GRADUATING 88% OF ENROLLEES. GRADUATES OBTAIN THEIR INDUSTRY RECOGNIZED BUILDING INDUSTRY CONSULTING SERVICE INTERNATIONAL ("BICSI") CERTIFICATION AND QUICKLY BEGIN WORK IN THE FIELD. LAST YEAR, BWI PLACED 78% OF GRADUATES INTO JOBS EARNING AN AVERAGE OF \$17.88/HOUR. BROOKLYN WORKFORCE COLLABORATION: THE BROOKLYN WORKFORCE COLLABORATION IS BWI'S EMPLOYER-CUSTOMIZED TRAINING PROGRAM THAT OFFERS TRAINING TAILORED TO SPECIFIC HIRING DEMANDS, WITH A PARTICULAR FOCUS ON BUSINESSES THAT ARE GROWING ALONG BROOKLYN'S INDUSTRIAL WATERFRONT. TRAINING PROGRAMS ARE DEVELOPED BASED ON SPECIFIC EMPLOYER DEMAND. BWI HAS PILOTED SUCCESSFUL TRAINING PROGRAMS FOCUSED ON MODULAR CONSTRUCTION, SECURITY, FOOD MANUFACTURING, AND MORE RECENTLY TECH SECTORS ROLES. IN FY21, THE PROGRAM SERVED 41

INDIVIDUALS AND GRADUATED 93% OF THOSE ENROLLED. THUS FAR, 95% OF

11762351

AVERAGE.

Name of the organization

LEAP, INC.

Employer identification number
11-3111694

GRADUATES HAVE BEEN PLACED IN JOB EARNING AN AVERAGE OF \$19.85 ON

EXPENSES \$ 1,977,666. INCLUDING GRANTS OF \$ 13,300. REVENUE \$ 193,337.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS FIFTH AVENUE COMMITTEE, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER OF THE ORGANIZATION SHALL HAVE THE POWER TO APPOINT ADDITIONAL MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER OF THE ORGANIZATION SHALL HAVE THE POWER TO REMOVE AND REPLACE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

LEAP, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS
ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION
REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED,
REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE
SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION
FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED
TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL
THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, EMPLOYEES AND OFFICERS SHALL DISCLOSE ANY RELEVANT INTEREST
THAT MAY POSE A POTENTIAL CONFLICT TO THE ORGANIZATION UPON ELECTION OR

 Employer identification number 11-3111694

APPOINTMENT. AFTERWARDS, THE DISCLOSURE STATEMENTS SHALL BE UPDATED

ANNUALLY. IF AN OFFICER OR DIRECTOR BELIEVES THAT THEY MAY HAVE A

POTENTIAL CONFLICT, FULL DISCLOSURE OF ALL FACTS PERTAINING TO SUCH

POTENTIAL CONFLICT SHALL BE MADE TO THE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS OF THE CORPORATION (OR A DULY APPOINTED COMMITTEE OF THE BOARD) SHALL INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST. THE DIRECTOR OR OFFICER TO WHOM THE POTENTIAL CONFLICT OF INTEREST RELATES MAY OFFER FACTUAL INFORMATION TO THE BOARD OR COMMITTEE; BUT NO SUCH DIRECTOR OR OFFICER SHALL VOTE ON SUCH MATTER. THE BOARD OR COMMITTEE MAY, BY MAJORITY VOTE, ASK ANY SUCH DIRECTOR OR OFFICER NOT TO PARTICIPATE IN ANY DISCUSSION RELATING TO THE CONFLICT, OR TO LEAVE THE ROOM IN WHICH SUCH DISCUSSION IS CARRIED ON; PROVIDED, HOWEVER, THAT THE INTERESTED DIRECTOR MAY PARTICIPATE IN ANY DISCUSSION REGARDING HIS OR HER EXCLUSION.

DIRECTORS AND OFFICERS TO WHOM THE POTENTIAL CONFLICT OF INTEREST RELATES

SHALL NOT ATTEMPT TO INFLUENCE OTHER DIRECTORS REGARDING SUCH MATTER, THE

BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED

DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S

BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR

AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER

TO ENTER INTO OR ALLOW THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH

SUCH DETERMINATION, THE DISCUSSION ON THE POTENTIAL CONFLICT, AND THE VOTE

THEREON, SHALL BE RECORDED IN THE MINUTES OF THE MEETING OF THE BOARD OR

COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE EVALUATION & COMPENSATION COMMITTEE MEMBERS, WHO ARE

 Employer identification number 11-3111694

INDEPENDENT, REVIEWS INFORMATION ANNUALLY ABOUT THE EXECUTIVE COMPENSATION

OF NONPROFIT PEERS AS WELL AS SALARY SURVEY FROM INDEPENDENT SOURCES. THE

EXECUTIVE EVALUATION & COMPENSATION COMMITTEE MAKES A RECOMMENDATION ON

EXECUTIVE DIRECTOR'S COMPENSATION UTILIZING THIS INFORMATION TO THE FULL

BOARD OF DIRECTORS WHO THEN VOTES ON THE ANNUAL COMPENSATION OF THE

EXECUTIVE DIRECTOR. THE DECISION IS DOCUMENTED IN THE MINUTES TO THE BOARD.

THE OPERATIONS AND PERSONNEL COMMITTEE REVIEWS THIRD PARTY SALARY SURVEYS

AND 990'S OF NONPROFIT PEERS AND PROVIDES GUIDANCE TO THE EXECUTIVE

DIRECTOR ON SALARY RANGES FOR THE EXECUTIVE DIRECTOR TO THEN FINALIZE. THIS

PROCESS WAS LAST UNDERTAKEN IN FY2014.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION,

THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

INCORPORATION FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON

WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF UNCOLLECTIBLE PLEDGE

-40,120.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR

YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LEAP, INC.					11-31116	594
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	eme End-of-year	assets Direct o	(f) controlling ntity
	- - -					
	-					
	_					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	, Part IV, line 34, I	because it had one o	r more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FIFTH AVENUE COMMITTEE, INC 11-2475743	1						
621 DEGRAW STREET	TO ADVANCE SOCIAL AND						
BROOKLYN, NY 11217	ECONOMIC JUSTICE	NEW YORK	501(C)(3)	LINE 7	N/A		Х
FAC CENTER LOCAL DEVELOPMENT CORPORATION -							
20-2849260, 621 DEGRAW STREET, BROOKLYN, NY	COMMUNITY CENTER FOR SOUTH				FIFTH AVENUE		
11217	BROOKLYN	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		X
588 PARK PLACE HOUSING DEVELOPMENT FUND	ACQUIRES AND REHABILITATES						
CORPORATION - 45-0481177, 621 DEGRAW STREET,	MULTIPLE-DWELLING				FIFTH AVENUE		
BROOKLYN, NY 11217	BUILDINGS	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		X
575 FIFTH AVENUE HOUSING DEVELOPMENT FUND							
CORPORATION - 20-8954587, 621 DEGRAW STREET,					FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		X

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

Schedule R (Form 990) 2020

LEAP, INC. 11-3111694

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
FAC ADVANCE HOUSING DEVELOPMENT FUND	DEVELOP AND MANAGE			301(0)(3))		Yes	No
CORPORATION - 26-4642733, 621 DEGRAW STREET,	AFFORDABLE HOUSING TO				FIFTH AVENUE		
BROOKLYN, NY 11217	COMMUNITY RESIDENTS	NEW YORK	501(C)(4)		COMMITTEE, INC.		х
FAC HOUSING DEVELOPMENT FUND CORPORATION -	COMMONITI RESIDENTS	NEW TORK	501(0)(4)		COMMITTEE, INC.		
11-2569339, 621 DEGRAW STREET, BROOKLYN, NY	-				FIFTH AVENUE		
11217	PROVIDE LOW INCOME HOUSING	NEM AUDK	501(C)(3)	LINE 10	COMMITTEE, INC.		х
573 WARREN STREET HOUSING DEVELOPMENT FUND	TROVIDE HOW INCOME HOUSING	NEW TORK	501(0)(3)	DINE 10	COMMITTEE, INC.	+	
CORPORATION - 11-3143585, 621 DEGRAW STREET.	-				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEM AUDK	501(C)(3)	LINE 7	COMMITTEE, INC.		Х
50TH STREET HOUSING DEVELOPMENT FUND	TROVIDE BOW INCOME HOUSING	NEW TORK	301(0)(3)	DINE /	COMMITTEE, INC.	1	
CORPORATION - 11-3270117, 621 DEGRAW STREET.	-				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		Х
FAC HOMEOWNERSHIP HOUSING DEVELOPMENT FUND	THOUSE SON THEORE HOSSING	HIM TOTAL	301(0)(3)		committee, me.		
CORPORATION - 11-3440267, 621 DEGRAW STREET,	-				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		Х
FAC PRESERVATION HOUSING DEVELOPMENT FUND					, 1110		
CORPORATION - 47-0919280, 621 DEGRAW STREET,	7				FIFTH AVENUE		
BROOKLYN, NY 11217	- PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		Х
130 29TH STREET HOUSING DEVELOPMENT FUND					,		
CORPORATION - 20-4732803, 621 DEGRAW STREET,	-				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		х
FAC RESTORE HOUSING DEVELOPMENT FUND					, -		
CORPORATION - 20-2896988, 621 DEGRAW STREET,	7				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		х
NEIGHBORS HELPING NEIGHBORS INC					,		
11-3059958, 621 DEGRAW STREET, BROOKLYN, NY	7				FIFTH AVENUE		
11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 7	COMMITTEE, INC.		Х
FAC RENAISSANCE HDFC - 81-1004692							
621 DEGRAW STREET	7				FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		Х
NORTHEASTERN CONFERENCE HOUSE ANNEX HDFC -							
82-5247722, 621 DEGRAW STREET, BROOKLYN, NY	7				FIFTH AVENUE		
11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		X
							<u> </u>

Schedule R (Form 990) 2020 LEAP, INC. 11-3111694 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	າ)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
	DEVELOP AND										
551 WARREN STREET I LP -	OPERATE										
11-3432257, 621 DEGRAW	AFFORDABLE		551 WARREN								
STREET, BROOKLYN, NY 11217	HOUSING	NY	STREET I, INC.	RELATED	0.	0.		X	N/A	X	.00%
ATLANTIC TERRACE 12 LLC -											
20-3963981, 621 DEGRAW	PROVIDE LOW		FAC ATLANTIC								
STREET, BROOKLYN, NY 11217	INCOME HOUSING	NY	TERRACE INC	RELATED	0.	0.		X	N/A	x	.00%
SUPPORTIVE SLOPE LP -	_										
26-1565858, 621 DEGRAW	PROVIDE LOW		575 FIFTH								
STREET, BROOKLYN, NY 11217	INCOME HOUSING	NY	AVENUE INC.	RELATED	0.	0.		x	N/A	x	.00%
FAC SUNSET PARK LP -											
47-1906755, 621 DEGRAW	PROVIDE LOW		FAC SUNSET								
STREET, BROOKLYN, NY 11217	INCOME HOUSING	NY	PARK GP	RELATED	0.	0.		X	N/A	X	.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	contr	b)(13) rolled ity?
		country)		,				Yes	No
551 WARREN STREET I, INC 11-3432252	DEVELOP AND OPERATE		FIFTH AVENUE						ĺ
621 WARREN STREET	AFFORDABLE HOUSING		COMMITTEE,						ĺ
BROOKLYN, NY 11217	FOR LOW-INCOME	NY	INC.	C CORP	0.	0.	.00%		Х
575 FIFTH AVENUE INC 26-1565714			FIFTH AVENUE						
621 WARREN STREET	1		COMMITTEE,						1
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC ATLANTIC TERRACE INC 20-3964179			FIFTH AVENUE						
621 WARREN STREET	1		COMMITTEE,						1
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC RED HOOK HOMES INC 20-2827495			FIFTH AVENUE						
621 WARREN STREET	1		COMMITTEE,						1
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC SUNSET PARK HOUSING DEVELOPMENT			FIFTH AVENUE						
CORPORATION - 47-2458264, 621 WARREN STREET,			COMMITTEE,						1
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		X

Schedule R (Form 990) LEAP, INC. 11-3111694

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

11217 INCO	DVIDE LOW		entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc	ations?	amount in box	IIIIaiia		Percentage
PARTNERSHIP - 47-5052123, 621 DEGRAW STREET, BROOKLYN, NY 11217 FAC 6309 FOURTH AVENUE, L.P.	DVIDE LOW						Yes	No	20 of Schedule	partr Yes	ner?	ownership
DEGRAW STREET, BROOKLYN, NY 11217 FAC 6309 FOURTH AVENUE, L.P.							162	NO	11 (1 01111 1000)	163	NO	
DEGRAW STREET, BROOKLYN, NY 11217 FAC 6309 FOURTH AVENUE, L.P.												
11217 INCO			FAC									
		NY	RENAISSANCE GP	RELATED	0.	0.		X	N/A		x	.00%
40 F40F0CO CO1 DDODAG			FAC 6309									
- 47-5475760, 621 DEGRAW PROV	OVIDE LOW		FOURTH AVENUE									
STREET, BROOKLYN, NY 11217 INCO	COME HOUSING	NY	GP, INC.	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX LP			NORTHEASTERN									
	OVIDE LOW		TOWERS ANNEX									
			GP LLC	RELATED	0.	0.		x	N/A		x	.00%
NORTHEASTERN TOWERS ANNEX			FAC						217 22			
MANAGER LLC - 32-0565348, 621			NORTHEASTERN									
	OVIDE LOW		TOWERS MEMBER									
	COME HOUSING	NY	LLC	RELATED	0.	0.		X	N/A		x	.00%
FAC BROWNSVILLE APARTMENTS LP			FAC									
- 83-3327892, 621 DEGRAW PROV	OVIDE LOW		BROWNSVILLE									
STREET, BROOKLYN, NY 11217 INCO	COME HOUSING	NY	GP, INC.	RELATED	0.	0.		X	N/A		x	.00%
NORTHEASTERN TOWERS ANNEX			FAC									
DEVELOPER LLC - 82-5211062,			NORTHEASTERN									
621 DEGRAW STREET, BROOKLYN, PROV	OVIDE LOW		TOWERS MEMBER									
NY 11217 INCO	COME HOUSING	NY	LLC	RELATED	0.	0.		X	N/A		x	.00%
FAC 6309 FOURTH AVENUE, MM			FAC 6309									
	OVIDE LOW		FOURTH AVENUE									
STREET, BROOKLYN, NY 11217 INCO	COME HOUSING	NY	GP, INC.	RELATED	0.	0.		X	N/A		X	.00%
NORTHEASTERN TOWERS ANNEX GP,			NORTHEASTERN									
	OVIDE LOW		TOWERS ANNEX									
			MANAGER LLC	RELATED	0.	0.		x	N/A		x	.00%
		-							-,			
											_	

Schedule R (Form 990) LEAP, INC. 11-3111694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
FAC SUNSET PARK GP - 47-1960681			FIFTH AVENUE					Yes	No
621 WARREN STREET	4		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC RENAISSANCE GP - 47-5036133	DOW INCOME HOUSING	+	FIFTH AVENUE	C CORF	٠.	0.	.000		
621 WARREN STREET	1		COMMITTEE,						
BROOKLYN NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC 6309 FOURTH AVENUE. HDFC - 91-2090217	len incom nectine	111	FIFTH AVENUE	C COM	•	••			
621 WARREN STREET	-		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		х
FAC 6309 FOURTH AVENUE GP, INC 47-5490222	1	111	FIFTH AVENUE	0 00111	•				
621 WARREN STREET	1		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		х
FAC FULTON STREET HDFC - 81-3273164			FIFTH AVENUE				•		<u> </u>
621 WARREN STREET	1		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
FAC BROWNSVILLE GP, INC 83-3327665			FIFTH AVENUE						
621 WARREN STREET	-		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	.00%		Х
	_								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
						Х			
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		<u>X</u>		
	Sale of assets to related organization(s)				1 g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1 j		X		
	Lease of facilities, equipment, or other assets from related organization(s)					X			
	Performance of services or membership or fundraising solicitations for related organ				11	X			
	Performance of services or membership or fundraising solicitations by related organ					X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
o Sharing of paid employees with related organization(s)									
						Х			
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		<u>X</u>		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d)	لمميراميرم				
	Name of related organization	type (a-s)	Amount involved	Method of determining amount	rivoivea				
		71 ()							
/ 4 \									
(1)									
(2)									
(2)									
(3)									
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		40			•	,			

11-3111694

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									