WEGNER CPAS LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION 25 BROADWAY, 13TH FLOOR NEW YORK, NY 10004

Indliffication for the latest

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and end	ding		
	Check if applicable	LEADERSHIP FOR EDUCATIONAL EQUITY		D Employer identifie	cation number
	change	FOUNDATION			
	Name change	Doing business as		**-***30	41
	Initial return Final return/	25 BROADWAY 13TH FLOOR	om/suite	E Telephone number 202-734-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,228,273.
	Ameno return			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: MICHAEL BUMAN		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)(0)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
K	Form of	organization: X Corporation Trust Association Other	L Year o		A State of legal domicile: DE
	art I	Summary		•	v
	1	Briefly describe the organization's mission or most significant activities: $\  \   \underline{ ext{THE}} \  \                 $	UNDA'	TION'S MISS	ION IS TO
Governance	<u> </u>	WORK TO FOSTER AND FACILITATE INCREASED CIV			
2	2	Check this box if the organization discontinued its operations or disposed	of more t	than 25% of its net ass	sets.
9	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
Ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
o V	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
.₫	6	Total number of volunteers (estimate if necessary)			4
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	:  <sub>b</sub>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		27,777,309.	6,228,273.
į	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,777,309.	6,228,273.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,571,581.	9,517,566.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
.,	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		132,091.	105,786.
Fxpenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Pen	b	Total fundraising expenses (Part IX, column (D), line 25) 19, 180			
Ϋ́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,719,751.	1,540,147.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,423,423.	
		Revenue less expenses. Subtract line 18 from line 12		7,353,886.	-4,935,226.
7.5	<u> </u>	Tovariae lose experiede. Cabitaet into 16 from tinto 12	Beg	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		13,452,963.	8,287,243.
Ass	21	Total liabilities (Part X, line 26)		721,963.	491,469.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		12,731,000.	7,795,774.
P	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	nts, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		-	,
	,	,, ,, ,, ,			
Sig	ın	Signature of officer		Date	
He		MICHAEL BUMAN, EXECUTIVE DIRECTOR			
	. •	Type or print name and title			
		Print/Type preparer's name  Preparer's pignature	D	Date Check	PTIN
Pai	d	GLENN MILLER, CPA	1	1/14/23 if self-employ	ed P00086726
	parer	Firm's name WEGNER CPAS LLP			*-***4031
	Only	Firm's address 419 N LEE ST		T IIIII 3 LIN	
	,	ALEXANDRIA, VA 22314-2301		Phone no. (7	03) 519-0990
Ma	v the IE	RS discuss this return with the preparer shown above? See instructions		T HOUR HO. ( 7	X Yes No
1410	,	to discuss and retain with the property shown above: Occ methodistic			100 140

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	a e e
	THE FOUNDATION'S MISSION IS TO WORK TO FOSTER AND FACILITATE INCREASE	SED
	CIVIC ENGAGEMENT, COMMUNITY PARTICIPATION, AND VOLUNTEERISM WITH A	
	FOCUS ON EDUCATION AND PUBLIC POLICY EFFORTS DESIGNED TO ACHIEVE	
_	EDUCATIONAL EQUITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	₹
		s X No
_	If "Yes," describe these new services on Schedule O.	▼
3	· / / · · · · · · · · · · · · · · · · ·	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$11,041,848. including grants of \$9,517,566. ) (Revenue \$	0.)
4a	(Code:) (Expenses \$11,041,848. including grants of \$9,517,566.) (Revenue \$	
	FACILITATE INCREASED CIVIC ENGAGEMENT, COMMUNITY PARTICIPATION, AND	<u> </u>
	VOLUNTEERISM OF LEADERSHIP FOR EDUCATIONAL EQUITY MEMBERS, FOCUSING	
	THE FIELDS OF EDUCATION AND PUBLIC POLICY THROUGH: (I) SPONSORING	
	LEADERSHIP DEVELOPMENT EXPERIENCES SUCH AS FELLOWSHIPS, WORKSHOPS,	
	SEMINARS, AND SIMILAR EVENTS, (II) PROMOTING AND INFORMING DIALOGUE	AND
	THE EXCHANGE OF IDEAS AND INFORMATION, AND (III) SUPPORTING OTHER	
	CHARITABLE AND EDUCATIONAL PROJECTS CONSISTENT WITH THE FOREGOING.	
	dimiting in a position in the constitution with the constitution	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	·	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 11,041,848.	
	Form	990 (2022)

#### 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F		
124	Schedule D, Parts XI and XII	12a	х	
h		IZa	21	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	- 21	Х
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
				-

Form 990 (2022) FOUNDATION
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		Х
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			1
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
	Schedule L, Part I	25b		х
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		37	
c=	If "Yes," complete Schedule R, Part V, line 2	36	Х	<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		_ 56	>	
	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22	Form	990	(2022)

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

			Yes	No									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return												
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b											
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a												
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X									
b	If "Yes," enter the name of the foreign country												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).												
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		Х									
	any contributions that were not tax deductible as charitable contributions?												
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.											
_	were not tax deductible?	6b											
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х									
a	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		Α_									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b											
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х									
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the												
	sponsoring organization have excess business holdings at any time during the year?	8											
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b											
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12	-											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-											
11	Section 501(c)(12) organizations. Enter:												
a	Gross income from members or shareholders 11a	-											
D	Gross income from other sources. (Do not net amounts due or paid to other sources against												
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a											
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1											
	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													
	organization is licensed to issue qualified health plans												
С	Enter the amount of reserves on hand												
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х									
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b											
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or												
	excess parachute payment(s) during the year?	15		Х									
	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?	16		X									
	If "Yes," complete Form 4720, Schedule O.												
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities												
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17											
	If "Yes," complete Form 6069.												

\*\*-\*\*\*3041

Page 6

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.

Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						X							
360	tion A. Governing body and Management					V	N.							
4		۔ ا	I	Λĺ		Yes	No							
та	Enter the number of voting members of the governing body at the end of the tax year	1a		∄										
	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.	l		اړ										
b	Enter the number of voting members included on line 1a, above, who are independent	_ <u>1b</u> _		╝										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other											
	officer, director, trustee, or key employee?			.	2	X								
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision											
	of officers, directors, trustees, or key employees to a management company or other person?				3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X							
5														
6	• • • • • • • • • • • • • • • • • • • •													
7a														
	more members of the governing body?			.	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or											
	persons other than the governing body?			. [	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year													
а	The governing body?			. [	8a	Х								
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re													
	, , , , , , , , , , , , , , , , , , , ,		,			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?													
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?		11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe											
	on Schedule O how this was done			. [	12c	Х								
13	Did the organization have a written whistleblower policy?			[	13		X							
14	Did the organization have a written document retention and destruction policy?			[	14		Х							
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	[										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
а	The organization's CEO, Executive Director, or top management official			[	15a		Х							
	Other officers or key employees of the organization				15b	Х								
	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 arrangen	nent w	ith a	I										
	taxable entity during the year?				16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			•										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·											
	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 filedAK , CA , FL , GA , I	L,M	A,MD,NJ,N	ΙΥ,	TN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.		. (7	. ,	,,									
	X Own website Another's website X Upon request Other (explain	on Sc	chedule (1)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	ial								
	statements available to the public during the tax year.		soc policy,	· · ·										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ıks anı	d records											
_0	JOHNNY CAPERS - 202-734-3716	no and												
	25 BROADWAY, 13TH FLOOR, NEW YORK, NY 10004													

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the manuchons for the	ie order in writer to i	ist the persons above.	

(A) Name and title	(B) Average hours per week	Position (do not check more than only box, unless person is both a officer and a director/trustee						( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations
(1) MICHAEL BUMAN EXECUTIVE DIRECTOR	40.00	-		Х				0.	383,677.	40,348
(2) CHRISTINE GREEN	2.00								3337377	10,010
SECRETARY/TREASURER	40.00			х				0.	199,675.	38,159
(3) EMMA BLOOMBERG	1.00									
CHAIR OF THE BOARD  (4) MICHAEL PARK		Х		Х				0.	0.	(
•	1.00	٦,						_	_	,
DIRECTOR (5) STEVE MANDEL	1.00	Х						0.	0.	(
DIRECTOR	1.00	Х						0.	0.	(
(6) ARTHUR ROCK	1.00	Λ						0.	0.	
DIRECTOR (THRU JULY 2022)		Х						0.	0.	(
		1	l	l	l	1	l			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)			(0	C)			(D)	(E)			(F)		
	Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable	•	Es	stimate	ed
		hours per week	box	, unles	ss per	rson i	s both	an	compensation	compensatio		ar	nount	of
		(list any				<u> </u>		,	from the	from related organization			other	tion
		hours for	direc.				pg.		organization	(W-2/1099-MIS		ı	om th	
		related	Individual trustee or director	rustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	)	org	anizat	ion
		organizations below	al trus	Institutional trustee		loyee	comp		1099-NEC)			l	d relat	
		line)	Officer	Key employee	ighest	Former				orga	anizati	ons		
	Subtotal								0.	583,3		7	8,5	07.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	583,3	0. 52.	7	8,5	0. 07.
2	Total number of individuals (including but no								-	•			0,5	<u> </u>
	compensation from the organization						,			'				0
													Yes	No
3	Did the organization list any <b>former</b> officer,	•	-	•	•	•	•	•	•	•				v
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								or componentian from t			3		X
4	and related organizations greater than \$150	•							•	•		4	Х	
5	Did any person listed on line 1a receive or a											_		
	rendered to the organization? If "Yes." com	•				•			•			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	•	•								pensa	tion fr	om	
	the organization. Report compensation for t	ine calendar ye	eare	enair	ig w	ith C	or wi	Inin	the organization's tax y	ear.		((		
	Name and business	address							Description of s	ervices	С	ompe		n
	JESFORCE	===							,	_				
P.(	D. BOX 203141, DALLAS,	TX 7532	0 –	3 L	<u>4 1</u>			$\dashv$	IT/CONSULTAN	Ľ		11	5,1	<u>67.</u>
	Total number of independent contractors (in	ncluding but pa	nt lir	nitec	l to	thos	e lie	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	· ·	J. III		0	1		.ou	assvo, who received the	J. G GIGIT				

			LEA	DE:	RSHIP F	OR EDUCAT	'IONAL EQUI	TY		
Forn	1 990	) (21	022) FOU	ND.	ATION		~		**-***3	041 Page <b>9</b>
Pa	rt V	III	Statement of Rev	ven	ue					
			Check if Schedule O c	onta	ains a response	e or note to any li				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
		b	Membership dues		1b					
ž,		С	Fundraising events		1c					
ar/a		d	Related organizations		1d					
S, C		е	Government grants (contri	buti	ons) <b>1e</b>					
ie is S		f .	All other contributions, gifts, q	grant	s, and					
the the		:	similar amounts not included	abov	/e <b>1f 6</b>	,228,273	<u>.                                     </u>			
d it		g	Noncash contributions included in I	ines 1	a-1f <b>1g</b> \$					
<u>လို မ</u>		h '	Total. Add lines 1a-1f				6,228,273.			
						Business Code				
e	2	a į								
Program Service Revenue		b .								
S c		C .								
ran ev		d .								
og T		e .								
Δ.			All other program service r				-			
			Total. Add lines 2a-2f							
	3		Investment income (includ	_	,					
			other similar amounts)							
	4		Income from investment o		•	•				
	5		Royalties	· · · · · · ·	(i) Real	(ii) Personal				
	_				(i) Real	(II) Personal	_			
	6		Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6с						
			Net rental income or (loss)	·····	(i) Securities	(ii) Other				
	′		Gross amount from sales of	7-	(i) Securities	(ii) Other	-			
			assets other than inventory	7a			-			
Φ			Less: cost or other basis and sales expenses	7b						
ň			Gain or (loss)				1			
Revenue			Net gain or (loss)			ı				
е. Н			Gross income from fundraisin							

		other similar amounts)											
	4	Income from investment o	f tax	exempt bor	nd pi	roceeds							
	5	Royalties											
				(i) Real		(ii) Personal							
	6 a	Gross rents	6a										
	b	Less: rental expenses											
		Rental income or (loss)	6с										
		Net rental income or (loss)											
		Gross amount from sales of		(i) Securiti		(ii) Other							
		assets other than inventory	7a										
	b	Less: cost or other basis											
ē		and sales expenses	7b										
en	С	Gain or (loss)											
Other Revenue		Net gain or (loss)											
er		Gross income from fundraisir											
₹		including \$											
		contributions reported on											
		Part IV, line 18			8a								
	b	Less: direct expenses			8b								
		Net income or (loss) from t			ts_								
	9 a	Gross income from gaming	g ac	tivities. See									
		Part IV, line 19			9a								
	b	Less: direct expenses			9b								
		Net income or (loss) from											
	10 a	Gross sales of inventory, le	ess r	returns									
		and allowances			10a								
	b	Less: cost of goods sold			10b								
	С	Net income or (loss) from s	sales	s of inventor	y								
<sub>s</sub>						Business Code							
o n	11 a				_								
iscellaneous Revenue	b				_								
Sek Sek	С				_								
Mis		All other revenue								$\rightarrow$			
_	е	Total. Add lines 11a-11d									-		
	12	Total revenue. See instruction	ns				6,228,27	3.		0.	0.		0.
32009	12-13	-22										Form <b>99</b>	<b>0</b> (2022)
		<b>=</b>				•	10						
311	14	788028 12789.3	3AU	J02		202	22.05000	LEAI	DERSHIP	FOF	R EDUCATI	ONA 1	2789

\*\*-\*\*\*<u>3041 Page</u> **10** 

	t IX   Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	v
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0 517 566	0 517 566		
	and domestic governments. See Part IV, line 21	9,517,566.	9,517,566.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	84,695.	57,579.	11,963.	15,153
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,317.	4,295.	892.	1,130 2,073
9	Other employee benefits	11,588.	7,878.	1,637.	2,073
10	Payroll taxes	3,186.	2,166.	450.	570
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	26,420.		26,420.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)	1,460,168.	1,449,894.	10,274.	
12	Advertising and promotion	-			
13	Office expenses	5,103.		5,103.	
14	Information technology	48,456.	2,470.	45,732.	254
15	Royalties	•	,	,	
16	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9	Interest				
:0 ?1	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
.s 24	Other expenses. Itemize expenses not covered				
.4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule O.)				
a					
b					
C					
d	All address assessed				
	All other expenses	11 162 400	11 041 040	100 471	10 100
25	Total functional expenses. Add lines 1 through 24e	11,103,499.	11,041,848.	102,471.	19,180
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

га	IL A	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		3,989,655.	1	2,349,302.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	4,518,753
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
		controlled entity or family member of any of	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	I I			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	ne 11		12	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	1,182,738.	15	1,419,188	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	13,452,963.	16	8,287,243.
	17	Accounts payable and accrued expenses		6,066.	17	164,261.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
iab		controlled entity or family member of any of			22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax	• •			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	F45 005		205 200
		of Schedule D		715,897.		327,208.
	26	Total liabilities. Add lines 17 through 25		721,963.	26	491,469.
'n		Organizations that follow FASB ASC 958,	check here X			
če		and complete lines 27, 28, 32, and 33.		4 450 430		1 577 000
<u>a</u>	27				27	1,577,898.
Ä	28	Net assets with donor restrictions		8,280,570.	28	6,217,876.
Ĭ		Organizations that do not follow FASB AS	C 958, check here			
F		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29	
sse	30	Paid-in or capital surplus, or land, building, o			30	
Ϋ́	31	Retained earnings, endowment, accumulated			31	7 705 774
Š	32	Total net assets or fund balances		1 40 450 060	32	7,795,774.
	33	Total liabilities and net assets/fund balances		13,452,963.	33	8,287,243.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	16	3,4	99.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,	93.	5,2	<u> 26.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,	73	1,0	00.
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	7,	79.	5,7	<u>74.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t [			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

LEADERSHIP FOR EDUCATIONAL EQUITY

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*3041 FOUNDATION 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))

FOUNDATION Schedule A (Form 990) 2022

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12241529.	13532044.	14907162.	27777309.	6228273.	74686317.
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	12241529.	13532044.	14907162.	27777309.	6228273.	74686317.
	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)						13529783.
6	Public support. Subtract line 5 from line 4.						61156534.
	tion B. Total Support						011303311
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	12241529.	13532044.	14907162.	27777309.	6228273.	74686317.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,330.				2,330.
9	Net income from unrelated business		2,3301				2,3301
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						74688647.
	<b>Total support.</b> Add lines 7 through 10	ete (eee inetworke				12	3,066.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		fourth or fifth tox			3,000.
13	organization, check this box and <b>sto</b>	•					
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	81.88 %
	Public support percentage from 2021					15	82.72 %
	<b>33 1/3% support test - 2022.</b> If the						
104	<b>stop here.</b> The organization qualifies				14 10 00 17070 01 111		37
h	<b>33 1/3% support test - 2021.</b> If the		•				
J	and <b>stop here.</b> The organization qual						
172							
174	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
						_	
<b>L</b>	meets the facts-and-circumstances to	•			•	7a, and line 15 is	
a	10% -facts-and-circumstances test						1U70 UI
	more, and if the organization meets the						
40	organization meets the facts-and-circ		-				H
18	<b>Private foundation.</b> If the organization	n did not check a l	oox on line 13, 16a	a, 160, 1/a, or 17b	o, check this box ar	na see instructions	·····

Schedule A (Form 990) 2022

#### 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
1		
•		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
<b>5</b> 1.		
5b 5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2022

Sche		~304	⊥ Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		I	
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
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> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	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.

Sche	dule A (Form 990) 2022 FOUNDATION	~	*	**-***3041 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organiz		м
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t v   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	<u>ied)                                    </u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г		10	
Secti	on E - Distribution Allocations (see instructions)	s	(iii) Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

## LEADERSHIP FOR EDUCATIONAL EQUITY

\*\*-\*\*\*3041 Page 8 FOUNDATION Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **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

Name of the organization

LEADERSHIP FOR EDUCATIONAL EQUITY

FOUNDATION

**Employer identification number** 

\*\*-\*\*\*3041

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing 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) (2022)

Page 2

\*\*-\*\*\*3041

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,000,000.	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		\$2,100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

LEADERSHIP FOR EDUCATIONAL EQUITY

FOUNDATION

Employer identification number

\*\*-\*\*\*3041

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) (2022) Name of organization **Employer identification number** LEADERSHIP FOR EDUCATIONAL EQUITY \*\*-\*\*\*3041 FOUNDATION 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

LEADERSHIP FOR EDUCATIONAL EQUITY Name of the organization FOUNDATION

**Employer identification number** \*\*-\*\*\*3041

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing 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, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

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Sche	dule D (Form 990) 2022 FOUNDAT					**-**			ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	c	l Loan or ex	change program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			ı			
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						7	$\overline{}$	
	Did the organization include an amount on Fo				•		Yes	$\mathbb{H}$	No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds. Complete i					years back	(a) Four	oare h	nack
	Designation of consultations	(a) Current year	(b) Prior year	(c) Two years back	(u) Tillee	years back	(e) Four y	tais i	Jack
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses				+				
a	Grants or scholarships				+				
е	Other expenditures for facilities								
	and programs				+				
	Administrative expenses				+				
g	End of year balance  Provide the estimated percentage of the curr	ont voor and balance	o (lino 1a, column (	)) hold oo:					
2	Board designated or quasi-endowment	•	e (iiile 1g, coluilii) (i %	a)) Held as.					
a h	Permanent endowment	%							
·	The percentages on lines 2a, 2b, and 2c sho	,* =							
32	Are there endowment funds not in the posse		ation that are held a	and administered for	the.				
ou	organization by:	solon of the organize		and dariningtored for			<u> </u>	es	No
	(i) Unrelated organizations						3a(i)	$\neg$	
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or o	( )	' '	Accumulat epreciatior		(d) Book	value	,
1a	Land								
b	Buildings	<b>I</b>							
С	Leasehold improvements								
d	Equipment								
	Other								
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line	10c.)					0.

Schedule D (Form 990) 2022 FOUNDATION		**	-***3041 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(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) DUE FROM LEADERSHIP FOR EI	OUCATIONAL EQU	JITY	1,419,188.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	9 15.)		1,419,188.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990. Part X. line 25	
(a) Description of liebility.	0111 01111 000,1 411 14, 11110	710 01 111. 000 1 0111 000, 1 at 7, iii 20	(b) Book value
			(S) DOOK VAIGO
(1) Federal income taxes (2) DUE TO LEADERSHIP FOR EDUC	י אחד האמד.		
TOTAL TITLE	Y T TOMYTI		327,208.
			341,400.
<u>(4)</u>			
(5)			
<u>(6)</u>			
(8)			
(9)			

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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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,228,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е			2e	0.
3	Subtract line 2e from line 1			6,228,273.
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 <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	)	5	6,228,273.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	ses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	11,163,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			11,163,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	11,163,499.
Pa	rt XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $^4$	4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

LEADERSHIP FOR EDUCATIONAL EQUITY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATIO	N						**-***3041
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LEADERSHIP FOR EDUCATIONAL EQUITY							FOSTER AND FACILITATE INCREASED CIVIC
25 BROADWAY, 13TH FLOOR	**-***8357	F01/G)/A)	0 517 566	0.			ENGAGMENT, COMMUNITY
NEW YORK, NY 10004	- 0337	501(0)(4)	9,517,566.	0.			PARTICIPATION, AND
2 Enter total number of section 501(c)(3) as	nd government or	ganizations listed in th	ne line 1 table			1	0.
3 Enter total number of other organizations	-	-					1.
					·	•	

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

## LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

Schedule I (Form 990) 2022

\*\*-\*\*\*3041

3041 Page 2

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	·
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE FOUNDATION'S MISSION IS TO FOST	rer and f	ACILITATE	INCREASED	CIVIC	
ENGAGEMENT, COMMUNITY PARTICIPATION	N, AND VO	LUNTEERISM	WITH A FO	CUS ON	
EDUCATION AND PUBLIC POLICY EFFORTS	S TO ACHI	EVE EDUCA	TIONAL EQU	ITY. THE	
FOUNDATION ENTERED INTO A MULTI-YEA	AR GRANT	AGREEMENT	WITH LEADE	RSHIP FOR	
EDUCATIONAL EQUITY IN WHICH THE FOU	UNDATION	MAKES GRAN	ITS TO LEAD	ERSHIP FOR	
EDUCATIONAL EQUITY TO ENGAGE IN CHA	ARITABLE	AND EDUCAT	IONAL ACTI	VITIES THAT	
FURTHER THE FOUNDATION'S MISSION.					

LEADERSHIP FOR EDUCATIONAL EQUITY SUBMITTED A GRANT PROPOSAL TO THE
FOUNDATION THAT WAS APPROVED BY THE FOUNDATION'S GOVERNING BODY. UNDER THE
GRANT AGREEMENT, LEADERSHIP FOR EDUCATIONAL EQUITY SUBMITS AN ANNUAL REPORT
TO THE FOUNDATION DETAILING ITS GRANT EXPENSES AND WILL SUBMIT A FINAL
REPORT AT THE END OF THE GRANT. THE FOUNDATION'S TREASURER AND GENERAL
COUNSEL REVIEW THE REPORTS FOR CONSISTENCY WITH THE GRANT AGREEMENT'S
TERMS. ADDITIONALLY, DURING THE ANNUAL INDEPENDENT AUDIT, THE FOUNDATION'S
AUDITORS REVIEWED LEADERSHIP FOR EDUCATIONAL EQUITY'S STAFF'S UNDERSTANDING
OF USING 501(C)(3)-BASED FUNDS FOR FUNDING ONLY CHARITABLE AND EDUCATIONAL
ACTIVITIES AND SAW NO NEED TO MAKE RECOMMENDATIONS FOR IMPROVEMENT.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP FOR EDUCATIONAL EQUITY
(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER AND FACILITATE INCREASED
CIVIC ENGAGMENT, COMMUNITY PARTICIPATION, AND VOLUNTEERISM OF LEADERSHIP
FOR EDUCATIONAL EQUITY MEMBERS, FOCUSING ON THE FIELDS OF EDUCATION AND
PUBLIC POLICY.

#### **SCHEDULE J** (Form 990)

Department of the Treasury

**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.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

Employer identification number \*\*-\*\*\*3041

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7.7
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		<b>(B)</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)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL BUMAN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	383,677.	0.	0.	12,158.	28,190.	424,025.	0.
(2) CHRISTINE GREEN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	199,675.	0.	0.	10,038.	28,121.	237,834.	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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
LEE FOUNDATION SHARES EMPLOYEES AND OTHER RESOURCES WITH LEADERSHIP FOR
EDUCATIONAL EQUITY. THE TWO ORGANIZATIONS OPERATE UNDER A RESOURCE SHARING
AGREEMENT THAT SETS FORTH HOW RESOURCES ARE SHARED AND PAID FOR. ONE SUCH
RESOURCE IS THE TOP MANAGEMENT OFFICIAL OF LEADERSHIP FOR EDUCATIONAL
EQUITY, WHO PERFORMS SOME WORK ON LEE FOUNDATION'S BEHALF. THE COMPENSATION
OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL, THE EXECUTIVE DIRECTOR, IS
DETERMINED BY THE ORGANIZATION'S INDEPENDENT MEMBERS OF ITS BOARD OF
DIRECTORS.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

**Employer identification number** \*\*-\*\*\*3041

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTICIPATION, AND VOLUNTEERISM WITH A FOCUS ON EDUCATION AND PUBLIC POLICY EFFORTS DESIGNED TO ACHIEVE EDUCATIONAL EQUITY.

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL BUMAN HAS A BUSINESS RELATIONSHIP WITH EMMA BLOOMBERG.

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

MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS APPOINTED BY THE DIRECTORS OF LEADERSHIP FOR EDUCATIONAL EQUITY, A RELATED ORGANIZATION. DIRECTORS OF LEADERSHIP FOR EDUCATIONAL EQUITY MAY ALSO REMOVE A DIRECTOR FROM THE ORGANIZATION'S GOVERNING BODY WITH OR WITHOUT CAUSE.

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

THE PREPARED FORM 990 IS PROVIDED TO THE MEMBERS OF THE GOVERNING BODY FOR COMMENT AND REVIEW. THE MEMBERS OF THE GOVERNING BODY ARE ALLOCATED ONE WEEK TO PROVIDE COMMENTS ON THE RETURN PRIOR TO ITS FILING. AT THE CLOSE OF THE ORGANIZATION ELECTRONICALLY FILES THE RETURN WITH THE THAT WEEK, INTERNAL REVENUE SERVICE.

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

ALL INDIVIDUALS SERVING IN THE CAPACITY OF A DIRECTOR OR OFFICER ARE REQUIRED TO ADHERE TO THE CONFLICT OF INTEREST POLICY AND COMPLETE AN ANNUAL QUESTIONNAIRE DISCLOSING ANY POTENTIAL CONFLICTS WITH THE ORGANIZATION. WHEN A DIRECTOR OR OFFICER BECOMES AWARE OF A POTENTIAL

CONFLICT THE DIRECTOR SHALL HAVE A DUTY TO (1) IMMEDIATELY DISCLOSE THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Schedule O (Form 990) 2022

EXISTENCE AND CIRCUMSTANCES OF THE TRANSACTION IN WRITING TO THE GOVERNING
BODY; (2) REFRAIN FROM USING THEIR PERSONAL INFLUENCE TO ENCOURAGE THE
ORGANIZATION TO ENTER INTO THE TRANSACTION; AND (3) PHYSICALLY EXCUSE
THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION
WITH THE DIRECTORS, OFFICERS, AND EMPLOYEES OF THE ORGANIZATION. THE
GOVERNING BODY ADMINISTERS THE CONFLICT OF INTEREST POLICY AND REVIEWS THE
ANNUAL DISCLOSURE STATEMENTS. THE GOVERNING BODY HAS THE SOLE AUTHORITY TO
REVIEW THE OPERATION OF THE POLICY AND MAKE CHANGES FROM TIME TO TIME AS IT
MAY DEEM APPROPRIATE.

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

LEADERSHIP FOR EDUCATIONAL EQUITY (LEE) FOUNDATION SHARES EMPLOYEES AND
OTHER RESOURCES WITH LEADERSHIP FOR EDUCATIONAL EQUITY. THE TWO
ORGANIZATIONS OPERATE UNDER A RESOURCE SHARING AGREEMENT THAT SETS FORTH
HOW RESOURCES ARE SHARED AND PAID FOR. ONE SUCH RESOURCE IS THE TOP
MANAGEMENT OFFICIAL OF LEADERSHIP FOR EDUCATIONAL EQUITY, WHO PERFORMS SOME
WORK ON LEE FOUNDATION'S BEHALF. THE TOP MANAGEMENT OFFICIAL'S COMPENSATION
IS DETERMINED BY A GROUP OF INDEPENDENT PERSONS, THE LEE BOARD OF
DIRECTORS.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST OR BY

CALLING THE FOUNDATION DIRECTLY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FELLOWSHIP SERVICES:

PROGRAM SERVICE EXPENSES

1,437,000.

Name of the organization LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION	Employer identification number  **-***3041
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,437,000.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	12,894.
MANAGEMENT AND GENERAL EXPENSES	10,274.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,168.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,460,168.
FORM 990, PART IX, LINE 7-10	
LEE FOUNDATION (LEEF) SHARES EMPLOYEES AND OTHER RESOURCES	
LEADERSHIP FOR EDUCATIONAL EQUITY (LEE). THE TWO ORGANIZATION	TIONS OPERATE
UNDER A RESOURCE SHARING AGREEMENT THAT SETS FORTH HOW RES	SOURCES ARE
SHARED AND PAID FOR. UNDER THE AGREEMENT, SHARED EMPLOYEES	S BETWEEN THE
ORGANIZATION ARE COMPENSATED AND EMPLOYED BY LEE, HOWEVER	A PORTION OF
THEIR COMPENSATION IS ALLOCATED TO LEEF. LEEF'S ALLOCATED	PORTION OF
THESE SALARIES ARE REPORTED ON LINES 7-10.	

#### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

LEADERSHIP FOR EDUCATIONAL EQUITY Name of the organization **Employer identification number** \*\*-\*\*\*3041 FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No LEADERSHIP FOR EDUCATIONAL EQUITY -ACHIEVE EDUCATIONAL EQUITY IN COMMUNITIES THROUGHOUT 20-8848357 1805 7TH ST NW FL 6 WASHINGTON DC 20001-3186 THE COUNTRY DISTRICT OF COLUMBIA 501(C)(4) N/A Х

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

Schedule R (Form 990) 2022

FOUNDATION \*\*-\*\*3041

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	h)	(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 sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	General managii partner	Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
	]														

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) Name, address, and EIN of related organization	<b>(b)</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	ent	ction b)(13) rolled tity?
		,						Yes	No

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

Yes No

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	/			1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						
f Dividends from related organization(s)				. 1f		X
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)						X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related organ						X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
Sharing of paid employees with related organization(s)				1o	X	
p Reimbursement paid to related organization(s) for expenses				1p	X	
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1r		X
						X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	relationships and transaction thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
	type (a-s)					
(1) LEADERSHIP FOR EDUCATION EQUITY	В	9,517,566.	BOOK VALUE			
(2) LEADERSHIP FOR EDUCATION EQUITY	P	327,208.	BOOK VALUE			
(3) LEADERSHIP FOR EDUCATION EQUITY	Q	1,419,188.	BOOK VALUE			
(4)						
(5)						

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

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

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

### LEADERSHIP FOR EDUCATIONAL EQUITY

Schedule R	(Form 990) 2022 FOUNDATION	^^-^^3U41	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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