PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 05-01-30

Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021

	heck if	C Name of organization	C					
	Addre	LEAP, INC.						
	_chang _Name	DROOM WINDSHOP TANIOWANT	ONS	11-31116	94			
	_ chang Initial return	Ŭ	Room/suite					
	Final	621 DECRAW STREET	1100m/suito	(718)-23				
	⊐return/ termin ated			G Gross receipts \$	6,098,624.			
	Ameno			H(a) Is this a group re				
	Applic				? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions			
		e: WWW.BWINY.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: NY			
	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ${ t LEAP}$	EMPOW	ERS LOW AND	MODERATE			
Governance		INCOME PEOPLE BY HELPING THEM GAIN ACCESS						
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
		Number of independent voting members of the governing body (Part VI, line 1b)			11			
es &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			70			
ΞĒ		Total number of volunteers (estimate if necessary)			15			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
e		Contributions and grants (Part VIII, line 1h)		5,970,832.	5,710,121.			
Revenue		Program service revenue (Part VIII, line 2g)		193,337.	366,582. 7,715.			
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,937. 129,652.	-21,328.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,295,758.	6,063,090.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,300.	40,982.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	40,302.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,162,556.	3,269,283.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Sen 2		Total fundraising expenses (Part IX, column (D), line 25) 427,75	75.		,			
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,133,297.	2,358,515.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,309,153.	5,668,780.			
		Revenue less expenses. Subtract line 18 from line 12		986,605.	394,310.			
or es				eginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		4,959,342.	6,400,677.			
ASS	21	Total liabilities (Part X, line 26)		931,734.	1,978,869.			
Net		Net assets or fund balances. Subtract line 21 from line 20		4,027,608.	4,421,808.			
Pa	rt II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
								
Sig	1	Signature of officer		Date				
Her	е	AARON SHIFFMAN, EXECUTIVE DIRECTOR						
		Type or print name and title		Doto Io - F	DTIN			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		EVA MRUK EVA MRUK		05/08/23 self-employ				
Prep		Firm's name PKF O'CONNOR DAVIES ADVISORY, LL		Firm's EIN ▶	87-3231666			
use	Only	Firm's address 500 MAMARONECK AVENUE, SUITE 301		Dhan 0.1	/_ 381_8000			
	. Ale - 17	HARRISON, NY 10528-1633		Phone no. 91	4-381-8900			
ıvıay	tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,240,359. including grants of \$ 40,982.) (Revenue \$

CABINET-BUILDING SOCIAL ENTERPRISE WHICH OFFERS EMPLOYMENT

OPPORTUNITIES TO RECENT GRADUATES. IN FY22, BROOKLYN WOODS ENROLLED 59

3

le Total program service expenses ► 4,763,852.

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366,582.)

11120508 756359 1176235.001

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Form 990 (2021) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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		<u> X</u>
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,		37	
	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		<u> </u>
a	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	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 72	
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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU.		
-	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	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 (2021) 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			₩.
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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		
Ч	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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? 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	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ь
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,					
_	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
Ü		8							
9	Sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ŭ							
	a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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								
	Enter the amount of reserves on hand			v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	to the translate Form 6060								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 12									
	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 1b 11									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
Ū		3		х						
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
		5 6	Х	X						
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	21							
7a		7-	Х							
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	- 72							
b		_	Х							
_	persons other than the governing body?	7b	Λ							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v							
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
800	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						
	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	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Pa Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on 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		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	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)s	only)	availal	ole						
	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									

621 DEGRAW STREET, BROOKLYN, NY 11217

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box,	not cl	ss per	ition more rson is	l than o s both r/trus	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) AARON SHIFFMAN EXECUTIVE DIRECTOR	34.50			Х				188,090.	0.	69,627.
(2) MICHELLE DE LA UZ	0.50							100,050.	0.	05,027
SECRETARY		х		Х				0.	212,933.	5,462.
(3) ROY NIELSEN	0.50	25		- 25				•	212,333.	3,402.
DIRECTOR OF FINANCE & IT	34.50			х				0.	158,323.	20,404.
(4) JULIO PEREZ	35.00									
PROGRAM DIRECTOR	0.00					х		130,864.	0.	35,017.
(5) SHAWN HEGELE	35.00							,		•
DEVELOPMENT DIRECTOR	0.00					Х		119,326.	0.	5,753.
(6) SCOTT PELTZER	35.00									-
DIRECTOR OF BROOKLYN WOODS	0.00					Х		107,254.	0.	5,151.
(7) JUNE YEARWOOD	2.00									
CHAIR		Х		Х				0.	0.	0.
(8) GARY RINDNER	2.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(9) JEFF REISER	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(10) MELANIE ASH	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) LARA GRUBER	2.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) LARA O'BRIEN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) ANJULIKA SAINI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHRISTOPHER SAND	2.00	, ,							•	_
BOARD MEMBER, THROUGH 9/14/2021	0.00	Х				_		0.	0.	0.
(15) PATRICIA SWANN	2.00	_,							•	^
BOARD MEMBER, THROUGH 3/22/2022		Х						0.	0.	0.
(16) TOYA WILLIFORD	2.00	Ţ						0.	0.	^
BOARD MEMBER (17) MELISSA WOODS	2.00	Х						0.	0.	0.
BOARD MEMBER		х						0.	0.	0.
132007 12-00-21	1 4.00	Λ				l		<u> </u>	0.	Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	I .	amoun	
	week (list any				10010	1	100)	from	from related		othe	
	hours for	direct				_		the organization	organization (W-2/1099-MIS		compens from t	
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		and rela	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			/	organiza	tions
	line)	Indi	Inst	Officer	Key	Hig	Po			$-\!\!+\!\!$		
(18) MANASVI MENON	2.00											•
BOARD MEMBER	0.00	Х						0.		0.		0.
(19) SOPHIE CHAMPTALOUP	2.00	3,7										^
BOARD MEMBER	0.00	X						0.		0.		0.
										-+		
										-+		
										-		
1b Subtotal								545,534.	371,2		141,4	114.
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	545,534.	371,2	<u> 56. [</u>	141,4	114.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3		
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer,	*		•		•		_		•			37
line 1a? If "Yes," complete Schedule J for s										📙	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										📙	4 X	
5 Did any person listed on line 1a receive or a	•				,			•			_	v
rendered to the organization? If "Yes," com	<u>plete Schedule</u>	e J fo	or su	ıch <u>ı</u>	oers	on .				<u></u>	5	X
·	managed in	lana	- do	at a.		t - :		act received mare than t	100 000 of com		n from	
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•							•	Jei ISATIOI	II IIOM	
the organization. Report compensation for (A)	ine calendar ye	ar e	iuir	ıg W	ill (וע זע	u III	the organization's tax y	cai.		(C)	
							npensati	on				
NORTHSIDE DRIVING SCHOOL		8 –	35	Α				COMMERCIAL D			•	
FRESH POND ROAD, RIDGEWOO	-						- 1	TRAINING		•	214 (70.

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

(C)
Compensation

COMMERCIAL DRIVING
TRAINING
COMMERCIAL DRIVING
TRAINING
TRAINING
195,180.

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

2

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		Check if Schedule O contains a response o	r note to anv lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts				-			
S S			113,950.	1			
fts,		Related organizations 1d	25,000.				
ij gi			392,412.	-			
ons,		* '	<i>372</i> , 1 12.	-			
utic	'	All other contributions, gifts, grants, and	170 750				
ĕ			178,759 .	-			
ont	•	Noncash contributions included in lines 1a-1f		F 710 121			
O g		Total. Add lines 1a-1f		5,710,121.			
		LICODIADRED EDATATAG	Business Code	102 075	102 075		
<u>c</u> e		WOODWORKER TRAINING	900099	193,075.			
erv	ı	SUBCONTRACTING INCOME	900099	173,507.	173,507.		
n S	•						
ran 3ev	•	·					
Program Service Revenue	•	•					
Δ.		All other program service revenue		266 500			
_		Total. Add lines 2a-2f		366,582.			
	3	Investment income (including dividends, interes					
		other similar amounts)		7,715.			7,715.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
ne		and sales expenses 7b					
/en	(Gain or (loss)7c					
Re		Net gain or (loss)					
ther Revenue		Gross income from fundraising events (not					
δ		l l					
		contributions reported on line 1c). See	8,650.				
		Part IV, line 18 8a Less: direct expenses 8b	35,534.	-			
			33,334.	-26,884.			-26,884.
		Net income or (loss) from fundraising events	·····	-20,004.			-20,004.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a		-			
		Less: cost of goods sold10b					
$\overline{}$	(Net income or (loss) from sales of inventory	P				
2		OMITED DEVENUE	Business Code	E 556			E 556
eor Ie	11 a	OTHER REVENUE	900099	5,556.			5,556.
Miscellaneous Revenue	ŀ						
Sev Sev	(1			
Mis	(All other revenue		F 556			
	•	e Total. Add lines 11a-11d		5,556.	266 500	^	12 (12
	12	Total revenue. See instructions		6,063,090.	366,582.	0.	-13,613.

Form 990 (2021) 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	er organizations must con	nolete column (A)								
20011	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic	40.000	40.000									
	individuals. See Part IV, line 22	40,982.	40,982.									
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,	276,295.	239,951.	7,576.	28,768.							
•	trustees, and key employees	270,293.	239,931.	7,370.	20,700.							
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)	2,368,499.	1,938,709.	161,408.	268,382.							
7 8	Other salaries and wages Pension plan accruals and contributions (include	4,500,433.	1,230,109.	101,400•	200,302.							
0	,	82,123.	71,320.	2,252.	8 551							
9	section 401(k) and 403(b) employer contributions) Other employee benefits	298,200.	258,973.	8,178.	31 049							
10	Other employee benefits	244,166.	212,048.	6,695.	8,551. 31,049. 25,423.							
11	Payroll taxes Fees for services (nonemployees):	211,100.	212,010.	0,055.	23,423.							
	Management											
	Legal											
	Accounting	57,240.	7,750.	49,490.								
	Lobbying	37,12101	7,77500	13 / 13 0 0								
e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A), amount, list line 11g expenses on Sch O.)	120,047.	64,886.	26,455.	28,706.							
12	Advertising and promotion	50,110.	35,474.	4,810.	9,826.							
13	Office expenses	125,984.	99,094.	18,703.	8,187.							
14	Information technology	276,821.	224,019.	46,293.	6,509.							
15	Royalties											
16	Occupancy	683,347.	636,366.	35,304.	11,677.							
17	Travel	43,848.	32,782.	10,389.	677.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	82,843.		82,843.								
23	Insurance	16,013.	3,500.	12,513.								
24	Other expenses. Itemize expenses not covered 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.) TRAINING PROGRAMS	864,084.	863,096.	968.	20.							
a	REPAIRS & MAINTENANCE	28,436.	27,220.	1,216.	۷0.							
b	ADMINISTRATIVE EXPENSE	7,594.	7,594.	1,410.								
c d	REGISTRATION & FEES	1,148.	88.	1,060.								
	All other expenses	1,000.	00.	1,000.								
	Total functional expenses. Add lines 1 through 24e	5,668,780.	4,763,852.	477,153.	427,775.							
<u>25</u> 26	Joint costs. Complete this line only if the organization	3,000,700•	±,,00,000	±11,±33•	<u> </u>							
20	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											

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LEAP, INC.

Form 990 (2021) Part X Balance Sheet

Part	t A	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,649,828.	1	2,988,782
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,469,565.	3	1,267,892
	4	Accounts receivable, net		179,297.	4	200,102	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			38,604.	9	12,167
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,743,811.			
	b	Less: accumulated depreciation		1,265,515.	561,139.	10c	478,296
	11	Investments - publicly traded securities		0.	11	7,444	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		60,909.	15	1,445,994	
	16	Total assets. Add lines 1 through 15 (must equa	al line 30	3)	4,959,342.	16	6,400,677
	17	Accounts payable and accrued expenses			398,434.	17	593,181
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
န္တ	22	Loans and other payables to any current or form	er office	er, director,			
≝		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
- │	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			4 00= 600
		of Schedule D			533,300.	25	1,385,688
	26	Total liabilities. Add lines 17 through 25			931,734.	26	1,978,869
,		Organizations that follow FASB ASC 958, che	ck here	• ► <u>X</u>			
ĕ		and complete lines 27, 28, 32, and 33.			2 224 542		4 242 245
<u>a</u>	27				3,934,510.	27	4,313,317
8	28	Net assets with donor restrictions			93,098.	28	108,491
<u> </u>		Organizations that do not follow FASB ASC 99	58, che	ck here 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
ts C	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
- □	31	Retained earnings, endowment, accumulated inc			4 005 600	31	4 404 000
	32	Total net assets or fund balances			4,027,608.	32	4,421,808
	33	Total liabilities and net assets/fund balances			4,959,342.	33	6,400,677

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,063					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,668					
3	Revenue less expenses. Subtract line 2 from line 1	3	39	4,3	<u> 10.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,02	7,6	08.			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,423	1,8	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 on Schedule O.							
2a			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							
	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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	3a					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization INC 11-3111694 LEAP Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	5708145.	5508670.	5121953.	5970832.	5710121.	28019721.				
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	5708145.	5508670.	5121953.	5970832.	5710121.	28019721.				
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)						2084263.				
6	Public support. Subtract line 5 from line 4.						25935458.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	5708145.	5508670.	5121953.	5970832.	5710121.	28019721.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	218.	1,836.	2,054.	1,566.	7,715.	13,389.				
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.)	94,111.	55,284.	111,214.	129,652.	5,556.	395,817.				
11	Total support. Add lines 7 through 10						28428927.				
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	879,739.				
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and stop	here					>				
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.23 %				
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.90 %				
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	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 - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶□				
17a	10% -facts-and-circumstances test	- 2021. 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 facts	s-and-circumstance	es test, check this	box and stop he	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	- 2020. 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										
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐				
18	Private foundation. If the organizatio	 									

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		·	•	. , . , .	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		<u> </u>
ule	A (Forn	n 990)	2021

Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	
	Did the consequence had a manch one of the consequence had a settle one of the consequence of the consequenc		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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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			
	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 on 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1		·		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	19)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Sche Par	t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu		1-3111694 Page 7
	on D - Distributions	a)(o) oupporting orga	nizations (continu	jea) 	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent real
2	Amounts paid to supported organizations to accomplish exchi				
_	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	•	3	
4	Amounts paid to acquire exempt-use assets	3 or supported organizations	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotaile in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details iii i are vii		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in Part VI). See instructions.	ga <u>.</u>		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
c	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				
				0-	hadula A (Earm 000) 2021

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 2017 AMOUNT: \$ 7,545. 2018 AMOUNT: \$ 9,042. 7,544. 2019 AMOUNT: \$ 15,672. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 5,556. REIMBURSEMENT OF EXPENSES FROM RELATED PARTIES 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;

LEAP, INC. 11-3111694

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TIGER FOUNDATION	2,100,000.	1,531,421.
HARRY AND JEAN WEINBERG FOUNDATION	1,025,000.	456,421.
JP MORGAN CHASE FOUNDATION	665,000.	96,421.
Total Excess Contributions to Schedule A, Part II, Line 5		2,084,263.

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LE	EAP, INC.	11-3111694				
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c) General Rule For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \$ \						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

11-3111694

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	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
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 527,996.	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
5		\$\$\$\$	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

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

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** LEAP 11-3111694 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

Inspection

Employer identification number

Name of the organization

LEAP, 11-3111694 INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		illar Fullus Of A	Complete if the
		(a) Donor advised f	unds	(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 wi	riting that the assets held	in donor advised fu	nds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant	funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any o	ther purpose confe	rring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes"	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	torically important land area
	Protection of natural habitat	F	Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	on in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aff			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and	enforcing conservat	ion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfor	cing conservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense state	ment and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's fin	ancial statements t	hat describes the
_	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of A		ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenu	ie statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or	research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descri	oes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue st	atement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or re	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical treas	sures, or other similar asse	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these ite	ms:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			▶ \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Sched	dule D (Form 990) 2021 LEAP, I	NC.						11-31	11694	4 P:	age 2
Par			t, Histo	rical Tre	asures, or	Other 9	Similar	Assets	(contir	nued)	uge
3	Using the organization's acquisition, access								100	<u></u>	
	collection items (check all that apply):	,	,		3	3					
а	Public exhibition	(. I	oan or exc	hange prograi	m					
b	Scholarly research	•			5 1 5						
c	Preservation for future generations										
	Provide a description of the organization's c	ollections and explai	n how the	ev further th	e organization	n's exemr	nt nurnos	e in Part	XIII		
	During the year, did the organization solicit of							o iiii aic	/ lii.		
	to be sold to raise funds rather than to be m								Yes		No
Par								Dart IV I			_ 140
· ui	reported an amount on Form 990, Pa		ete ii tile	organizatio	ii ariswered	ies oiir	OIIII 990	, raitiv, i	ii ie 9, 0i		
	Is the organization an agent, trustee, custod		•						7	_	7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun ⁻	<u>t </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	kplanation	n has been	provided on P	art XIII					
Par	rt V Endowment Funds. Complete	if the organization ar	nswered '	'Yes" on Fo	rm 990, Part I	V, line 10					
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance										
-	Provide the estimated percentage of the cur	`	e (line 1a	column (a)) pelq as.	<u> </u>					
	Board designated or quasi-endowment	•	% %	, column (a)) Ticia as.						
	Permanent endowment										
		^%									
C	Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho	-									
20	Are there endowment funds not in the posse		ation that	are held on	d administer	d for the	organiza	tion			
Ja		sssion of the organiza	alion inal	are rielu ar	iu auministere	tu ioi tiie	organiza	LIOII	ſ	Yes	No
	by:								20(1)		-110
	(i) Unrelated organizations								3a(i)	-	
	(ii) Related organizations								3a(ii)	-+	
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the		wment fu	ınds.							
rai) Dart IV	line 11a S	ee Form 000	Dart V liv	ne 10				
	Complete if the organization answere							. T			
	Description of property	(a) Cost or o			or other	. ,	cumulate	d	(d) Boo	k value	е
		basis (investi	nent)	pasis	(other)	aepr	eciation				
	Land										
	Buildings			4 00	2 465		70 -				~ .
C	Leasehold improvements	1		1.32	3,465.	8.	72.54	L L a l	451	0.92	44.

Schedule D (Form 990) 2021

27,372.

478,296.

392,974.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

420,346.

Schedule D (Form 990) 2021 LEAP, INC. Part VII Investments - Other Securities.		11-	-3111694 Page 3
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	+	+	
(G)			
(H) Total (Col. (h) must equal Form 000, Part V. col. (P) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(c) Dook raids	(e) member or randament over or one	or your marries raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			63,429.
(2) RIGHT TO USE ASSET			1,382,565.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	1,445,994.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 205 600
(2) LEASE LIABILITY			1,385,688.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 205 600
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)	>	1,385,688.

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

					2111604	
	dule D (Form 990) 2021 LEAP, INC.				3111694 Page	
Pai	TXI Reconciliation of Revenue per Audited Financial Statemen	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				6 105 110	
1				1	6,185,418	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	440			
а	Net unrealized gains (losses) on investments		-110.			
b	Donated services and use of facilities		86,904.	-		
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIII.)	2d	35,534.			
е	Add lines 2a through 2d			2e	122,328	
3	Subtract line 2e from line 1			3	6,063,090	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		· <u>··</u> ····	5	6,063,090	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,791,218	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	86,904.			
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)		35,534.			
е	Add lines 2a through 2d			2e	122,438	
3	Subtract line 2e from line 1			3	5,668,780	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c	0	
5				5	5,668,780	
	rt XIII Supplemental Information.				, , , , , , , , , , , , , , , , , , , ,	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part X	(, line 2; Part XI,	
PAI	RT X, LINE 2:					
LE <i>l</i>	AP RECOGNIZES THE EFFECT OF INCOME TAX POSI	TIONS	ONLY IF TH	OSE	POSITIONS	
ARI	E MORE LIKELY THAN NOT TO BE SUSTAINED. MAN	AGEMEN	IT HAS DETE	RMI	NED THAT	
LE <i>l</i>	AP HAD NO UNCERTAIN TAX POSITIONS THAT WOUL	D REQU	JIRE FINANC	IAL	STATEMENT	
REC	RECOGNITION OR DISCLOSURE. LEAP IS NO LONGER SUBJECT TO EXAMINATIONS BY					
THI	E APPLICABLE TAXING JURISDICTIONS FOR TAX P	ERIODS	S PRIOR TO	JUNI	E 30,	
201	L9.					

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B

35,534.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 11-3111694 LEAP, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
_		of fundraising event contributions and gro				ts greater than \$5,000.		
Revenue			(a) Event #1 READYING FOR TOMORROW'S N	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
			, ,,,		<u> </u>			
	1	Gross receipts	122,600.			122,600.		
	2	Less: Contributions	113,950.			113,950.		
	3	Gross income (line 1 minus line 2)	8,650.			8,650.		
	4	Cash prizes						
S	5	Noncash prizes						
bense	6	Rent/facility costs	8,965.			8,965.		
Direct Expenses	7	Food and beverages	6,903.			6,903.		
⊡	8	Entertainment	1 500.			1 500.		
	9	Other direct expenses	1,500. 18,166.			1,500. 18,166.		
	10				>	35,534.		
_		Net income summary. Subtract line 10 from li				-26,884.		
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, o	or reported more than			
		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ď	1	Gross revenue						
es	2	Cash prizes						
irect Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes 9	% Yes%			
	6	Volunteer labor	No	No	No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
	_							
9		ter the state(s) in which the organization condu	_	atataa?		Yes No		
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Yes N								
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:						Yes No		
13208	32082 10-21-21 Schedule G (Form 990) 2021							

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 LEAP, INC.	<u> </u>	094	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No			
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed						
	to administer charitable gaming?		Yes	☐ No			
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	13a		%			
b	An outside facility	13b		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No			
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address of the third party:						
	Name						
	Address ►						
16	Gaming manager information:						
	Name						
	Gaming manager compensation \$						
	Description of services provided						
	☐ Director/officer ☐ Employee ☐ Independent contractor						
17	Mandatory distributions:						
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to						
а			Yes	☐ No			
h	retain the state gaming license?	. –	163				
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
Pa	organization's own exempt activities during the tax year \(\bigsim \) \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ort III. lin	00.0.0	0h 10h			
·u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 L III, III I	es 9, 1	<i>5</i> D, 10D,			
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						

Schedule G (Form 990)	LEAP, INC.		11-3111694	Page 4
Schedule G (Form 990) Part IV Supplemental In	nformation (continued)			
	(commerce)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

OMB No. 1545-0047

Employer identification number Name of the organization 11-3111694 LEAP, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

11-3111694 LEAP. INC. Schedule I (Form 990) 2021

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance STUDENT JOB TRAINING STIPENDS 12 6,682. 0 COVID RELIEF STIPENDS 54 34,300. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE STIPENDS ARE ISSUED TO STUDENTS IN THE VARIOUS JOB TRAINING PROGRAMS THAT LEAP RUNS (WOODWORKING, COMMERCIAL DRIVER'S LICENSING, COMPUTER AND NETWORK CABLING, PRODUCTION ASSISTANTS FOR TV AND FILM). TO BE ELIGIBLE FOR A STIPEND TO OFFSET EXPENSES, A RECIPIENT MUST BE ENROLLED IN ONE 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

LEAP,

INC.

Department of the Treasury

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

Employer identification number

11-3111694

Pa	ırt I │ Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided a	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	tion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described	d above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director	r, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used	d 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.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII	l, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control paymen				X
b	Participate in or receive payment from a supplemental nonc				X
С	Participate in or receive payment from an equity-based com-		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.			
	Out	Name would appropriate these 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza				
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
	contingent on the revenues of:				Х
					X
D	If "Yes" on line 5a or 5b, describe in Part III.		. 5b		
6	*	did the organization now or account any componentian			
6	For persons listed on Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	did the organization pay or accide any compensation			
_	-		60		х
a h	Any related ergenization?		. <u>6a</u> 6b		X
D			. 60		- 25
7	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 ponfixed payments			
'		and the organization provide any nomixed payments	7		х
8	Were any amounts reported on Form 990, Part VII, paid or a				1
0	initial contract exception described in Regulations section 5	-0.4050.47.7000.15.107.	8		х
9	If "Yes" on line 8, did the organization also follow the rebutt				1
J	Regulations section 53 4958-6(c)?	able presumption procedure described in	a		

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

Schedule J (Form 990) 2021

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-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AARON SHIFFMAN	(i)	188,090.	0.	0.	8,783.	60,844.	257,717.	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)	209,933.	0.	3,000.	5,077.	385.	218,395.	0.
(3) ROY NIELSEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF FINANCE & IT	(ii)	158,323.	0.	0.	3,855.	16,549.	178,727.	0.
(4) JULIO PEREZ	(i)	130,864.	0.	0.	5,987.	29,030.	165,881.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization LEAP, INC. 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. LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, EMPLOYMENT. STARTING WAGES FOR WORKING GRADUATES ARE \$22.89/HOUR, ON AVERAGE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PARTICIPANTS, GRADUATING 81%. THUS FAR, 79% OF GRADUATES HAVE BEEN PLACED IN JOBS IN THE SECTOR EARNING \$19.63 ON AVERAGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: "MADE IN NY" PRODUCTION ASSISTANT TRAINING PROGRAM: "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 FOUR-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 "MADE IN NY" PA PROGRAM ARE PLENTIFUL, AND WAGES ARE STRONG AND RISING. IN FY22, THIS PROGRAM ENROLLED 72 INDIVIDUALS, GRADUATING 94%.

THUS FAR

99% OF GRADUATES HAVE BEEN CONNECTED TO EMPLOYMENT

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

AND ARE

Schedule O (Form 990) 2021

Name of the organization Employer identification number LEAP, INC. 11-3111694

EARNING AN AVERAGE OF \$22.62/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 MEDIA AND ENTERTAINMENT. 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 FY22, THIS PROGRAM

ENROLLED 43 INDIVIDUALS, GRADUATING 98% AND THUS FAR PLACING 83% OF

GRADUATES IN JOBS EARING \$20.40/HOUR.

BROOKLYN NETWORKS:

BROOKLYN NETWORKS IS BWI'S TELECOMMUNICATION 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 60 INDIVIDUALS IN FY22, GRADUATING 90% OF

ENROLLEES. GRADUATES HAVE THE OPPORTUNITY TO OBTAIN THEIR INDUSTRY

RECOGNIZED BUILDING INDUSTRY CONSULTING SERVICE INTERNATIONAL ("BICSI")

CERTIFICATION AND QUICKLY BEGIN WORK IN THE FIELD. LAST YEAR, BWI

PLACED 80% OF GRADUATES INTO JOBS EARNING AN AVERAGE OF \$19.04/HOUR.

BROOKLYN WORKFORCE COLLABORATION:

Name of the organization

LEAP, INC.

Employer identification number 11-3111694

THE BROOKLYN WORKFORCE COLLABORATION IS BWI'S EMPLOYER-CUSTOMIZED

TRAINING PROGRAM THAT OFFERS TRAINING TAILORED TO SPECIFIC HIRING

DEMANDS, WITH A PARTICULAR FOCUS ON GROWING SECTORS OF NEW YORK CITY'S

ECONOMY. TRAINING PROGRAMS ARE DEVELOPED BASED ON SPECIFIC EMPLOYER

DEMAND. BWI HAS PILOTED SUCCESSFUL TRAINING PROGRAMS IN PREPARATION FOR

ROLES IN THE AFFORDABLE HOUSING INDUSTRY, SOLAR INSTALLATION, ROOFING,

FOOD MANUFACTURING AND TECH SECTORS ROLES. IN FY22, THE PROGRAM SERVED

95 INDIVIDUALS AND GRADUATED 86% OF THOSE ENROLLED. THUS FAR, 82% OF

GRADUATES HAVE BEEN PLACED IN JOB EARNING AN AVERAGE OF \$21.87.

EXPENSES \$ 2,240,359. INCLUDING GRANTS OF \$ 40,982. REVENUE \$ 366,582.

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

Name of the organization

LEAP, INC.

Employer identification number 11-3111694

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

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

Schedule O (Form 990) 2021

Name of the organization

LEAP, INC.

Employer identification number 11-3111694

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

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 DECEMBER OF 2021.

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 XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Schedule O (Form 990) 2021	Page 2
Name of the organization LEAP, INC.	Employer identification number 11-3111694
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM T	HE 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-3111694

(b) ary activity L	(c) Legal domicile (state or foreign country)	Total incor	eme End-of-ye	ar assets	Direct of	(f) controlling ntity	3
if the organization answere	red "Yes" on Form 990, F	Part IV, line 34, b	pecause it had on	e or more	e related tax-exe	mpt	
ry activity Leg	(c) gal domicile (state or foreign country)	(d) Exempt Code section	status (if section	1	(f) ect controlling entity	contr	olled
	(b)	(b) (c) ary activity Legal domicile (state or	(b) (c) (d) ary activity Legal domicile (state or Exempt Code	(b) (c) (d) (e) ary activity Legal domicile (state or Exempt Code Public charity	(b) (c) (d) (e) ary activity Legal domicile (state or foreign country) Exempt Code status (if section status (if section status)	(b) (c) (d) (e) (f) ary activity Legal domicile (state or foreign country) Section Status (if section entity	ary activity Legal domicile (state or foreign country) Legal domicile (state or section foreign country) Exempt Code Public charity Direct controlling controlling status (if section foreign country)

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

CORPORATION - 20-4732803, 621 DEGRAW STREET

CORPORATION - 11-3270117, 621 DEGRAW STREET

573 WARREN STREET HOUSING DEVELOPMENT FUND CORPORATION - 11-3143585, 621 DEGRAW STREET

575 FIFTH AVENUE HOUSING DEVELOPMENT FUND CORPORATION - 20-8954587, 621 DEGRAW STREET

50TH STREET HOUSING DEVELOPMENT FUND

LEAP, INC.

Schedule R (Form 990) 2021

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FIFTH AVENUE

FIFTH AVENUE

FIFTH AVENUE

FIFTH AVENUE

COMMITTEE, INC.

COMMITTEE, INC.

COMMITTEE, INC.

COMMITTEE, INC.

501(C)(4)

501(C)(3)

501(C)(3)

501(C)(4)

LINE 10

LINE 7

BROOKLYN, NY 11217

BROOKLYN, NY 11217

BROOKLYN, NY 11217

BROOKLYN, NY 11217

PROVIDE LOW INCOME HOUSING NEW YORK

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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?
588 PARK PLACE HOUSING DEVELOPMENT FUND	ACQUIRES AND REHABILITATES			301(0)(3))		Yes	No
CORPORATION - 45-0481177, 621 DEGRAW STREET,	MULTIPLE-DWELLING				FIFTH AVENUE		
BROOKLYN, NY 11217	BUILDINGS	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		x
FAC ADVANCE HOUSING DEVELOPMENT FUND	DEVELOP AND MANAGE	NEW TORK	501(C)(3)	LINE 10	COMMITTEE, INC.	-	
	┥				ETEMU AVENUE		
CORPORATION - 26-4642733, 621 DEGRAW STREET,	AFFORDABLE HOUSING TO	MILL MODIL	E01/G)/4)		FIFTH AVENUE		37
BROOKLYN, NY 11217	COMMUNITY RESIDENTS	NEW YORK	501(C)(4)		COMMITTEE, INC.	-	X
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
FAC HOMEOWNERSHIP HOUSING DEVELOPMENT FUND							
CORPORATION - 11-3440267, 621 DEGRAW STREET,					FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		X
FAC HOUSING DEVELOPMENT FUND CORPORATION -							
11-2569339, 621 DEGRAW STREET, BROOKLYN, NY					FIFTH AVENUE		
11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 10	COMMITTEE, INC.		X
FAC PRESERVATION HOUSING DEVELOPMENT FUND							
CORPORATION - 47-0919280, 621 DEGRAW STREET,					FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		X
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
FAC RESTORE HOUSING DEVELOPMENT FUND							
CORPORATION - 20-2896988, 621 DEGRAW STREET,					FIFTH AVENUE		
BROOKLYN, NY 11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		Х
FIFTH AVENUE COMMITTEE, INC 11-2475743					·		
621 DEGRAW STREET	TO ADVANCE SOCIAL AND						
BROOKLYN, NY 11217	H ECONOMIC JUSTICE	NEW YORK	501(C)(3)	LINE 7	N/A		Х
NEIGHBORS HELPING NEIGHBORS INC							
11-3059958, 621 DEGRAW STREET, BROOKLYN, NY					FIFTH AVENUE		
11217	H PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(3)	LINE 7	COMMITTEE, INC.		х
NORTHEASTERN CONFERENCE HOUSE ANNEX HDFC -							
82-5247722, 621 DEGRAW STREET, BROOKLYN, NY	†				FIFTH AVENUE		
11217	PROVIDE LOW INCOME HOUSING	NEW YORK	501(C)(4)		COMMITTEE, INC.		Х
	I I I I I I I I I I I I I I I I I I I	10111			, 1110.	+	
	1						
	-						
				1		1	

Schedule R (Form 990) 2021 LEAP, INC. 11-3111694

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	Dispropo alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managin partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
551 WARREN STREET 1 LIMITED											
PARTNERSHIP - 11-3432257, 621											
DEGRAW STREET, BROOKLYN, NY	LOW INCOME		551 WARREN								
11217	HOUSING	NY	STREET 1 INC.	RELATED	0.	0.		X	N/A	X	.00%
ATLANTIC TERRACE 12 LLC -											
20-3963981, 621 DEGRAW	LOW INCOME		FAC ATLANTIC								
STREET, BROOKLYN, NY 11217	HOUSING	NY	TERRACE INC.	RELATED	0.	0.		X	N/A	Х	.00%
FAC 6309 FOURTH AVENUE L.P			FAC 6309								
47-5475760, 621 DEGRAW	LOW INCOME		FOURTH AVENUE								
STREET, BROOKLYN, NY 11217	HOUSING	NY	GP, INC.	RELATED	0.	0.		X	N/A	X	.00%
FAC 6309 FOURTH AVENUE MM LLC]		FAC 6309								
- 84-3310446, 621 DEGRAW	LOW INCOME		FOURTH AVENUE								
STREET, BROOKLYN, NY 11217	HOUSING	NY	GP, INC.	RELATED	0.	0.		X	N/A	Х	.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	512(b contr	o)(13)
		country)		o		4,000.0		Yes	No
551 WARREN STREET I, INC 11-3432252			FIFTH AVENUE						
621 DEGRAW STREET			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		Х
575 FIFTH AVENUE INC - 26-1565714			FIFTH AVENUE						
621 DEGRAW STREET	1		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		Х
FAC RED HOOK HOMES, INC 20-2827495			FIFTH AVENUE						
621 DEGRAW STREET			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	29,858.	903,606.	100%		X
FAC SUNSET PARK HOUSING DEVELOPMENT FUND			FIFTH AVENUE						
CORP 47-2458264, 621 DEGRAW STREET,			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		Х
FAC SUNSET PARK GP - 47-1960681			FIFTH AVENUE						
621 DEGRAW STREET]		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		X

Page 2

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

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

- Continuation of Identification		I	1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of	Disprop		Code V-UBI amount in box	General omanagin	Percentage ownership
or related organization		(state or foreign	entity	lexcluded from tax under l	lilicome	end-of-year assets	ate allo		20 of Schedule	partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	_		L								
FAC BROWNSVILLE APARTMENTS LP	_		FAC								
- 83-3327892, 621 DEGRAW	LOW INCOME		BROWNSVILLE						27 / 2		
STREET, BROOKLYN, NY 11217	HOUSING	NY	APARTMENTS GP	RELATED	0.	0.		X	N/A	X	.00%
FAC RENAISSANCE LIMITED											
PARTNERSHIP - 47-5052123, 621	_										
DEGRAW STREET, BROOKLYN, NY	LOW INCOME		FAC								
11217	HOUSING	NY	RENAISSANCE GP	RELATED	0.	0.		X	N/A	X	.00%
FAC SUNSET PARK LIMITED											
PARTNERSHIP - 47-1960755, 621											
DEGRAW STREET, BROOKLYN, NY	LOW INCOME		FAC SUNSET								
11217	HOUSING	NY	PARK GP	RELATED	0.	0.		X	N/A	X	.00%
NORTHEASTERN TOWERS ANNEX			FAC								
DEVELOPER LLC - 82-5211062,			NORTHEASTERN								
621 DEGRAW STREET, BROOKLYN,	LOW INCOME		TOWERS MEMBER								
NY 11217	HOUSING	NY	LLC	RELATED	0.	0.		X	N/A	X	.00%
NORTHEASTERN TOWERS ANNEX GP			NORTHEASTERN								
LLC - 81-3430274, 621 DEGRAW	LOW INCOME		TOWERS ANNEX								
STREET, BROOKLYN, NY 11217	HOUSING	NY	MANAGER LLC	RELATED	0.	0.		X	N/A	X	.00%
NORTHEASTERN TOWERS ANNEX LP			NORTHEASTERN								
- 81-4673705, 621 DEGRAW	LOW INCOME		TOWERS ANNEX								
STREET, BROOKLYN, NY 11217	HOUSING	NY	MANAGER LLC	RELATED	0.	0.		X	N/A	X	.00%
NORTHEASTERN TOWERS ANNEX			FAC								
MANAGER LLC - 32-0565348, 621			NORTHEASTERN								
DEGRAW STREET, BROOKLYN, NY	LOW INCOME		TOWERS MEMBER								
11217	HOUSING	NY	LLC	RELATED	0.	0.		X	N/A	X	.00%
SUPPORTIVE SLOPE LIMITED											
PARTNERSHIP - 26-1565858, 621											
DEGRAW STREET, BROOKLYN, NY	LOW INCOME		575 FIFTH								
11217	HOUSING	NY	AVENUE INC.	RELATED	0.	0.		X	N/A	x	.00%
	1										
	1										
	1										
	1	1	<u> </u>								

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	(c) 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	512(I contr ent	tion b)(13) rolled iity?
FAC RENAISSANCE GP - 47-5036133			FIFTH AVENUE					Yes	No
621 DEGRAW STREET	4		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		Х
FAC 6309 FOURTH AVENUE, HDFC - 81-2090217	DOW INCOME HOUSENCE	111	FIFTH AVENUE	0 00111	•	<u> </u>	1000		
621 DEGRAW STREET	1		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		х
FAC 6309 FOURTH AVENUE GP, INC 47-5490222			FIFTH AVENUE		-	-			<u> </u>
621 DEGRAW STREET	-		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		Х
FAC ATLANTIC TERRACE INC - 20-3964179			FIFTH AVENUE						
621 DEGRAW STREET	1		COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	119.	799,239.	100%		Х
FAC FULTON STREET HDFC - 81-3273164			FIFTH AVENUE			-			
621 DEGRAW STREET			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		X
FAC BROWNSVILLE GP, INC 83-3327665			FIFTH AVENUE						
621 DEGRAW STREET			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		X
FAC CLUSTER HDFC - 83-3785295			FIFTH AVENUE						
621 DEGRAW STREET			COMMITTEE,						
BROOKLYN, NY 11217	LOW INCOME HOUSING	NY	INC.	C CORP	0.	0.	100%		X

1a

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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		<u>X</u>
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		<u>X</u>
f	Dividends from related organization(s)				1f		<u>X</u>
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
ı	Performance of services or membership or fundraising solicitations for related organizations	ation(s)			1 I	Х	
	Performance of services or membership or fundraising solicitations by related organizations				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
							37
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1 s		<u>X</u>
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olyod		
	Hame of foliated organization	type (a-s)	Amount involved	Method of determining amount inv	oiveu		
(1)							
<u>, , , </u>							
(2)							
(3)							
(4)							
(5)							
(6)							
132163	3 11-17-21	F 2		Schedule	K (For	n 990)	2021

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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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		