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

> LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

All corporations		5111 550 1	(including 1120 0 mers), partnership	3, HEIMOS	, and trusts	
must use Form	7004 to request an extension of time to file incom-	e tax retur	ns.			
<u> Part I - Identifi</u>	cation			•		
	me of exempt organization, employer, or other filer EADERSHIP FOR EDUCATIONAL			Taxpayer	identificatior	n number (TIN)
FC	FOUNDATION				46-209	93041
filing your 2.	mber, street, and room or suite no. If a P.O. box, so 5 BROADWAY,12TH FLOOR	ee instruct	ions.			
instructions. Cit	y, town or post office, state, and ZIP code. For a for EW YORK, NY 10004	oreign addi	ress, see instructions.			
	n Code for the return that this application is for (file	e a separat	te application for each return)			01
Application Is		Return	Application Is For			Return
Application is	FOI		Application is For			
	000 57	Code				Code
Form 990 or Fo		01	Form 4720 (other than individual)			09
Form 4720 (ind	lividual)	03	Form 5227			10
Form 990-PF		04	Form 6069			11
Form 990-T (se	c. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-T (tru	ist other than above)	06	Form 5330 (individual)			13
Form 990-T (co	rporation)	07	Form 5330 (other than individual)			14
Form 1041-A		08				
Plan Nun Plan Yea	r Ending (MM/DD/YYYY)					
	atic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The books a	are in the care of JOHNNY CAPERS					
	-	H FLOC	OR – NEW YORK, NY 1	10004		
Telephone N	No. <u>202-734-3716</u>		Fax No.			
	zation does not have an office or place of business					
	a Group Return, enter the organization's four-digit (
	If it is for part of the group, check this box					
1 I request	an automatic 6-month extension of time until \underline{N}	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	npt organizati	on return for
the orgar	nization named above. The extension is for the orga	anization's	return for:			
X cal	endar year 20 23 or					
tax	year beginning	, 20	, and ending			, 20
	year entered in line 1 is for less than 12 months, cl inge in accounting period	heck reaso	on: Initial return	Final retur	n	
	plication is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	efundable credits. See instructions.	,		3a	\$	0.
	plication is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and			
	d tax payments made. Include any prior year overp	, ,		Зb	\$	0.
	due. Subtract line 3b from line 3a. Include your pa			Ì		
using EF	TPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	000
Form	330

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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. 2023 Open to Public Inspection

AF	or th	e 2023 calendar year, or tax year beginning and	ending				
а	heck if pplicab	LEADERSHIP FOR EDUCATIONAL EQUITY		D Employer identific	ation number		
X	Addre						
	Name Chang	pe Doing business as		46-209304	41		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	25 BROADWAY, 12TH FLOOR		202-734-3			
	terminated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,499,395.		
	Amen	NEW IORK, NI 10004		H(a) Is this a group re	turn		
	Applie	F Name and address of principal officer: MICHAEL BOMAN		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> 1</u>	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption	n number		
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2013 N	I State of legal domicile: DE		
Pa	art I	Summary					
Ø	1	Briefly describe the organization's mission or most significant activities: THE 1	FOUNDA	TION'S MISSI	ON IS TO		
Activities & Governance		WORK TO FOSTER AND FACILITATE INCREASED C	IVIC E	NGAGEMENT, (COMMUNITY		
srne	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3				4		
5	4	Number of independent voting members of the governing body (Part VI, line 1b)	4				
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	0				
viti	6	Total number of volunteers (estimate if necessary)			4		
Acti	7 a Total unrelated business revenue from Part VIII, column (C), line 12				0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		6,228,273.	9,499,395.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
3ev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,228,273.	9,499,395.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,517,566.	12,390,908.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		105,786.	120,049.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 23,37		1 540 145	1 000 500		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,540,147.	1,093,736.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,163,499.	13,604,693.		
	19	Revenue less expenses. Subtract line 18 from line 12		-4,935,226.	-4,105,298.		
Net Assets or		Beginning of Current Yea			End of Year		
sset. Jalar	20	Total assets (Part X, line 16)		8,287,243.	4,142,017.		
at As	21	Total liabilities (Part X, line 26)		491,469.	451,541.		
		Net assets or fund balances. Subtract line 21 from line 20		7,795,774.	3,690,476.		
Pa	art II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
-	MICHAEL BUMAN, CEO & EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	e Check PTIN
Paid	GLENN MILLER, CPA GLENN MILLER, CPA 11	/14/24 self-employed P00086726
Preparer	Firm's name WEGNER CPAS LLP	Firm's EIN 39-0974031
Use Only	Firm's address 419 N LEE ST	
	ALEXANDRIA, VA 22314-2301	Phone no. (703) 519-0990
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	LEADERSHIP FOR EDUCATIONAL EQUITY 990 (2023) FOUNDATION 46-2093041 Page 2
	990 (2023) FOUNDATION 46-2093041 Page 2 t III Statement of Program Service Accomplishments
. a.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE FOUNDATION'S MISSION IS TO WORK TO FOSTER AND FACILITATE INCREASED
	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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,521,612. including grants of \$ 12,390,908.) (Revenue \$ 0.)
	LEADERSHIP DEVELOPMENT - THE FOUNDATION PROVIDES GRANTS TO FOSTER AND
	FACILITATE INCREASED CIVIC ENGAGEMENT, COMMUNITY PARTICIPATION, AND
	VOLUNTEERISM OF LEADERSHIP FOR EDUCATIONAL EQUITY MEMBERS, FOCUSING ON
	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.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	((· · · · · / (· · · · · · / (· · · · · · / (· · · · · · · / (· · · · · · · /) (· · · · · · · / (· · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · _ /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · _ /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · /) (· · · · · · · /) (· · · · · · · /)) (· · · · · · · · /) (· · · · · · · /) (· · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /) (· · · · · · · · /)) (· · · · · · · · · · /) (· · · · · · · · /)) (· · · · · · · · /) (· · · · · · · · /)) (· · · · · · · · · /)) (· · · · · · · · · /) (· · · · · · · · /)) (· · · · · · · · · /)) (· · · · · · · · · /)) (· · · · · · · · · · /)) (· · · · · · · · · · · · /)) (· · · · · · · · · · ·)) (· · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(code) (Expenses #) (nevenue #) (nevenue #)
A.1	Other program comission (Deceribe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 13,521,612.
4e	
332002	Form 990 (2023)

FOUNDATION

Part IV Checklist of Required Schedules

Form 990 (2023)

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			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	14a		X
		14a		
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			
		14b		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
332003	12-21-23			(2023)

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FOUNDATION

Part IV Checklist of Required Schedules (continued)

Form 990 (2023)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	5			-

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Form	990 (2023) FOUNDATION 46-2093	041	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
	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		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
-	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.			
	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:			
	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 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	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.		000	
332005	12-21-23	Form	9 90 ((2023)

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FOUNDATION 46-2093041 Page 6 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 0. 4 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes" describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? х The organization's CEO, Executive Director, or top management official 15a а х Other officers or key employees of the organization 15b b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, CA, FL, GA, IL, MA, MD, NJ, NY, TN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request __ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records JOHNNY CAPERS - 202-734-3716 BROADWAY, 12TH FLOOR, NEW YORK, NY 10004 25 Form **990** (2023) 332006 12-21-23

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LEADERSHIP	FOR	EDUCATIONAL	EQUITY
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FOUNDATION

Form 990 (2		46-20
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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position to not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL BUMAN	2.00		_							
CEO & EXECUTIVE DIRECTOR	40.00			х				0.	396,352.	33,002.
(2) CHRISTINE GREEN	2.00									
SECRETARY/TREASURER	40.00			Х				0.	214,300.	56,769.
(3) EMMA BLOOMBERG	1.00									
CHAIR OF THE BOARD	1.00	Х		Х				0.	0.	0.
(4) MICHAEL PARK	1.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVE MANDEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ARTHUR ROCK	1.00									
DIRECTOR (FROM JUNE 2023)	1.00	х						0.	0.	0.
					<u> </u>					
						-				
		1								
220007 10 01 00				_	_		_			Form 990 (2023)

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Form 990 (2023)

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		DU	CA	ΤI	ON	AL	E	EQUITY	16 20	020	11	P	8
Form 990 (2023) FOUNDATIC				000		aboo	+ ^	omponented Employee	46-20	930	41	Pa	age 8
(A) Name and title	(B) Average hours per week	(do box,	not cl	(C Posi heck i ss per	C) ition more rson i		one an	(D) Reportable compensation from	<u>(continued)</u> (E) Reportable compensatior from related	1	am	(F) imate ount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		comp fro orga and		e ion ed
1b Subtotal c Total from continuation sheets to Part VI	, Section A							0.0.0.	610,65	0.),7'),7'	71.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization	ot limited to th) wh	o re		,	2.			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-			•				• • •		[3	Yes	No X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	,000? If "Yes,	" coi	mple	ete S	Sche	edule	Jf	or such individual	-		4	x	
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	leper	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensatio	on fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w				the organization's tax yeta (B)	ear.		(C)	
Name and business	address	NC	DNE	2				Description of s	ervices	Co	mpen	satio	n
2 Total number of independent contractors (ir \$100,000 of compensation from the organized structure)	•	ot lin	nitec	l to 1	thos (ted	above) who received mo	ore than				

332008 12-21-23

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

								041 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
						Iditionitievenue		sections 512 - 514
s S	1	а	Federated campaigns 1a					
ant					1			
S D					-			
fts,					1			
Contributions, Gifts, Grants and Other Similar Amounts					-			
ns, Sim			Government grants (contributions) 1e		-			
er		t	All other contributions, gifts, grants, and	400 205				
jë E				499,395.	-			
duti		g	Noncash contributions included in lines 1a-1f					
ы С		h	Total. Add lines 1a-1f		9,499,395.			
				Business Code				
ė	2	а						
° Z		b						
Se		с						
eve B		d						
Program Service Revenue		е						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	Ŭ		other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	4 5							
	Э		Royalties	(ii) Personal				
	-			(ii) Feisonai	-			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		4			
			Rental income or (loss) 6c					
	7		Net rental income or (loss)					
		а	Gross amount from sales of (i) Securities	(ii) Other	4			
			assets other than inventory 7a		4			
		b	Less: cost or other basis					
an			and sales expenses 7b					
evenue		С	Gain or (loss)					
Re		d	Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b		1			
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	J	-	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10							
	10	a	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory					
SI				Business Code				
eor	11							
lan		b						
cell VeV		С						
Miscellaneous Revenue			All other revenue					
-		е	Total. Add lines 11a-11d			-		-
	12		Total revenue. See instructions		9,499,395.	0.	0.	0.
33200	9 12	-21-	23					Form 990 (2023)

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LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Χ Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 12,390,908. 12,390,908. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 96,048. 63,923. 13,614. 18,511. Other salaries and wages 7 8 Pension plan accruals and contributions (include 7,201. 4,792. 1,021. 1,388. section 401(k) and 403(b) employer contributions) <u>8,7</u>93. 13,212. 1,873. 2,546. Other employee benefits 9 3,588. 2,388. 509. 691 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal 17,928. 17,928. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,065,392. 1,048,432. 16,960. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 7,681. 7,681. Office expenses 13 2,735. 2,376. 119. 240. Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 13,604,693. 13,521,612. 59,705. 23,376. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2023)

Part IX Statement of Functional Expenses

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Form 990 (2023)

LEADERSHIP	FOR	EDUCATIONAL	EQUITY
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	 	 - 2	
FOUNDATION			

		2023) FOUNDATION Balance Sheet			<u> </u>	093041 Page 1
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,349,302.	1	486,943
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		4,518,753.	3	2,409,798
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		1,419,188.	15	1,245,276
	16	Total assets. Add lines 1 through 15 (must equ		8,287,243.	16	4,142,017
	17	Accounts payable and accrued expenses	164,261.	17	1,549	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
σ	22	Loans and other payables to any current or form	ner officer, director,			
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		327,208.	25	449,992
	26	Total liabilities. Add lines 17 through 25		491,469.	26	451,541
		Organizations that follow FASB ASC 958, che	eck here X			
ces		and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		1,577,898.	27	1,278,898
pa	28	Net assets with donor restrictions	6,217,876.	28	2,411,578	
		Organizations that do not follow FASB ASC 9	58, check here			
2		and complete lines 29 through 33.				
۵ ۵	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ea			30	
AS	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Net Assets of Fund Balances	32	Total net assets or fund balances		7,795,774.	32	3,690,476
	33	Total liabilities and net assets/fund balances		8,287,243.	33	4,142,017

Form **990** (2023)

332011 12-21-23

LEADERSHIP	FOR	EDUCATIONAL	EQUITY
FOUNDATION			

	1 990 (2023) FOUNDATION	46-2	2093041	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,499		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,604		
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,105		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,795	5,7'	74.
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	3,690),4'	76.
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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

332012 12-21-23

	SCHEDULE A (Form 990)			Public Cha	rity Status an	d Pub	olic Su	ipport		OMB No. 1545-0047
(FC	99 Million	U)	Co	• •	ization is a section 501			or a section		2023
Depa	rtment o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
Interr	nal Rever	nue Service			Form990 for instruction			ormation.		Inspection
Nar	ne of t	the organization		ERSHIP FOR DATION	EDUCATIONAL	EQUIT	ΓY			identification number $6-2093041$
Pa	art I	Reason f			(All organizations must c	omplete th	nis part.) S	ee instruction		
The	organ				For lines 1 through 12, cl					
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school desc	ribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3			•	· · · · ·	anization described in se			,	_	
4			-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state		ar the herefit of a col	lege or university owned	or operat	od by o go	vorpmontolu	nit doooriba	
5				Complete Part II.)	lege of university owned	or operat	eu by a gu			
6		-			nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	X		· -	-	ntial part of its support fr				ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Part	,				
9		-	-	-	in section 170(b)(1)(A)(i		-		-	-
		or university of university:	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10			on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d gross receipts from
		0		•	t to certain exceptions; a				•	•
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section &	509(a)(2). (Co	mplete Part III.)						
11		-	-	-	vely to test for public saf	•				
12		-	-	-	vely for the benefit of, to				•	
				-	d in section 509(a)(1) o f supporting organizatior					Sheck the box on
a		7	•	• •	upervised, or controlled				-	aivina
					gularly appoint or elect a	• • • •	-			
		organization	n. You must c	complete Part IV, Se	ections A and B.					
b				-	or controlled in connect			-		-
			0		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
c		¬ ~	. ,	t complete Part IV,	g organization operated	in connect	tion with	and functional	ly integrate	od with
Ľ	•	••	-	• • • •). You must complete F				ly integrate	
c	ı 🗌		•	.,.	orting organization oper				ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		- ·			nplete Part IV, Sections					
e			•		written determination from			Туре I, Туре	II, Type III	
f	Ente	runctionally er the number of		ragnizationa	nally integrated supportir					
ç				n about the supporte	d organization(s).					
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13532044.	14907162.	27777309.	6228273.	9499395.	71944183.
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 \dots						
4	Total. Add lines 1 through 3	13532044.	14907162.	27777309.	6228273.	9499395.	71944183.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>16935381.</u>
	Public support. Subtract line 5 from line 4.						55008802.
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	13532044.	<u>14907162.</u>	27777309.	6228273.	9499395.	71944183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,330.					2,330.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						71946513.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Public	ic Support Per	centage			r r	
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11, o	column (f))		14	76.46 %
	Public support percentage from 2022					15	81.88 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			-		VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A (Form 990) 2023

Part II

LEADERSHIP H	FOR	EDUCATIONAL	EQUITY
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Schedule A (Form 990) 2023 FOUNDATION

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

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

Sec	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	nization,
Sec	check this box and stop here	ic Support Per				<u></u>	
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Invest		1				/0
17	Investment income percentage for 2	023 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2023. If the					3 1/3%, and	ine 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the	e organization did n	ot check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
3320	23 12-21-23					Schee	dule A (Form 990) 2023
			16				

LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION

Schedule A (Form 990) 2023

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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disgualified 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

1

Yes No

FOUNDATION Schedule A (Form 990) 2023 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI.</u> 11c Section 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			
	the supported organization(c)	1		

Section D. All Type III Supporting Organizations	

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
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С		The organization	supported a	governmental entity.	Describe in Part VI ho	v you supported a	governmental entity	, (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Yes No

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Schedule A (Form 990) 2023

	LEADERSHIP FOR EDUCATION	NAL E	QUITY	
Sch	edule A (Form 990) 2023 FOUNDATION			46-2093041 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (<i>explain ii</i>	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sec	tion 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		
Sec	tion 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		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integrat	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2023

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Sche Par	dule A (Form 990) 2023 FOUNDATION t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (6-2093041 Page 7
	on D - Distributions		nizations (continu	<u>lea)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot ourooses		1	ourrent real
2	Amounts paid to perform activity that directly furthers exemp				
-	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 - prior	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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		LEADERSHIP	FOR	EDUCATIO	NAL	EQUITY	46 2002041
Schedule A Part VI	(Form 990) 2023 Supplemental Inf	FOUNDATION ormation. Provide the	explana	ations required by	Part II,	line 10; Part II, lir	46-2093041 Page 8 ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section	D, lines 2 and 3; Part IV, 3 nd 8; and Part V, Section	Section	E, lines 1c, 2a, 2b	, 3a, ar	nd 3b; Part V, line	1; Part V, Section B, line 1e; Part V,
332028 12-21-2	23			21			Schedule A (Form 990) 2023

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

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

LEADERSHIP FOR EDUCATIONAL EOUITY

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L	U	L	J

OMB No. 1545-0047

Employer identification number

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FOUNDATION		

Organization type (check one):

46-2093041

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Schedule of Contributors

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1 </u>		\$ <u>1,000,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$4,000,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,988,865</u> .	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
4		\$ <u>250,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,000,000.</u>	PersonXPayrollNoncash(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.)

Schedule B (Form 990) (2023)

FOUNDATION

Part I

LEADERSHIP FOR EDUCATIONAL EQUITY

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

Employer identification number

46-2093041

323452 12-26-23

	B (Form 990) (2023)		Page 3
	rganization RSHIP FOR EDUCATIONAL EQUITY ATION		Employer identification number $46-2093041$
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
323453 12-26	3-23		Schedule B (Form 990) (2023)

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Page 3

Schedule	B (Form 990) (2023)				Page 4					
Name of o	organization				Employer identification number					
	RSHIP FOR EDUCATIONAL EQ	QUITY								
FOUND.					46-2093041					
Part III	from any one contributor. Complete columns (a)	through (e) and the following I	ine entry. For or	panizations						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	00 or less for the	e year. (Enter this info.	once.) \$					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.								
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held					
Part I										
		·								
		(e) Transfer	of aift							
			orgin							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	Insferor to transferee					
				•						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held					
Part I	(2) - 2: 2000 0: 3:	(0) 000 01 g		(1) 2 00						
	(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	f gift (d) Description of how gift is held							
Part I		(c) 03c 01 gill		(0) Des						
		(a) Transfor	of gift							
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Re	alationship of tra	Insferor to transferee					
	,,,,,,,,,,,,,,,,,,									
		_								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held					
Part I		(0) 000 01 gm		(4) 200						
		(a) Transfor	of gift							
		(e) Transfer	or gift							
	Transferee's name, address, a	nd ZIP + 4	R	alationship of tra	ansferor to transferee					
		-								
323454 12-26	6-23				Schedule B (Form 990) (2023)					

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					-				tatemen			C	MB No. 1	545-00	047
(Forn	n 990)								s" on Form 990 e, 11f, 12a, or 1				20	23	5
	ment of the Treasury					Attach	to Form 9	90. [′]					Open to		lic
	Revenue Service	on			FOR EDU				he latest inforn T	nation.	Employe) vridov	Inspect		nhor
Nam	e of the organization	on	FOUND		1010 1200		101111	L Q0.					2093		libei
Par	t I Organiza	atior	ns Mainta	aining D	onor Advis	ed Fu	inds or O	ther S	Similar Fund	s or Ac					
	organization	n ans	swered "Yes	s" on Form	990, Part IV, I	ine 6.									
							(a) Dono	r advise	ed funds	(b) Funds a	nd oth	ner acco	unts	
1	Total number at en														
2	Aggregate value of														
3 4	Aggregate value of	-	-												
4 5	Aggregate value at Did the organization						a that the av	sets he	eld in donor adv	l rised func	ls				
U	are the organizatio						•						Yes		No
6	Did the organizatio														
	for charitable purp	oses	s and not for	r the benef	it of the donor	or don	or advisor, o	or for ar	ny other purpos	e conferri	ng				
	impermissible priva	ate b	penefit?										Yes		No
Par	t II Conserva	atio	on Easem	nents. _{Co}	omplete if the c	organiz	ation answe	red "Ye	es" on Form 990), Part IV,	line 7.				
1	Purpose(s) of cons								_						
			•	•	example, recre	eation o	or education) [_	Preservation		<i>,</i> ,			а	
	Protection o								Preservation	of a certi	fied historio	c struc	cture		
•	Preservation				en la stat se su s	11 11									
2	Complete lines 2a day of the tax year		ugn 2a if th	e organizat	tion neid a qua	lified c	onservation	contrib	oution in the forr	n of a cor			e End of t		
-	Total number of co		nyation oase	monte							2a				Tour
a b	Total acreage restr										2a 2b				
c	Number of conserv								a		2c				
	Number of conserv														
	on a historic struct						-				2d				
3	Number of conserv										zation durir	ng the	tax		
	year														
4	Number of states v	where	re property s	subject to a	conservation e	aseme	nt is located			_					
5	Does the organizat	tion h	have a writt	en policy re	egarding the p	eriodic	monitoring,	inspec	tion, handling o	f			_		_
	violations, and enfo	forcer	ment of the	conservat	ion easements	it hold	s?					L	Yes		No
6	Staff and voluntee	er hou	urs devoted	to monitor	ring, inspecting	g, hand	lling of violat	ions, ar	nd enforcing co	nservatio	n easemen	ts dur	ing the y	/ear	
_								_							
7	Amount of expense	ses in	ncurred in m	ionitoring, i	inspecting, har	ndling	of violations,	and er	forcing conserv	ation eas	sements du	iring ti	he year		
8	Does each conserv	votio	n opcomont	t reported (on line 2d aboy	vo cotic	fy the requi	omonte	of soction 170	(b)(4)(D)(i)					
0	and section 170(h)												Yes		No
9	In Part XIII, describ											. ட			
-	balance sheet, and		-						-			s the			
	organization's acco						Ŭ								
Par	t III Organiza	atior	ns Mainta	aining C	ollections	of Art	, Historic	al Tre	asures, or C	Other S	imilar As	sets	.		
	Complete if	fthe	organizatio	n answered	d "Yes" on For	m 990,	Part IV, line	8.							
1a	If the organization	elect	ted, as pern	nitted unde	er FASB ASC 9	958, no	t to report ir	ı its rev	enue statement	and bala	nce sheet	works	;		
	of art, historical tre	easur	res, or other	r similar as	sets held for p	ublic ex	khibition, ed	ucation	, or research in	furtheran	ce of publi	с			
	service, provide in														
b	If the organization						-								
	art, historical treas				-	lic exhi	bition, educ	ation, o	r research in fui	therance	of public s	ervice	Э,		
	provide the following	-		-							۴				
	(i) Revenue include										•				
2	(ii) Assets include If the organization								issets for financ						
2	the following amou									iai yairi, þ					
а	Revenue included		-	-			-				\$				
	Assets included in														
	For Paperwork Re											edule	D (Forn	n 990)	2023
	09-28-23			-									•	,	
							27								

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Sche	dule D (Form 990) 2023 FOUNDAT		R EDU	JCATI	ONAL 1	EQUITY			46-20	9304	1 P:	age 2
	t III Organizations Maintaining C		of Art	, Histo	rical Tre	asures, or	Other					ugo –
3	Using the organization's acquisition, accession									(00//11/	1000/	
	collection items (check all that apply).			,	,	jjj		5				
а			d		oan or exc	hange progra	m					
b	Scholarly research		е			5 1 5						
с	Preservation for future generations											
4	Provide a description of the organization's co	ellections and	l explain	how the	v further th	ne organizatio	n's exen	oarua tar	se in Part	XIII.		
5	During the year, did the organization solicit o											
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Par				5				,			
1a	Is the organization an agent, trustee, custodia	an, or other i	ntermedi	iary for c	ontribution	s or other ass	sets not	included				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII									_		_
				Ũ						Amoun	t	
с	Beginning balance							1c				
	Additions during the year											
	Distributions during the year											
	Ending balance											
	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.							• • • • • • • •	······			1
Par).				_
	· · ·	(a) Current			ior year	(c) Two years			/ears back	(e) Fou	r years	back
1a	Beginning of year balance		-								-	
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the curr		balance	(line 1a.	column (a))) held as:						
	Board designated or quasi-endowment		balarioo	%								
b	Permanent endowment	%		_/*								
c		%										
Ū	The percentages on lines 2a, 2b, and 2c shou		0%									
3a	Are there endowment funds not in the posses	•		tion that	are held ar	nd administer	ed for th	e				
	organization by:		ganza		are nord a			•			Yes	No
	(i) Unrelated organizations?									3a(i)		
	(ii) Related organizations?									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza											
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ent	0 01100									
	Complete if the organization answered	d "Yes" on Fo	orm 990,	, Part IV,	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) C	ost or ot	her	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	e
		1	(investm		• •	(other)	• •	preciation		()		
1 a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	Add lines 1a through 1e. (Column (d) must e		0 Part X	(line 10	c. column	(B))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FOUNDATION		46	-2093041 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Part IV ling	11b Soc Form 900 Part V line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l of voar market value
	(b) BOOK value	(c) Method of Valdation. Cost of end	-or-year market value
N. Ole such a ball and the internet.			
Closely held equity interests Other			
(A)			
(A) (B)			
(C)			
(D) (E)			
(E)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1) DUE FROM LEADERSHIP FOR EI	DUCATIONAL EO	UITY	1,245,276
(2)	~ ~	-	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
total. (Column (b) must equal Form 990, Part X, line 15, col	(B))		1,245,276
Part X Other Liabilities	. (2))		
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 liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO LEADERSHIP FOR EDUC	CATIONAL		
(3) EQUITY			449,992
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
			449,992
otal. (Column (b) must equal Form 990, Part X, line 25, col . Liability for uncertain tax positions. In Part XIII, provide			

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

Schedule D (Form 990) 2023

332053 09-28-23

	LEADERSHIP FOR EDUCATIONAL	EQUITY		
Sche	dule D (Form 990) 2023 FOUNDATION		46-	2093041 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	9,499,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			9,499,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		9,499,395.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total expenses and losses per audited financial statements		1	13,604,693.
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	. 2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			13,604,693.
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			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			13,604,693.
Ра	rt XIII Supplemental Information			

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

332054 09-28-23

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection		
Name of the organization LEADERSHI FOUNDATIO		CATIONAL EQ	0				Employer identification number 46-2093041		
Part I General Information on Grants a									
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?	-			-				
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	zations and Domestic	Governments. C	Complete if the orga	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 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	20-8848357	501(C)(4)	12,390,908.	0.			FOSTER AND FACILITATE INCREASED CIVIC ENGAGMENT, COMMUNITY PARTICIPATION, AND		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•		l line 1 table		L	l	0. 1.		

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

FOUNDATION

46-2093041

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 re-	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
ART I, LINE 2:					

THE FOUNDATION'S MISSION IS TO FOSTER AND FACILITATE INCREASED CIVIC

ENGAGEMENT, COMMUNITY PARTICIPATION, AND VOLUNTEERISM WITH A FOCUS ON

EDUCATION AND PUBLIC POLICY EFFORTS TO ACHIEVE EDUCATIONAL EQUITY. THE

FOUNDATION ENTERED INTO A MULTI-YEAR GRANT AGREEMENT WITH LEADERSHIP FOR

EDUCATIONAL EQUITY IN WHICH THE FOUNDATION MAKES GRANTS TO LEADERSHIP FOR

EDUCATIONAL EQUITY TO ENGAGE IN CHARITABLE AND EDUCATIONAL ACTIVITIES THAT

FURTHER THE FOUNDATION'S MISSION.

	LEADERSHIP FOR EDUCATIONAL EQUITY	
Schedule I (Form 990)	FOUNDATION	

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):

Part IV Supplemental Information

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 I (Form 990)

332291 04-01-23

(Form 990) For certain Officers, Directors, Trustes, Key Employees, and Highest Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990. Department of the reserved Department of the reserved of the organization network of the organization network of the organization network of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization require substantiation prior to reimbursing or allowing expenses incurved part of residence for personal residence Department of the organization of the organization is the organization require substantitation prior to rei	SC	CHEDULE J Compensat	ion Information		OMB No. 1	1545-004	47	
Department of the Treasury Internal Reverse Service Complete if the organization answered "Yes" on Form 990, Part IV, Line 22. Go to www.irs.gov/Porm990 for instructions and the latest information. Open to Public Inspection Name of the organization LEX.DER.SHITP FOR EDUCATIONAL EQUITY Employer identification number 46 - 2093041 Part I Questions Regarding Compensation Yes No ************************************	(Fo				20	00		
Dependence of the Treasity internet Network Service Open to Public Co to www.irs.gov/Erm990 for instructions and the latest information. Open to Public Inspection Name of the organization LEADERSHIP FOR EDUCATIONAL EQUITY Employer identification number 46 - 20 9 3 0 4 1 Part I Questions Regarding Compensation Image: Company 20 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2					ZU	Ľ٦)	
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b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 6a X b Any related organization? 6a X b Any related organization? 6a X		organization or a related organization:						
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 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: 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X b Any related organization? 6a X b Any related organization? 6b X	а	a Receive a severance payment or change-of-control payment?			4a		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Constraint of the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X	b	b Participate in or receive payment from a supplemental nonqualified	retirement plan?		4b			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Image: 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: Image: 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 Image: Section 50, Section 50, 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: Image: Section 50, Section 50, Section 70, Section	С	c Participate in or receive payment from an equity-based compensation	n arrangement?		4c		X	
 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: a The organization? b Any related organization? 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: a The organization? b Any related organization? if the organization? if a The organization? 		If "Yes" to any of lines 4a-c, list the persons and provide the application	ble amounts for each item in Part III.					
 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: a The organization? b Any related organization? 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: a The organization? b Any related organization? if the organization? if a The organization? 								
contingent on the revenues of: Image: Section 2 and Se	_		-					
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: a Ax a The organization? 6a X b Any related organization? 6b X	5		organization pay or accrue any compensatio	n				
 b Any related organization? 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: a The organization? b Any related organization? b Any related organization? 					-		v	
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: a The organization? b Any related organization?								
 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: a The organization? b Any related organization? 	b				50		_ A	
contingent on the net earnings of:6aa The organization?6ab Any related organization?X6bX	c		propriation pour or operior and compensation	2				
a The organization? 6a X b Any related organization? 6b X	U		organization pay or accrue any compensatio					
b Any related organization?		. .			60		x	
	U	, ,			00			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		proanization provide any ponfixed payments					
	'				7		x	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8				<u> </u>		_ <u>_</u>	
	-				8		x	
 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	9				_			
Regulations section 53.4958-6(c)?	-				9			
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 202	For				J (Forr	n 990)) 2023	

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Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL BUMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CEO & EXECUTIVE DIRECTOR	(ii)	396,352.	0.	0.	12,096.	20,906.	429,354.	0.
(2) CHRISTINE GREEN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	214,300.	0.	0.	22,500.	34,269.	271,069.	0.
	(i)				-			
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

FOUNDATION

Schedule J (Form 990) 2023

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 J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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. LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION



46-2093041

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:

A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS APPOINTED BY THE

DIRECTORS OF LEADERSHIP FOR EDUCATIONAL EQUITY, A RELATED ORGANIZATION. THE

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 THAT WEEK, THE ORGANIZATION ELECTRONICALLY FILES THE RETURN WITH THE 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

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Name of the organization LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION	Employer identification number $46-2093041$							
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) PHYSIC	ALLY EXCUSE							
THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION								
WITH THE DIRECTORS, OFFICERS, AND EMPLOYEES OF THE ORGANIZ	ATION. THE							
GOVERNING BODY ADMINISTERS THE CONFLICT OF INTEREST POLICY	AND REVIEWS THE							
ANNUAL DISCLOSURE STATEMENTS. THE GOVERNING BODY HAS THE S	OLE AUTHORITY TO							
REVIEW THE OPERATION OF THE POLICY AND MAKE CHANGES FROM T	IME 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 7-10

LEE FOUNDATION (LEEF) SHARES EMPLOYEES AND OTHER RESOURCES WITH

 LEADERSHIP FOR EDUCATIONAL EQUITY (LEE). THE TWO ORGANIZATIONS OPERATE

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 Schedule O (Form 990) 2023

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16111114 788028 12789.3AU02

Schedule O (Form 990) 2023 Name of the organization LEADERSHIP FOR EDUCATIONAL EQUITY	Page 2 Employer identification number
FOUNDATION	46-2093041
UNDER A RESOURCE SHARING AGREEMENT THAT SETS FORTH HOW RES	OURCES ARE
SHARED AND PAID FOR. UNDER THE AGREEMENT, SHARED EMPLOYEES	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.	
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11114 788028 12789 3att02 2023 05000 LEADERSHIP FC	

SCHEDULE R											
(Form 990)	Comple	ete if the organization answered "Ye Attac	es" on Form 990, Part IV, lir h to Form 990.	ne 33, 34, 35b, 36	or 37.			202 pen to Pi	-		
Department of the Treasury Internal Revenue Service	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organizati	ion LEADERSHIP FOR FOUNDATION	EDUCATIONAL EQUIT					loyer identifi 6 – 2 0 9 3 (umber		
Part I Identificati	on of Disregarded Entities. Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) me End-of-year	assets	Direct of	(f) controlling ntity	9		
		-									
		-									
		-									
Part II Identificati organization	on of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	because it had one	or more re	lated tax-exe	mpt			
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity		g) 512(b)(13) rolled ity?		
					501(c)(3))			Yes	No		
20-8848357, 25 BR	DUCATIONAL EQUITY - COADWAY, 12TH FLOOR, NEW	ACHIEVE EDUCATIONAL EQUITY IN COMMUNITIES THROUGHOUT							37		
YORK, NY 10004		THE COUNTRY	NEW YORK	501(C)(4)		N/A			X		
		-									
		-									
		-									
		1	1	1	1				1		

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Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 FOUNDATION

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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) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of related organization Primary activity Direct controlling entity Direct controlling entity Predeminant income entity Share of total income Share of total endedings? Share of endedings? Dispropriotate endedings? Code V-UB code V-UB assets Code V-UB code V-UB endedings? Code V-UB code V-UB assets Code V-UB endedings? Code V-UB code V-UB endedings? Code V-UB code													
Name, address, and EIN of related organization Primary activity (state or roreign county) Legal (mathe (state or roreign county) Direct controlling entity Predominant income (related unrelated, sections 512-514) Share of total income Share of end of year assets Discoprimate assets Code V-UB 20 of Schedule Generation (anaging 20 of Schedule	(a)	(b)			(e)	(f)	(g)	(1	h)				(k)
Integration Integration Integration Integration Image: country Image: country Image: country Image: country Image: co	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Per ging er?	rcentage vnership
			country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
]											
]											
]											

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) Primary activity	(c) Legal domicile (state or foreign	(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	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

Schedule R (Form 990) 2023 FOUNDATION

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
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		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEADERSHIP FOR EDUCATIONAL EQUITY	В	12,390,908.	BOOK VALUE
(2) LEADERSHIP FOR EDUCATIONAL EQUITY	Р	449,992.	BOOK VALUE
(3) LEADERSHIP FOR EDUCATIONAL EQUITY	Q	1,245,276.	BOOK VALUE
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 FOUNDATION

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)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- iate iions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2023

LEADERSHIP	FOR	EDUCATIONAL	EQUITY
FOUNDATION			

Schedule R	Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

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