Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

Inspection

Inter	nal Rev	enue Service		Go to www	v.irs.gov/Form9	90 for i	nstructions and	the lat	est inform	natio	n			Inspect	ion		
A	or th	e 2022 cale	ndar year, or tax y	/ear beginning			and e	nding									
_			C Name of organizati	on							D	Employ	yer identifica	ation nu	mber		
B	heck if a	applicable:	NATIONAL LEAD FOR AMERICA, INC.														
	Addre	ss change	Doing business as									33-1	839530				
	Name	change	Number and street			d to stree	t address)		Room/su	iite	E	Teleph	one number				
	Initial	ů	PO BOX 0707	0								(919)960-1041					
	•	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											receipts \$	<u>, , , , , , , , , , , , , , , , , , , </u>			
	Ameno	ded return	FORT MYERS,	-		0 1							•	22,43	20		
	Applic		F Name and address			ים ס	SWARTTZ			H(a) Is this a g	roup retur		Yes	X No		
	J										subordinat	tes?					
-	T		PO BOX 0707							d)H	Are all su			Yes	No		
<u> </u>		kempt status:	X 501(c)(3)	501(c) () (inser	t no.)	4947(a)(1) or		527				a list. See inst	ructions.			
<u> </u>	Webs		W.LEAD4AMER) Group e						
-		of organizatio		Trust	Association	Other		L Ye	ar of forma	tion:	2018	M Stat	te of legal do	micile:	NC		
P	art I	Summ	ary														
	1	Briefly des	cribe the organizat	ion's mission o	or most significa	nt activi	ties: <u>SEE</u> SC	CHEDU	LE O.								
e																	
nan																	
Activities & Governance	2	Check this	box if the	organization	discontinued i	its ope	rations or disp	osed o	f more	than	25% c	of its	net asset	s.			
Ĝ	3	Number of	voting members o	f the governing	g body (Part VI, I	line 1a)						. 3			7		
م و	4	Number of	independent voting	a members of	the aovernina b	, odv (Pa	rt VI. line 1b)					4			4		
ties	5	Total num	per of individuals e	mploved in cal	endar vear 2022	2 (Part \	/ line 2a)					5	-		189		
iži	6		per of volunteers (e	stimate if neces	sarv)	- (1 411 1	, 1110 24)			• •		6			32		
Act	70				(III. column (C)	line 10		• • • •		• •		. 7					
			ated business reve														
	D	Net unrela	ted business taxab	le income from	Form 990-1, Pa	art I, line			• • • • •				-				
											ior Year			rent Ye			
ē	8	Contributio	ons and grants (Par	t VIII, line 1h)					•• –	4	,494,	472.	. 6	,363,	821.		
Revenue	9		ervice revenue (Parl							1	,934,	246.	. 2	,346,	674.		
se v	10	Investmen	t income (Part VIII,	column (A), lin	es 3, 4, and 7d)							152		8,	<u>,583.</u>		
Ľ.	11	Other reve	nue (Part VIII, colu	ımn (A), lines 5	, 6d, 8c, 9c, 10d	c, and 1 ⁻	1e)					850		3 ,	,354.		
	12									,429,	429,720. 8,7			432.			
	13										,168,				,090.		
	14			amounts paid (Part IX, column (A), lines 1-3)1, for members (Part IX, column (A), line 4)								NONE			NONE		
	45		ther compensation							310				645.			
Expenses	16 0										, 510,	NON		,052,			
oen	100		al fundraising fees			• • • •		• • • •	••			INDINI	<u>с</u>		NONE		
Ĕ			aising expenses (P				3,668.		_		0.0 7	100	-				
			enses (Part IX, colu								,887,			<u>,690,</u>			
	18		nses. Add lines 13-								,366,			,893,	664.		
	19	Revenue le	ess expenses. Subt	tract line 18 fro	m line 12						,063,			,828,			
Net Assets or Fund Balances									Begir	nning	of Curre	nt Year	r End	d of Year	•		
set	20	Total asset	s (Part X, line 16)						🗆	4	,578,	939.	. 6	,320,	006.		
AB	21		ties (Part X, line 26							1	,410,	843.	. 1	,323,	142.		
L Set	22		or fund balances.							3	,168,	096.	. 4	,996,	864.		
	rt II		ure Block											,			
			jury, I declare that I h	nave examined th	nis return, includi	ng accor	mpanying schedule	es and st	atements,	and to	o the bes	t of m	y knowledge	and be	lief, it is		
true	e, corr	ect, and comp	lete. Declaration of pr	eparer (other that	n officer) is based	l ŏn all in	formation of which	n prepare	r has any k	nowle	edge.		,		, 		
Sig	n	Signature of	fofficer								Date						
He																	
		Tuno or prin	t name and title														
			t name and title		Dron everi-	oture		Det			<u>г</u>		DTIN				
Paid	4	Print/ Type	preparer's name		Preparer's sign	. 1	Yunt	Date			Check	if	PTIN				
	parer	SHAWNE	LL LINOT		L SADW	nll	ama	11/	02/202	23	self-emp	loyed	P01663	3908			
	only	Firm's nam	e FORVIS,	LLP		/////////////////////////////////////					Firm's EIN 44-0160260						
036	Only	Firm's addr	ess 1551 N	WATERFRONT F	YKWY, STE 300	WICHITA	A, KS 67206-660	01		Pho	one no.		316-265	5-281	1		
Ma	y the		ss this return with	n the prepare	r shown abov	e? See	instructions .							'es	No		
			uction Act Notice,							-				m 990			
															, - /		
JSA																	

(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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see in	Taxpa	Taxpayer identification number (TIN)							
print		a		83-1839530						
File by the	NATIONAL LEAD FOR AMERICA, IN Number, street, and room or suite no. If a P.O. bo									
due date for	PO BOX 07070	x, 500 motra								
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.	FORT MYERS, FL 33919									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for eac	h return)		01				
Application		Return	Application			Return				
Is For		Code	Is For			Code				
Form 990 or	Form 990-EZ	01	Form 1041-A			08				
Form 4720	(individual)	03	Form 4720 (other than indi	vidual)		09				
Form 990-PF	÷ í	04	Form 5227			10				
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T	(trust other than above)	06	Form 8870			12				
Form 990-T	(corporation)	07								
Telephone If the orgation of the orgation of the whole a list with the orgation of the whole a list with the orgation of th	s are in the care of ► <u>RICHARD</u> E. SWART PO BOX 07070 FOR e No. ► <u>919 960-1041</u> anization does not have an office or place of 1 or a Group Return, enter the organization's for e group, check this box►	T MYERS business ir ur digit Gro f it is for pa ion is for. ntil for the org , 20	Fax No. ►	x	an	If this is d attach				
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the tentative			NONE				
	application is for Forms 990-PF, 990-T,	1720 or	6060 enter anv refundat		3a \$	NONE				
	ted tax payments made. Include any prior yea		-		3b \$	NONE				
	e due. Subtract line 3b from line 3a. In				<u> </u>	INOINE				
	EFTPS (Electronic Federal Tax Payment System	•			3c \$	NONE				
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see Fo	orm 8453-TE and For	m 887	9-TE for paymen				
For Privacy A	Act and Paperwork Reduction Act Notice, see instr	uctions.		F	orm 8	868 (Rev. 1-2022				

For	m 990 (2022)	1			Page 2
Pa		Statement of Program Service			
_			response or note to any line in this I	Part III	х Х
1	-	scribe the organization's mission	:		
	SEE SC	HEDULE O.			
2			icant program services during the		
	prior Form	1 990 or 990-EZ?			Yes X No
		escribe these new services on S			
3		•	, or make significant changes i		
		escribe these changes on Sched			Yes X No
4		.	rvice accomplishments for each o	of its three largest program se	rvices, as measured by
	expenses.	Section 501(c)(3) and 501(c)(4) organizations are required to		
	the total e	expenses, and revenue, if any, for	each program service reported.		
4a			including grants of \$		
			OVER 300 FELLOWS IN OVE	R 30 STATES, 54	
	<u>IN 201</u>	<u>9, 50 IN 2020, 100 IN</u>	2021, AND 110 IN 2022.		
41	(0		in the line manufactor of the) (D	```
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000) (Expenses ¢)(itevenue ¢	/
4d	Other prog	gram services (Describe on Sche	edule O.)		
	(Expenses			nue \$)	
	Total prog	ram service expenses	5,298,329.		
JSA 2E1	020 1.000				Form 990 (2022)
	2067Q	O K932 10/25/2023 06	:51:51 V22-7.4F		

	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		37
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	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,"			
u	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		
h	Schedule D, Parts XI and XII.	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X 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		
	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		x
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Vos " complete Schedule I, Parts I and II.	21	37	
16.4	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	L T I	Х	L

Page	4
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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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		37
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
b	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	230		<u></u>
20	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		37
25 0	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
U U	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	335		
50	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part			_	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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		
JSA 2E1030	2.000	Form	990	(2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 189								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		37					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or								
-	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х					
h	and services provided to the payor?	7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х					
Ч		10							
	d If "Yes," indicate the number of Forms 8282 filed during the year								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.								
8									
-	sponsoring organization have excess business holdings at any time during the year?								
9									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
-									
	Enter the amount of reserves on hand	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	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, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

Form §	990 (2022)		F	age 6				
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
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 1a 7							
.u	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							
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2		2		Х				
•	any other officer, director, trustee, or key employee?	-		21				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6						
6	Did the organization have members or stockholders?	0		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		37				
	one or more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_ .						
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	······································							
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u>,</u>	X				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	· ·					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	x					
11a								
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise 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	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a								
	with a taxable entity during the year?	16a		Х				
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							
17	List the states with which a copy of this Form 990 is required to be filedCA, MA, NY, NC, UT,							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. 1960		51(0)				
	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	oct n	olicy				
13	and financial statements available to the public during the tax year.	n nitel	est p	oncy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	le						
20	RICHARD E. SWARTTZ PO BOX 07070 FORT MYERS, FL 33919	13						
	919-960-1041	Form	990	(2022)				
JSA 2E1042				、 -)				

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than c is both cor/trust employee	an	(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
						å				
(1) RICHARD SWARTTZ	40.00									
CFO/TREASURER	NONE	X		Х				123,739.	NONE	14,371.
(2) JOE NAIL	40.00									
DIRECTOR/CEO	NONE	X		Х				109,229.	NONE	10,836.
(3) REED SHAFER-RAY	40.00									
COO/SECRETARY	NONE	Х		Х				71,693.	NONE	16,630.
(4) ANDREW POWELL	5.00									
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE
(5) MACK MCCARTER	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) SHADIIN HERRERA	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) SHIMUL MELWANI	3.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8)		-								
(9)										
(10)										
(11)										
(12)										
(13)				<u> </u>						
(14)										

Form	990	(2022)
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Ра	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	neck ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am c comp	(F) imated ount of other pensatic	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nizatior related nization	
1b	Sub-total							►	304,661.	NONE		41,8	337.
	Total from continuation sheets to Part VII, Se	-		• •	• •	••			NONE				NONE
	Total (add lines 1b and 1c)	limited to the						o re	304,661. ceived more than	NONE \$100,000 of		41,8	557.
							2					Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations gre	sum of rep eater than	ortab \$15	le c 0,0	om 00?	pen ////////	isatioi "Yes	n ai s,"	nd other compens complete Schedu	sation from the <i>le J for such</i>			
5	<i>individual</i>	accrue col	mpen	sati	on f	from	ו any	un	related organization	on or individual	4		X
	for services rendered to the organization? If "Ye	es," comple	te Sch	edu	ile J	for	such	per	son		5		X
	tion B. Independent Contractors Complete this table for your five highest com	nensated in	ndene	nde	nt i	con	tracto	re t	hat received more	than \$100 000 of			
•	compensation from the organization. Report c year.												

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received NONE	

		Check if Schedule O contains a response		-	(B)	(C)	· · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues					
	c	Fundraising events 1c					
	d	Related organizations					
	e	Government grants (contributions) 1e	2,564,038.				
	f	All other contributions, gifts, grants,					
hei		and similar amounts not included above _ 1f	3,799,783.				
Contribuand Oth	g	Noncash contributions included in					
		lines 1a-1f		C 2C2 021			
0	n	Total. Add lines 1a-1f	Business Code	6,363,821.			
e			611710	2,346,674.	2,346,674.		
Program Service Revenue	2a		011/10	2,340,074.	2,340,074.		
Sei	b						
am	c d						
<u>p</u>	e u						
T L	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,346,674.			
	3	Investment income (including dividends, in					
		other similar amounts)		8,583.			8,583
	4	Income from investment of tax-exempt bond pr	oceeds	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	NONE				
	d _	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
đ	h	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	c	Gain or (loss) 7c					
Ч, К	d	Net gain or (loss)		NONE			
Other R	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from fundraising events _		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	C	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold		NONE			
			Business Code	NONE			
Miscellaneous Revenue	14 -						
ane	11a b						1
elli	D C						
lisc Re	d	All other revenue		3,354.			3,354
2	e	Total. Add lines 11a-11d		3,354.			
	12			8.722.432	2.346.674		11.937

Form 990 (2022)

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 respo	onse or note to any line	in this Part IX		<u> </u>
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	125,345.	125,345.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	184,745.	184,745.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	346,498.	179,056.	167,442.	
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			
	Other salaries and wages	1,347,825.	696,502.	651,323.	
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	41 400	01 004	00.005	
9	Other employee benefits	41,400.	21,394.	20,006.	
10	Payroll taxes	156,922.	81,091.	75,831.	
	Fees for services (nonemployees):	370377			
	Management	NONE		10 010	
	Legal	18,353.	5,535.	12,818.	
	Accounting	63,222.	19,066.	44,156.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	549,452.	165,698.	383,754.	
10	(A), amount, list line 11g expenses on Schedule O.)	4,497.	4,497.	303,734.	
13	Advertising and promotion	22,383.	5,765.	16,618.	
14	Information technology	181,221.	78,855.	102,258.	109.
15	Royalties	NONE	, , , , , , , , , , , , , , , , , , , ,	101/2001	
16	Occupancy	8,000.		8,000.	
17	Travel	57,694.	20,046.	34,219.	3,429.
	Payments of travel or entertainment expenses	.,			
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	14,023.		13,893.	130.
20	Interest	296.		296.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	8,089.		8,089.	
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.)				
а	LIVING ALLOWANCES	2,862,288.	2,862,288.		
b	FELLOW ENRICHMENT	833,529.	831,059.	2,470.	
c	ENRICHMENT ACTIVITIES	16,294.	15,000.	1,294.	
d					
е	All other expenses	51,588.	2,387.	49,201.	
	Total functional expenses. Add lines 1 through 24e	6,893,664.	5,298,329.	1,591,667.	3,668.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				Fame 000 (0000)

Form 990 (2022)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,272,532.	1	597,596.
	2	Savings and temporary cash investments.	1,199,440.	2	4,182,131.
	3	Pledges and grants receivable, net	698,077.	3	856,010.
	4	Accounts receivable, net	321,116.	4	621,153.
	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	NONI
	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	NONI
IS	7	Notes and loans receivable, net	NONE	7	NONI
Assets	8	Inventories for sale or use	NONE	8	NONI
¥	9	Prepaid expenses and deferred charges	78,931.	9	61,912.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	NONE	10c	
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONI
	14	Intangible assets	NONE	14	NONI
	15	Other assets. See Part IV, line 11	8,843.	15	1,204.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,578,939.	16	6,320,006.
	17	Accounts payable and accrued expenses	312,234.	17	284,715.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	1,098,609.	19	1,038,427.
	20	Tax-exempt bond liabilities	NONE	20	NONI
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE		NONE
┛│	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONI
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONI
	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		NONE
_	26	Total liabilities. Add lines 17 through 25	1,410,843.	26	1,323,142.
ces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,168,096.	27	4,996,864.
Ba	28	Net assets with donor restrictions.	NONE		NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ Þ	32	Total net assets or fund balances	3,168,096.	32	4,996,864.
Net	33	Total liabilities and net assets/fund balances	4,578,939.	33	6,320,006.

Form 990 (2022)

Form 99	90 (2022)			Pa	ge 12
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	8,	722,	432.
2	Total expenses (must equal Part IX, column (A), line 25)	2	б,	893,	664.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	828,	768.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	168,	096.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32,</u> column (B))	10	4,	996,	864.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı 📃	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				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	. 20	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain o	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in tl	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u> a	I X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .			
			For	m 990	(2022)

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

		t of the Treasury enue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of the	e organization						Employer identif	ication number
NAT	CION.	AL LEAD F							839530
Ра					organizations must			,	าร.
The			•		is: (For lines 1 throug		•	,	
1					tion of churches desc			70(b)(1)(A)(i).	
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A))(iii). Enter the
-		hospital's nan	, ,						
5		•	•		a college or universit	y ownee	a or ope	erated by a governme	ental unit described in
~		-		Complete Part II.)	romantal unit describe	d in 	ion 170/	L\/4\/A\/\	
6 7				•	rnmental unit describe				om the general public
'		-		(1)(A)(vi). (Compl	-	pport in	on a yo		oni the general public
8					o)(1)(A)(vi). (Complete	Part II)			
9		-		-	ed in section 170(b)(1			Lin conjunction with a	land-grant college
•		•			riculture (see instruct		•		
		university:		<u>.</u>		,.		······································	· ···· · ···· · ···· · ···· · · · · ·
10 11		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f ient income and u n after June 30, 1	re than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to car	rry out the purposes of
		one or more p	ublicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	1	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а] Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
		_ supporting o	organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	nanagement c	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	hage the supported
		-			, Sections A and C.				
С					ng organization opera				lly integrated with,
			-		s). You must comple				
d		•••	•		porting organization c				• • • • •
			-		nization generally mus	-			d an attentiveness
					omplete Part IV, Sect				U. T
е			-		a written determinatio				п, туре п
f	Ente				ionally integrated sup			.1011.	
				•	orted organization(s).				•••••
		me of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()			(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paper	work Reductio	n Act Notice. s	ee the Instructions	for Form 990 or 990-EZ.			S	L chedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part II

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

Sec	tion A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	188,500.	368,804.	1,468,541.	4,494,472.	6,363,821.	12,884,138.
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						NONE
4	Total. Add lines 1 through 3	188,500.	368,804.	1,468,541.	4,494,472.	6,363,821.	12,884,138.
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)						182,672.
6	Public support. Subtract line 5 from line 4						12,701,466.
	tion B. Total Support	() 0040	(1) 00 10	() 0000	()) 0001	() 0000	
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	188,500.	368,804.	1,468,541. 84.	4,494,472.	6,363,821.	12,884,138.
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	11,000.	850.	3,354.	15,204.
11	Total support. Add lines 7 through 10						12,908,203.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	6,034,329.
13 	First 5 years. If the Form 990 is for organization, check this box and stop here ,	<u></u>	<u></u>	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) X
	tion C. Computation of Public Sup		•	4.4			
14	Public support percentage for 2022 (lin					14	<u>%</u> %
15	Public support percentage from 2021					15	
104	33 1/3 % support test - 2022. If the orgonization que box and stop here. The organization que	-					
h	331/3% support test - 2021. If the org						
D D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•		-			
	10% or more, and if the organization						
	Part VI how the organization meets					-	•
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz		5				
	in Part VI how the organization meets					-	-
	organization			•	•	•	
18	Private foundation. If the organizatio	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u></u>

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.) Section A. Public Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 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 unrelated trade or business under section 513 . 4 Tax revenues levied for the 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from 8 line 6.) Section B. Total Support (c) 2020 (e) 2022 (f) Total (a) 2018 (b) 2019 (d) 2021 Calendar year (or fiscal year beginning in) 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 c Add lines 10a and 10b Net income from unrelated business 11 activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) % 15 15 Public support percentage from 2021 Schedule A, Part III, line 15 16 16 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. 20

Schedule A (Form 990) 2022 Part III

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

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Schedu	le A (Form 990) 2022			Page 🕻
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
supported organizations played in this regard.		3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	1S).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ctions).	
•	Y	es N	lo
2	Activities Test Answer lines 2a and 2b below		

-			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> 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? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
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 trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> ," provide details in Part VI .	<u>3a</u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

1

2

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Schedule A (Form 990) 2022			Page
Part V Type III Non-Functionally Integrated 509(a)(3) S			
1 Check here if the organization satisfied the Integral Part instructions. All other Type III non-functionally integrated			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production of gross income or for management, conservation, or maintena property held for production of income (see instructions)	ance of 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
 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 g see instructions).	reater amount, 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, colu	umn A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, c			
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 subjuemergency temporary reduction (see instructions).			
 Check here if the current year is the organization's first as 		rated Type III supportin	g organization

(see instructions).

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from				
4					
	Section D, line 7: \$ Applied to underdistributions of prior years				
a b	Applied to 2022 distributable amount			-	
	Remainder. Subtract lines 4a and 4b from line 4.				
 5	Remaining underdistributions for years prior to 2022, if			-	
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
v	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Page 8

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 INCOME	SCHEDULE	A,	PART	II	-	OTHER	INCOME
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DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS	NONE	NONE	11,000.	850.	3,354.	15,204.
TOTALS	NONE	NONE	11,000.		3,354.	15,204.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

NATIONAL LEAD FOR AMER	ATIONAL LEAD FOR AMERICA, INC. 83-1839530				
Organization type (check one):					
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 four	ndation			
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

General Rule

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

Special Rules

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

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

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

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

	3 (Form 990) (2022)		Page 2
Name of a	organization NATIONAL LEAD FOR AMERICA, INC.		Employer identification number 83-1839530
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$1,000,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ 30,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of c	organization NATIONAL LEAD FOR AMERICA, INC.		Employer identification number 83-1839530
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,264,569.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,564,038.	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_		\$750,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

vame or c	NATIONAL LEAD FOR AMERICA, INC.		83-1839530
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Page **2**

Schedule B (Form 990) (2022)

		Employer identification number		
NATIONAL LEAD FOR AMERICA, INC.		-1839530		
cash Property (see instructions). Use duplicate copies	ot Part II if additional space is ne	eded.		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	 \$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	 \$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	 \$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
	(b) Description of noncash property given (b) Description of noncash property given (b)	Description of noncash property given FMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (See instructions.) (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (b) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (b) FMV (or estimate) (b) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate) (b) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.)		

Page **3**

JSA 2E1254 1.000

Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page 4	
Name of or	•			Employer identification number	
Dout III	NATIONAL LEAD FOR AME			83-1839530	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. C t III, enter the total o formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation		-	hip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a	hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 R			hip of transferor to transferee	

SCHEDULE	D
(Form 990)	

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.

Open to Public

Schedule D (Form 990) 2022

2

OMB No. 1545-0047

	artment of the Treasury	On the second second second	Attach to Form 990.	(h - l-((h-f		Open to Public
	nal Revenue Service e of the organization	Go to WWW.Irs.gov/r	Form990 for instructions and	the latest informa	Employer identifica	Inspection
	-					
		R AMERICA, INC.	iand Funda ar Othar Cim	ilar Funda ar	83-1839	530
Pa		tions Maintaining Donor Adv if the organization answered			Accounts.	
	Complete	an the organization answered	,	· · · · · · · · · · · · · · · · · · ·	(h) Evenda and	
			(a) Donor advised fur	nds	(b) Funds and	other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	•	on inform all donors and donor	•			
		nization's property, subject to the	-	-		Yes No
6		on inform all grantees, donors, a				
		purposes and not for the bene				
_		issible private benefit?				Yes No
Pa		tion Easements.		N/ II		
		if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	, recreation or education)		of a historically im	
		of natural habitat		Preservation of	of a certified histo	ric structure
_		n of open space				
2	-	through 2d if the organization he	eld a qualified conservation	ا contribution in		
		ast day of the tax year.		-		End of the Tax Year
а		onservation easements			<u>2a</u>	
b		tricted by conservation easements			2b	
C		vation easements on a certified		. ,	2c	
d		vation easements included in (c)				
_		e listed in the National Register			2d	
3		rvation easements modified, tra	nsferred, released, extingui	ished, or termi	nated by the org	anization during the
	tax year	I				
4		where property subject to conse				
5	-	ation have a written policy reg			-	\Box
~		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations,	, and enforcing	conservation easer	nents during the year
7	Amount of oxnons	 es incurred in monitoring, inspec	ting handling of violations	and onforcing or	nconvotion opcom	opte during the year
'	Amount of expens	es incurred in monitoring, inspec	ang, nanaling of violations, a	and emotoring co	niser valion easen	ients during the year
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the require	ements of section	on 170(h)(4)(R)(i)	
-)(4)(B)(ii)?				Yes No
9		cribe how the organization re				
•		d include, if applicable, the text				
		ounting for conservation easeme		0		
Pa	art III Organiza	tions Maintaining Collections	of Art, Historical Treas	ures, or Other	Similar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 8.		
1a	If the organization	elected, as permitted under FA	SB ASC 958, not to repor	rt in its revenue	e statement and l	palance sheet works
	of art, historical t	reasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibition	on, education,	or research in fu	irtherance of public
b		n elected, as permitted under Fasures, or other similar assets he				
		ing amounts relating to these iter				ce of public service,
		ded on Form 990, Part VIII, line 1			\$	
		d in Form 990, Part X				
2	.,	n received or held works of a				
-	-	required to be reported under F				
а		on Form 990, Part VIII, line 1.			\$	
b		Form 990, Part X				

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

Sche	ule D (Form 990) 2022										Page	2
Ра	rt III Organizations Maintaining Co	ollections of	Art, Histo	rical Tre	easure	s, or	Other S	imilar As	ssets (Co	ontinue	d)	
3	Using the organization's acquisition, acc	cession, and o	other recor	ds, checl	k any c	of the	followin	g that ma	ake signi	ficant u	se of its	5
	collection items (check all that apply):		_	_								
а	Public exhibition		d	Loan	or exch	ange	program					
b	Scholarly research		e	Other								
С	Preservation for future generations											
4	Provide a description of the organization	n's collections	and expla	ain how 1	they fu	rther	the orga	nization's	exempt	purpose	e in Par	t
	XIII.											
5	During the year, did the organization solid									_		
	assets to be sold to raise funds rather tha		ained as pa	rt of the o	organiz	ation'	s collecti	on?		Yes)
Ра	t IV Escrow and Custodial Arrange			000 5		Lin a	0			· · · · - · ·		
	Complete if the organization a	inswered "Ye	es" on For	m 990, F	Part IV,	line	9, or rep	orted an	amoun	t on Foi	m	
1.	990, Part X, line 21.	untadian ar a	than interm	adiam. fr		ributi		ther eres	to not			_
Ta	Is the organization an agent, trustee, cu			-						Yes		_
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part	XIII and comr	olete the fo	lowing tak	 ماه [.]	• • •	• • • • •		• • • ∟	163		'
b				iowing tai	JIE.				Amount			-
с	Beginning balance					1c			Amount			-
d	Additions during the year					1d						-
e	Distributions during the year					1e						-
f	Ending balance					16 1f						-
2a	Did the organization include an amount o						stodial ad	count liab	oilitv?	Yes	N	5
	If "Yes," explain the arrangement in Part								-			
	t V Endowment Funds.											-
	Complete if the organization a	inswered "Ye	es" on For	m 990, F	Part IV,	line	10.					
	(a)	Current year	(b) Prio	r year	(c) Tw	o years	s back	(d) Three ye	ars back	(e) Four y	ears back	_
1a	Beginning of year balance											
b	Contributions											_
c	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the			e (line 1g,	columr	ו (a))	held as:					
а	Board designated or quasi-endowment		%									
b	Permanent endowment %											
С	Term endowment %		1000/									
2-	The percentages on lines 2a, 2b, and 2c			tion that	ara hal	ط م م م	l a dua inia	tarad for t	ha			
Ja	Are there endowment funds not in the po organization by:		le organiza	nion mai	are nei	u and	auminis		ne	Y	es No	_
	(i) Unrelated organizations									3a(i)		-
	(ii) Related organizations									3a(ii)		-
h	If "Yes" on line 3a(ii), are the related orga									3b		
4	Describe in Part XIII the intended uses of		•							00		
-	+ VI Land, Buildings, and Equipme	nt.										
	Complete if the organization a	answered "Y						1				
	Description of property	(a) Cost or (inves		(b) Cost ((0	or other ba other)	asis	(c) Accur deprec		(d)	Book valu	le	
1a	Land											_
b	Buildings											
с	Leasehold improvements											
d	Equipment											
e	Other											
Tota	. Add lines 1a through 1e. (Column (d) m	ust equal Forr	n 990, Part	X, colum	n (B), lir	ne 10	c.)					

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 2E1270 1.000

Schedu	le D (Form 990) 2022		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total revenue, gains, and other support per audited financial statements	1	9,032,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	310,144.
3	Subtract line 2e from line 1		8,722,432.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		8,722,432.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	1	7,203,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	310,144.
3	Subtract line 2e from line 1	3	6,893,664.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	. 5	6,893,664.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

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)	Go	overnmei	nts, and Ir	Assistance t ndividuals i	n the United	d States		OMB No. 1545-0047
	Com	plete if the or	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		0		tach to Form 990.				Open to Public Inspection
Internal Revenue Service Name of the organization		Got	o www.irs.gov/	Form990 for the la	itest information.		Employer identifiest	
5							Employer identificat	
	FOR AMERICA, INC.	d Assistance	•				83-1839530	
	zation maintain records to s			a granta ar agaista	noo the grantage	l aligibility for the grapt	a or oppiatance and	
-	teria used to award the gran			-	-			X Yes No
	: IV the organization's proce							
	nd Other Assistance to I					nloto if the organiz	vation answard "	(00" on Form 000
	ne 21, for any recipient t		-					es on Form 990,
				1				1
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						othory		
(1) EWALU, INC. PO BOX 5105 KAILUA KO	ND UT 0674E	88-2442548	501(C)(3)	125,345.				CENEDAL CRADEND EIND
	NA, HI 90/45	00-2442540	501(C)(3)	125,345.				GENERAL STARTUP FUND
_(2)								
(3)								
_(4)		_						
(5)								
_(3)								
(6)								
_(7)		_						
(8)								
_(9)		_						
(10)								
(10)								
(11)								
(4.2)								
(12)		_						
2 Enter total numb	per of section 501(c)(3) and	government o	prganizations lis	sted in the line 1 tal				1
3 Enter total numb	per of other organizations lis	sted in the line	1 table					

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
1 FELLOW SCHOLARSHIPS	110	164,745.			
2 CATALYST FUNDS	5	20,000.			
		20,000.			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

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.

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RELEVANT TOPICS, OR EXPULSION FROM THE BOARD IF THE CONFLICT UNDERMINES THE MEMBER'S INDEPENDENCE TO MAKE OBJECTIVE DECISIONS ON BEHALF OF THE ORGANIZATION.

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

LEAD FOR AMERICA HAS AN EXECUTIVE COMPENSATION REVIEW PROCESS THAT REQUIRES AN ANNUAL AUDIT OF THE PERFORMANCE AND PAY OF THE CEO AND OTHER HIGHLY PAID STAFF AND CONSULTANTS. THE REVIEW IS LED BY A COMMITTEE OF NO LESS THAN TWO BOARD MEMBERS, WHO SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE SELECTED MEMBERS/COMMITTEE MAY ENLIST ADVISORS TO ASSIST WITH THE COLLECTION OF THIS DATA.

FORM 990, PART VI, SECTION C, LINE 19

WE WILL PROVIDE ANY GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIALS UPON REQUEST TO OUR GENERAL EMAIL ADDRESS OR GENERAL PHONE NUMBER.