# Form 990

Department of the Treasury

Internal Revenue Service

# EXTENSION GRANTED **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

Form 990 (2021)

and ending A For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable NATIONAL LEAD FOR AMERICA, INC X Doing business as LEAD FOR AMERICA 83-1839530 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change PO BOX 07070 (919)960-1041Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminate Amended FORT MYERS. G Gross receipts \$ 6.429.720. return Application pending H(a) Is this a group return for F Name and address of principal officer: Yes RICHARD E. SWARTTZ X subordinates? 33919 BOX 07070, FORT MYERS FL H(b) Are all subordinates included? No 501(c)(3) 501(c) 4947(a)(1) or If "No." attach a list. See instructions Website: ► WWW.LEAD4AMERICA.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2018 M State of legal domicile: NC Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a). . 5 144 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . Prior Year Current Year Contributions and grants (Part VIII, line 1h) 1,468,541 4,494,472. Revenue Program service revenue (Part VIII, line 2g) . . . . . . . 923,306 1,934,246. Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . . 10 84 152. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11,000 850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2,402,931 12 6,429,720. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 858,434. 1,168,013. Benefits paid to or for members (Part IX, column (A), line 4) . . . . 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 315. 343, 1,310,779. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 204,810 1,887,426. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 406,559 4,366,218. Revenue less expenses. Subtract line 18 from line 12... 996,372 2,063,502. ò **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,853,657 4,578,939. 21 749,063 1,410,843. Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20, 1,104,594 3,168,096. 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. 11/7/22 Sign Signature of officer Date Here Richard Swarttz **CFO** 11/7/22 Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Nurab 11/7/22 self-employed SHAWNELL LINOT P01663908 Preparer Firm's name ► FORVIS, LLP Firm's EIN 44-0160260 Use Only 1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601 Phone no. 316-265-2811 May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit intracts for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

	or wnich an extension request must be sent form, visit <i>www.irs.gov/e-file-providers/e-file-</i> i			ructions). For more de	etalis	on the	electronic
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				102
	ions required to file an income tax return oth orm 7004 to request an extension of time to fi			0-C filers), partnershi	ps, R	EMICs	, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Caxpayer identification nu	umber	(TIN)	- 18
print	NATIONAL LEAD FOR AMERICA, IN		/-	83-183953	0		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
filing your	PO BOX 56						
return. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
motractions.	DODGE CITY, KS 67801						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)			. 01
Application Return Application							Return
ls For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than	individual)			09
Form 990-PF 04 Form 5227							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							11
	(trust other than above) (corporation)	06 07	Form 8870				12
Telephon  If the orga  If this is for the whole a list with the	e No.   919 960-1041  anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business ir ur digit Gro f it is for pa ion is for. ntil	Fax No. ►  the United States, check oup Exemption Number (Gart of the group, check th	SEN)is box ▶		If th and att	ach
<b>&gt;</b>	calendar year 2021 or tax year beginning						
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	ck reason: Initial ref	urn Final retur	n		
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tenta	ative tax, less any		320	
	undable credits. See instructions.	1706			3a	\$	NONE
	application is for Forms 990-PF, 990-T,		그 경영하는 점점하는 그 나가 얼마를 하는 것이 없다면 하는 것이 없었다.	ndable credits and			
	ted tax payments made. Include any prior yea be due. Subtract line 3b from line 3a. In			rm if required by	3b	\$	NONE
	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Syster		하는 사람들에 아름다면서 기계하다가 그렇게 되었다.	iiii, ii requirea, by		¢	MONE
	u are going to make an electronic funds withdraw	- V		ee Form 8453-TE and Fo	<b>3c</b>   orm 8		NONE for payment
For Privacy A	Act and Banarwark Paduation Act Notice, see inst	ructions			Form	8868	(Pay 1 2022)

Form 8868 (Rev. 1-2022)

	90 (2021)		P	age 3
Part	Checklist of Required Schedules		v.	
	1. II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4		
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Λ
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
·	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	9.		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	2		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	. 594		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	555		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	235		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	37	
I Lu	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		Λ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	8		
	Part VIII, lines 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?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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	240		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20004	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	20-		
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Λ.
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
7170	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			.,
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	2	Λ
-55	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part			21	
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2021)

FOITH	990 (2021)			age J					
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return $2a$								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	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,			١					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х					
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	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?	5с							
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X					
E.	organization solicit any contributions that were not tax deductible as charitable contributions?	va		Λ					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b							
7	gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
а	and services provided to the payor?	7a		Х					
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
303	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12-	against amounts due or received from them.)	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	29							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
4.0	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	16a		Х
	with a taxable entity during the year?	Tua		Λ
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		
Sect	ion C. Disclosure	100		- 6
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MA, NY, NC, UT,			- 6
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (000	ion F	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(seci	0 1101.	U I (C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	act n	olicy
. 3	and financial statements available to the public during the tax year.	inter	ost p	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	le 🕨		
	otate the name, address, and telephone number of the person who possesses the organizations books and record	0		

RICHARD E. SWARTTZ PO BOX 07070 FORT MYERS, FL 33919 919-960-1041

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position to not check more to ox, unless person is ficer and a director of line of lin		nore than one son is both an rector/trustee)		(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) REED SHAFER-RAY	40.00									
COO/SECRETARY	NONE			Х				74,284.	NONE	3,497.
(2) JOE NAIL	40.00							,		
DIRECTOR/CEO	NONE	X	ļ.,	Х				60,884.	NONE	591.
(3) FAGAN HARRIS	5.00									
BOARD CHAIR	NONE	X		Х				NONE	NONE	NONE
(4) JULIE FERNANDES	3.00		7				3 3			
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) MACK MCCARTER	3.00						8 0	7		
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) TARI LEWIS	3.00						2	7		
DIRECTOR/TREASURER	NONE	Х		Х				NONE	NONE	NONE
(7) SHADIIN HERRERA	3.00				32 5			5		
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) SHIMUL MELWANI	3.00						3 - 5	9		
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9)							. (2 - 3)	9		•
(10)								*		-
(11)										<u> </u>
(12)										-
(13)										-
(14)										

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	rees (	continued)	
3:	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other compensatio	
<u> 185</u>		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		from the organization and related organizations	i
C	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .						<b>* * *</b>	135,168. NONE 135,168.		NONE NONE	1	IONI
	Total number of individuals (including but not reportable compensation from the organization	limited to t					e) who	re		\$100,000		1, 2, 0	00.
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schede	er, directo				e,	key e					Yes 3	No X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	," (	complete Schedu	le J for s	such	4	Х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	Х
_	Ction B. Independent Contractors  Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business address								(B) Description of se	ervices	(C) Compensation		
_													
_													
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		isted above) who	received			

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### Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	se or note to an	y line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1a					
<u> </u>	b	Membership dues	- C					
5 E	c	Fundraising events	*C					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organizations	-					
<u>≅</u> ē		Government grants (contribu		1,086,262.				
Si'S	f	All other contributions, gifts,	and the second					
5 5		and similar amounts not include	88	3,408,210.				
ĕ₽	g	Noncash contributions include						
	9	lines 1a-1f						
g E	h	Total. Add lines 1a-1f	20		4,494,472.			
		Total Mod III o Ta Ti Ti Ti		Business Code				
e	2a	PROGRAM SERVICE REVENUE		611710	1,934,246.	1,934,246.		
ھ ≧	b							1
ž Š		-						
a m	ď	-						
P.S.	u	3						
Program service Revenue	f	All other program service rev	(ODUO					
	g	Total. Add lines 2a-2f			1,934,246.			
	3	Investment income (include		5				
		other similar amounts)		68	152.			152.
	4	Income from investment of			NONE			
	5	Royalties	53		NONE			
	10014	,	(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	h	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss).			NONE			1
	7a	Gross amount from	(i) Securities	(ii) Other				
	,	sales of assets		,				
		other than inventory 7a						
ø	ь	Less: cost or other basis						
Revenue		and sales expenses 7b						
e Ve	_	Gain or (loss) 7c						
	d	Net gain or (loss)			NONE			
her	8a		undraising					
oth	- Cu	events (not including \$	anaraionig					
		of contributions reported	on line					
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from fu			NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19		NONE				
	ь	Less: direct expenses		NONE				
	c	Net income or (loss) from g			NONE			
	10a	Gross sales of inventor						
	6.5	returns and allowances	C 8792 Minor	NONE				
	b	Less: cost of goods sold		NONE				
	c	Net income or (loss) from sal			NONE			
s				Business Code				
scellaneous Revenue	11a	<u>~</u>						
scellaned Revenue	b	2 2						
e ve	c	2 2						
ž &		All other revenue			850.			850.
Ξ		Total. Add lines 11a-11d .		<del> •</del>	850.			
	12				6,429,720.	1,934,246.		1,002.

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# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	NONE										
2	Grants and other assistance to domestic	123m2 PO 191	2000 920 92									
	individuals. See Part IV, line 22	1,168,013.	1,168,013.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and											
	foreign individuals. See Part IV, lines 15 and 16	NONE										
4	Benefits paid to or for members	NONE										
5	Compensation of current officers, directors,	1826 18 53	8 8 8	328. 85								
	trustees, and key employees	139,256.	76,582.	54,603.	8,071.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	NONE			8 -200							
7	Other salaries and wages	1,028,532.	565,629.	403,295.	59,608.							
8	Pension plan accruals and contributions (include	NONE										
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	35,889.	19,737.	14,072.	2,080.							
10	Payroll taxes	107,102.	58,899.	41,995.	6,207.							
	Fees for services (nonemployees):											
a	Management	NONE										
b	Legal	48,196.	14,302.	33,894.								
C	Accounting	43,470.	12,899.	30,571.								
d	Lobbying	NONE										
е	Professional fundraising services. See Part IV, line 17.	NONE										
f	Investment management fees	NONE										
g	Other. (If line 11g amount exceeds 10% of line 25, column	77										
	(A), amount, list line 11g expenses on Schedule O.)	297,446.	88,265.	209,181.								
12	Advertising and promotion	1,499.	500.	999.								
	Office expenses	12,354.	942.	11,412.								
	Information technology	168,784.	82,662.	86,122.								
	Royalties	NONE										
	Occupancy	3,400.	5 0 60	3,400.	4 006							
	Travel	13,393.	5,063.	6,424.	1,906.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	NONE		620								
	Conferences, conventions, and meetings	632.		632.								
	Interest	2.		2.								
	Payments to affiliates	NONE										
	Depreciation, depletion, and amortization	NONE		7 022								
	Insurance	7,032.		7,032.								
24	Other expenses. Itemize expenses not covered											
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column											
	(A), amount, list line 24e expenses on Schedule O.)											
9100	LIVING ALLOWANCES	1,075,938.	1 071 267	1 671								
		(2) (SEE )	1,071,267.	4,671.								
	FELLOW ENRICHMENT	177,033.	177,021.									
000	ENRICHMENT ACTIVITIES	1,893.	565.	1,328.								
d	3-2	26 254	6 620	29,724.								
	All other expenses Add lines 1 through 24e	36,354. 4,366,218.	6,630.		77,872.							
	Joint costs. Complete this line only if the	4,300,216.	3,348,976.	939,370.	11,012.							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
	following SOP 98-2 (ASC 958-720)											

Form 990 (2021)
Part X Balance Sheet Page **11** 

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	516,465.	1	2,272,532.
2	Savings and temporary cash investments	1,009,337.	2	1,199,440.
3	Pledges and grants receivable, net	127,837.	3	698,077.
4	Accounts receivable, net	99,473.	4	321,116.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONE
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
<u>د</u> ع	Notes and loans receivable, net	NONE	7	NONE
Assets	Inventories for sale or use	NONE	8	NONE
8 9	Prepaid expenses and deferred charges	19,166.	9	78,931.
10000	Land, buildings, and equipment: cost or other	13/100.		10/301.
100	basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation 10b	NONE	100	
11		NONE		NONE
12	Investments - publicly traded securities	NONE		
311000000	Investments - other securities. See Part IV, line 11			NONE
13	Investments - program-related. See Part IV, line 11	NONE		NONE
14	Intangible assets	NONE		NONE
15	Other assets. See Part IV, line 11	81,379.		8,843.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,853,657.		4,578,939.
17	Accounts payable and accrued expenses	80,869.		312,234.
18	Grants payable	NONE	7	NONE
19	Deferred revenue	668,194.	19	1,098,609.
20	Tax-exempt bond liabilities	NONE	20	NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
န္မ 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
ap	controlled entity or family member of any of these persons	NONE	22	NONE
□ <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NONE
26	Total liabilities. Add lines 17 through 25	749,063.	26	1,410,843.
seou	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
E 27	Net assets without donor restrictions	1,104,594.	27	3,168,096.
<u>m</u> 28	Net assets with donor restrictions	NONE		NONE
Net Assets or Fund Balances 22 8 2 3 1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ة 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
₩ 32	Total net assets or fund balances	1,104,594.	32	3,168,096.
2 33	Total liabilities and net assets/fund balances	1,853,657.	33	4,578,939.
100		1,000,007.	55	Form <b>990</b> (2021)

Form **990** (2021)

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011111 0 0	(202.)					90
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,3		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,1	04,	594
5	Net unrealized gains (losses) on investments	5		20	100	
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,1	68,	096
Part						
	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," ex	olain	on			
	Schedule O.					
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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				220.4	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b	Χ	12
				Form	990	(2021)

#### SCHEDULE A (Form 990)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 83-1839530 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

<u>Schedule A (Form 990) 2021</u> Page **2** 

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

Sec	tion A. Public Support						23
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	188,500.	368,804.	1,468,541.	4,494,472.	6,520,317.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6			a .		NONE
4	Total. Add lines 1 through 3	NONE	188,500.	368,804.	1,468,541.	4,494,472.	6,520,317.
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)						287,702.
6	Public support. Subtract line 5 from line 4						6,232,615.
Sec	tion B. Total Support		77				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4	NONE	188,500.	368,804. 42.	1,468,541.	4,494,472. 152.	6,520,317.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SUPP. PAGE	NONE	NONE	NONE	11,000.	850.	11,850.
11	Total support. Add lines 7 through 10						6,532,445.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,687,655.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (li	100	5/4 C	100			%
15	Public support percentage from 2020						%
16a	33 1/3 % support test - 2021. If the org						
	box and <b>stop here</b> . The organization q						
b	331/3% support test - 2020. If the org						52 Vidit 1
	this box and <b>stop here</b> . The organization		A. 255 NO.151				
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						170
	Part VI how the organization meets			(T)	53	135 (5)	upported
	organization						🟲 🗀
b	10%-facts-and-circumstances test - 2	107					
	15 is 10% or more, and if the organization most						
	in Part VI how the organization meets				1459		NA 325
10	organization						
18	Private foundation. If the organization						2000
	instructions						· · · · · ·

Schedule A (Form 990) 2021 Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
4							
	organization'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	<u> </u>					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
200	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u> </u>					1
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
53	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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				12	e s	
С	Add lines 10a and 10b	6					
11	Net income from unrelated business						
	activities not included in 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 organizati	ion's first second	d. third. fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .						
Sec	tion C. Computation of Public Supp	100 Oct 100 Oc					
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Sche			LUDGI GOLDEN: TO BODON NE N		16	%
	tion D. Computation of Investment						70
17	Investment income percentage for 2021 (lin			13 column (f))		17	%
18	Investment income percentage for 2021 (in					18	%
	331/3% support tests - 2021. If the or						
ısa							200
1.0	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	and not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instri	uctions

<u>Schedule A (Form 990) 2021</u> Page **4** 

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	COLI	on A. All Supporting Organizations		Yes	No
	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			
	1200	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
	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 <b>Part VI</b> how the organization determined that the supported			
		organization was described in section 509(a)(1) or (2).	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.	3a		
	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			
	100	organization made the determination.	3b		
	С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
	4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
		"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	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	4b		
		despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination	40		
	С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
	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 <b>Part VI</b> , 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).	5a		
	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?	5b		
	С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
		anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
		by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
		benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	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).	7		
	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).	8		
	9 a	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 <b>Part VI</b> .	9a		
	b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ju		
		the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
	С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
		from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
1	0 a	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.	10a		
	b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	·va		
		determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2021 Page 5

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Part	V Supporting Organizations (continued)			
0.0			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations	110		
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
0.50	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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	y control of the second of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	a	
Section	on D. All Type III Supporting Organizations		<b>V</b>	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Socti	on E. Type III Functionally Integrated Supporting Organizations	3	9	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	uuuu	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		20		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Ves " describe in <b>Part</b> VI the role played by the organization in this regard	3h		

Schedule A (Form 990) 2021 Page 6

			9
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		6
2 Recoveries of prior-year distributions	2		č
3 Other gross income (see instructions)	3		S C
4 Add lines 1 through 3.	4		č
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		č
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		3
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		
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		
Section 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-functional		ted Type III supporting	organization
	,		, , ,

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021 Page **7** 

Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	(ii)		/:::\

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II - OTHER INCO	OME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS	NONE	NONE	NONE	11,000.	850.	11,850.
TOTALS	NONE	NONE	NONE	11,000.	850.	11,850.

#### Schedule B (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

NAMIONAL LEAD EOD AMEI	OTCA TMC	02 1020520			
NATIONAL LEAD FOR AMER Organization type (check one):	RICA, INC.	83-1839530			
160 (51.1 k s	O-cations.				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion			
	501(c)(3) taxable private foundation				
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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					
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contribu property) from any one contributor. Complete Parts I and II. See instruction tributions.				
Special Rules					
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.					
contributor, during the literary, or educationa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that is:	n't covered by the General Rule and/or the Special Rules doesn't file Sch	edule 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

NATIONAL LEAD FOR AMERICA, INC.

	201 BT T 4038 E	opies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

NATIONAL LEAD FOR AMERICA, INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	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
9_		\$\$.	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
10		\$\$	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
11		\$\$	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
12		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

NATIONAL LEAD FOR AMERICA, INC.

Parti	Contributors (see instructions). Use duplicate copie	es of Part I il additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

NATIONAL LEAD FOR AMERICA, INC.

Part I Cor	ntributors (see instructions). Use duplicate cop	The second second space is it	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

NATIONAL LEAD FOR AMERICA, INC.

Employer identification number
83-1839530

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number NATIONAL LEAD FOR AMERICA, INC. 83-1839530 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a).... 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register................ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ . Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

#### organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- Assets included in Form 990, Part X...

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

Schedule D (Form 990) 2021 Part | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program a b Scholarly research Other C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?................... Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . . . . Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance . . . . Contributions . . . . . . . . . . . Net investment earnings, gains, and losses........ d Grants or scholarships . . . . . . Other expenditures for facilities f Administrative expenses . . . . . g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?............. Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) 1a Land............ **b** Buildings . . . . . . . . . . .

Schedule D (Form 990) 2021

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

Part VII Investments - Other Securities.	"Vaa" on F 000	Dort IV / line 11h Occ Forms 200	Don't V. line - 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, l	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	IIVII F 000	D-+1/ 1: 44+ 0 F 000	D-4 V P- 45
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
N 7	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
5)			
6)			
7)			
8)			
9) otal. (Column (b) must equal Form 990, Part X, col. (B) li	ino 15 )	<b>•</b>	
Part X Other Liabilities.	ne 10.)		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
line 25.			
. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
Liability for uncertain tax positions. In Part XIII, provide the			at reports the
rganization's liability for uncertain tax positions under FASB			
SA		Sch	

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

Part )	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	6,714,545.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	284,825.
3	Subtract line 2e from line 1	3	6,429,720.
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.)	5003	
С	Add lines 4a and 4b	4c	6
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		6,429,720.
Part 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	4,651,043.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		004 005
	Add lines 2a through 2d	2e	284,825.
	Subtract line 2e from line 1	3	4,366,218.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,366,218.
	Supplemental Information.		-,,
Provide 2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation	line 4; Part X, line
SEE S	SUPPLEMENTAL PAGE		

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# Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

NAT	IONAL LEAD FOR AMERICA, INC.						83-1839530	
Part	General Information on Grants ar	nd Assistanc	е					
	Does the organization maintain records to sthe selection criteria used to award the gran	nts or assistand	e?			(70) N (70)	35	X Yes No
	Describe in Part IV the organization's proce		000745	5738				
Par	<del></del> ;		<b>₩</b>					es" on Form 990,
	Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
80 20								
(2)		-						
(3)			S 2					
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)				8				
11)								
				8				9
(12)		_						
	Enter total number of section 501(c)(3) and Enter total number of other organizations lis		The state of the s					
	<b>Y</b>							

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 non-cash assistance
FELLOW SCHOLARSHIPS	62	1,168,013.			
2					
3					
4					
•					
5					
6					
7	2			8	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION PROVIDES SCHOLARSHIPS TO FELLOWS BASED ON THE COST
OF LIVING IN THEIR COMMUNITY (USING DATA FROM AMERICORPS VISTA AND
THE MIT LIVING WAGE CALCULATOR). THE SCHOLARSHIPS ARE PROVIDED AFTER
THE SIGNING OF AN AGREEMENT BETWEEN THE FELLOW AND LFA.

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## SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

NATIONAL LEAD FOR AMERICA, INC.

83-1839530

#### FORM 990, PART I, LINE 1

LEAD FOR AMERICA HELPS OUTSTANDING YOUNG PEOPLE BECOME LEADERS IN THEIR HOMETOWNS AND HOME STATES THROUGH FELLOWSHIPS AND EDUCATIONAL OPPORTUNITIES. TO BUILD A LEADERSHIP FORCE OF MORAL, DYNAMIC, LOCALLY-ROOTED, AND LONG-TERM COMMITTED LEADERS SERVING THE COMMUNITIES THEY CALL HOME IN EVERY CORNER OF THIS COUNTRY.

#### FORM 990, PART III, LINE 1

LEAD FOR AMERICA HELPS OUTSTANDING YOUNG PEOPLE BECOME LEADERS IN THEIR HOMETOWNS AND HOME STATES THROUGH FELLOWSHIPS AND EDUCATIONAL OPPORTUNITIES. TO BUILD A LEADERSHIP FORCE OF MORAL, DYNAMIC, LOCALLY-ROOTED, AND LONG-TERM COMMITTED LEADERS SERVING THE COMMUNITIES THEY CALL HOME IN EVERY CORNER OF THIS COUNTRY.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990. THE

990 IS THEN REVIEWED BY THE CFO. ANY QUESTIONS OR CONCERNS THE CFO HAS

ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE FINAL

FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING

MEMBERS OF THE BOARD PRIOR TO FILING THE 990 WITH THE IRS.

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

AT THE BEGINNING OF EACH FISCAL YEAR, BOARD MEMBERS MUST SIGN A

CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY CONFLICTS OF INTEREST

BEFORE THEY CAN PARTICIPATE IN ANY MEETINGS. THE BOARD AND MANAGEMENT

ACTIVELY MONITOR FOR ANY NEW CONFLICTS OF INTEREST THAT ARISE.

CONFLICTS OF INTEREST ON CERTAIN ISSUES WOULD LEAD TO A REQUIRED

ABSTENTION OF THE BOARD MEMBER FROM PARTICIPATING OR VOTING ON