Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 Inspection

Α	For the	2017 calend	dar year, or tax	year beginn	ing $11/$	/01	, 2017	', and end	ding	10/3	31	,	2018
В	Check if a	pplicable:	С								D Employ	er identifi	cation number
	Addre	ess change	LEADERSHIE	י דחוור מיז	TON FO	MATPA AC	PACTETO	ς			95-	38796	77
		-	INC.	LDUCKI	TON I	JI ASIAN	IACIIIC	٥,		F		one numbe	
	Name	e change	327 E. 2NI	CTDEET	#226								
	Initial	return	LOS ANGELE								213	485-	1422
	Final re	eturn/terminated	LOS ANGELE	13, CA 3	0012								
	Amer	nded return									G Gross r	eceipts \$	1,473,801.
	Annli	cation pending	F Name and addre	ess of principal	officer: тт	אור א אוצוות	IA C A 1.7A		H(a		group retur		
	, ,pp	oation ponumg			Г.Т	NDA AKUT	AGAWA		H(b) Are all s	subordinates	s included?	— — · · · · — · · ·
_			SAME AS C			<i>c</i> 1 3	40.477 \ \(\)	1 507		If 'No,' a	subordinates attach a list.	(see instru	uctions)
<u> </u>		empt status	X 501(c)(3)	501(c) () •	(insert no.)	4947(a)(1) o	r 527					
J	Webs	ite: ► WW	W.LEAP.ORG	1					H(c) Group e	exemption n	umber >	
Κ	Form of	organization:	X Corporation	Trust	Association	Other ►	L	Year of form	mation:	1982	2 M s	State of leg	al domicile: CA
Pa	art I	Summar	ν										
			ibe the organizat	ion's missic	n or mos	t significant a	activities:T.F.	AP'S N	ITSS	TON 1	IS TO	ACHTE	VE FIII.I.
	D												
8	PARTICIPATION AND EQUALITY FOR ASIAN PACIFIC AMERICANS THROUGH LEADERSH: EMPOWERMENT AND POLICY.										±±±		
ਬੁੱ	<u> </u>	MI OMPINA	ILINI AND IO	<u>птст. </u>									
ē	2 -	hook this he	ov b		discontin	nued its opera	tions or dis			than 25	0/ of ito		
Ó	2 Cl 3 No	heck this bo	oting members o										
অ	4 No		idependent votin									3	14
S	# INC											5	13
ŧ	5 To		r of individuals e r of volunteers (e										16
Activities & Governance	7 - T		•		-	•						6	60
A			ed business reve									7a	3,600
	b IN	et unrelated	d business taxab	ie income ti	om Form	1 990-1, line 3	34					7b	2,600
										Pı	rior Year		Current Year
ø.			and grants (Pa						_		845,0		773,075.
Ē		-	vice revenue (Pa						_		494,4	165.	644,303
Revenue		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								2,0	004.	1,556	
æ	11 0	ther revenue	e (Part VIII, colι	ımn (A), line	es 5, 6d,	8c, 9c, 10c, a	and 11e)				-68,6	584.	-187,675
	12 To	otal revenue	e – add lines 8 t	hrough 11 (must equ	ial Part VIII, d	column (A), l	line 12)		1	,272,8	358.	1,231,259
	13 G	rants and si	imilar amounts p	aid (Part I)	(, column	(A), lines 1-	3)				23,5		26,040
			l to or for membe	•			-		_			/_ / /	20,010
									—		498,0) 4 E	100 000
S	13 50	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)									490,0	745.	466,663
Š	16a Pi	rofessional	tundraising tees	(Part IX, co	olumn (A)	, line IIe)							
Expenses	b To	otal fundrais	sing expenses (F	Part IX, colu	mn (D), I	ine 25) ►		36,475	j.				
ш	17 O	ther expens	ses (Part IX, colu	ımn (A). lin	es 11a-11	d. 11f-24e)					651,7	784	706,099
			es. Add lines 13						_	1	,173,3		1,198,802
			s expenses. Sub										
		everiue iess	expenses. Sub	liact line to	HOIH IIII	5 12					99,5		32,457
s or			(D. 1.) (1: 16)							Beginnin	g of Currer		End of Year
a et	20 To		(Part X, line 16)						<u> </u>		837,0		954,574
Net Assets Fund Balanc	21 To	otal liabilitie	es (Part X, line 2	6)							180,2	249.	272,672.
٤Ē	22 No	et assets or	r fund balances.	Subtract lin	e 21 from	n line 20					656,7	766.	681,902
	art II	Signatur	e Block						-		<i>,</i>		,
				mined this retur	n including	accompanying col	andulas and state	aments and	to the l	hest of my	, knowledge	and belief	it is true correct and
com	plete. Decla	aration of prepa	arer (other than officer) is based on a	I information	of which prepare	er has any knowl	edge.	io ine i	best of my	y Kilowieuge	and belief	, it is true, correct, and
C:		Signatu	ure of officer							Dat	e		
Sig	gn											~ ~=~	
He	ere		<u>DA AKUTAGA</u>	WA					I	PRESI	DENT (& CEO	
			r print name and title					1				_1	
		Print/Type p	preparer's name		Preparer's s	signature		Date			Check	if P	TIN
Pa	id				NON-PA	AID PREPA	RER				self-employ	ed	
	eparer	Firm's name	e >										
Us	e Only										Firm's EIN	>	
		i iiii s addie											
N 4		2 -1:	1 10 - 0		de essere de	2 (1				Phone no.		
ıvla'	y tne IRS	o aiscuss th	nis return with th	e preparer s	snown ab	ove! (see ins	structions)						Yes No

Par	t III	Statement of Program Service Accomplishments	
	D : (1	Check if Schedule O contains a response or note to any line in this Part III	X
1		y describe the organization's mission:	C
		P'S MISSION IS TO ACHIEVE FULL PARTICIPATION AND EQUALITY FOR ASIAN PACIFICATION OF THE PROPERTY AND POLICY.	
	AME	RICANS THROUGH LEADERSHIP, EMPOWERMENT AND POLICY.	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	s X No
	If 'Ye	s,' describe these new services on Schedule O.	ш
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services? 📗 Ye	s X No
		s,' describe these changes on Schedule O.	·
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured b on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total evenue, if any, for each program service reported.	y expenses. I expenses,
4a	ASI TO OF PAR PRO TO AND PUB	ELOPING PEOPLE - LEADERSHIP DEVELOPMENT AND TRAINING PROGRAMS FOR UPPER MAY AN AND PACIFIC ISLANDERS (API). SUCH PROGRAMS INCLUDED: 1) CUSTOMIZED 3-DAY PROFESSIONAL SUCCESS (PPS) PROGRAM FOR COMPANIES SEEKING TO INCREASE THE STATE API TECHNICAL AND PROFESSIONAL STAFF. CONDUCTED 6 PROGRAMS WITH 154 TICIPANTS. 2) 4-DAY RESIDENTIAL LDP FOR HIGHER EDUCATION PROGRAM TO ENHANCE FESSIONAL DEVELOPMENT OF API COLLEGE/UNIVERSITY ADMINISTRATORS, FACULTY, AY MOVE INTO LEADERSHIP POSITIONS. PROGRAM INCLUDED 35 PARTICIPANTS FROM 23 UNIVERSITIES ACROSS THE UNITED STATES. PROGRAM SESSIONS ARE OPEN TO THE GRAPH COLLEGE.	Y PATH UCCESS E THE ND STAFF COLLEGES
	(Code	SCHEDULE O	16,163.)
4 c	<u>WO</u> R	e:) (Expenses \$ 183,334. including grants of \$) (Revenue \$ 2 KSHOP_SERIES - GENERAL LEADERSHIP EDUCATION_THROUGH FORUMS, WORKSHOPS_AND	
	LEA PER AND ONE	SENTATIONS. THE WORKSHOPS AND PRESENTATIONS HELP PARTICIPANTS ENHANCE THE DERSHIP SKILLS, ADDRESS THE INFLUENCE OF PERCEPTIONS, BEHAVIORS, AND VALUE SONAL EFFECTIVENESS, AND HELP FOSTER UNDERSTANDING OF API COMMUNITIES, CULISSUES. LENGTHS OF WORKSHOPS VARY FROM FULL-DAY TO HALF-DAY WORKSHOPS TO HOUR PRESENTATIONS. 115 WORKSHOPS PRESENTED WITH A TOTAL OF 3,472 PARTIC OSS THE UNITED STATES.	S ON TURES
	(Ехре	r program services (Describe in Schedule O.) SEE SCHEDULE O enses \$ 18,537. including grants of \$) (Revenue \$)

Part IV | Checklist of Required Schedules

			res	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
(c 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.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	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 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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? <i>If 'Yes,' complete Schedule R, Part l.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) LEADERSHIP EDUCATION FOR ASIAN PACIFICS, Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V							
				Yes	No			
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 34						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		. 0					
	ments, filed for the calendar year ending with or within the year covered by this return	2a 16	-	V				
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	X				
2 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in Did the organization have unrelated business gross income of \$1,000 or more during the year	•	2.	X				
	of the organization have differenced business gross income of \$1,000 of thore during the year. If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 a 3 b	X				
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f			Λ	37			
	financial account in a foreign country (such as a bank account, securities account, or other foll 'Yes,' enter the name of the foreign country: ►	inancial account)?	4 a		Х			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c					
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х			
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut				71			
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6 b					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and						
_	services provided to the payor?		7 a	X				
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	X				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		0					
	Did the sponsoring organization make any taxable distributions under section 4966?		9 a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 b					
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	10 a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11 a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b						
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a					
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedu	e O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b						
	Enter the amount of reserves on hand	13c						
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b					
ΛΛ	TEE A 0.10EL 0.0/0.0/17		Form	agn /	(2017)			

Form 990 (2017) LEADERSHIP EDUCATION FOR ASIAN PACIFICS, 95-3879677 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

LOS ANGELES CA 90012 213 485-1422

GRACE TOY 327 E.

2ND STREET

#226

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A) Name and Title	(B) Average hours per	direc		box, an o ector/	unles	s personand a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ASHLEY LEE	2.5									
TREASURER	0	Χ		Χ				0.	0.	0.
_(2) ERIK_TAKAYESU	1	Х						0.	0.	0.
(3) BRADLEY COOPER	2.5									
IMM. PAST CHAIR	0	Χ		Χ				0.	0.	0.
(4) NA-RI OH	1									
DIRECTOR	0	X						0.	0.	0.
(5) LINDA AKUTAGAWA	50									
PRESIDENT & CEO	0	X		Χ				116,208.	0.	14,151.
(6) DEBORAH BUHLES	1									
DIRECTOR	0	X						0.	0.	0.
(7) GEORGE WU	2.5									
BOARD CHAIR	0	X		Χ				0.	0.	0.
(8) SCOTT HIGASHI	1									
DIRECTOR	0	X						0.	0.	0.
(9) JULIE XIONG	1									
DIRECTOR	0	X						0.	0.	0.
(10) RIZWAN KASSIM	1									
DIRECTOR	0	X						0.	0.	0.
(11) KC CHOI	1.5							_		
VICE CHAIR	0	X		Χ				0.	0.	0.
(12) JIM LACTAOEN	1.5									
VICE CHAIR	0	X		Χ				0.	0.	0.
(13) WILLIAM KANEKO	1									
SECRETARY	0	X	\sqcup	Χ				0.	0.	0.
(14) BRUCE THAO	1									
DIRECTOR	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Tr		Key	Em		_	es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours for related	offi	, unle cer ar	ess pe	sition more erson direct	than is both or/trus employe	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	(F) stimated int of ot pensation om the anization d related	her on on d
	organiza - tions below dotted line)	individual trustee or director	nstitutional trustee		oloyee	Highest compensated employee	-			Ol ge	3111241101	13
(15) GRACE TOY CFO	$-\frac{40}{0}$				Х			117,096.	0.		18,5	512.
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							>	233,304.	0.		32,6	563.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)							>	233,304.	0.		32,6	<u>0.</u>
2 Total number of individuals (including but not limited							ved			ensation	JZ, (,05.
from the organization 2											Yes	No
3 Did the organization list any former officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, or tru	istee,	, key	/ en	ploy	yee,	or h	nighest compensa	ted employee	3		Х
For any individual listed on line 1a, is the sum of the organization and related organizations great												
such individual	 Je comper	 Isatio	on fr	om	 anv	unre	 late	ed organization or	individual			Х
for services rendered to the organization? <i>If 'Ye</i> Section B. Independent Contractors	s,' comple	ete S	chea	lule	J fo	r suc	ch p	erson		5		X
Complete this table for your five highest comper compensation from the organization. Report compet	nsated ind nsation for	epen the c	dent alen	t coi dar j	ntra year	ctors endi	tha	nt received more the vith or within the or	nan \$100,000 of ganization's tax year.			
(A) (B)								(Compe) nsatio	n		
2 Total number of independent contractors (including		ited t	o the	ose I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	ı ► 0											

	Check if Schedule O contains a response or note to any	line in this Part V	III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 3,498. b Membership dues 1b c Fundraising events 1c 363,548. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 406,029. g Noncash contributions included in lines 1a-1f: \$ 11,278.				
<u>ੂੰ ਫ</u>	h Total. Add lines 1a-1f	773,075.			
Program Service Revenue	2a PATH TO PROFESSIONAL SUCC 611430 b LEADERSHIP WORKSHOPS 611430 c LEADERSHIP DEV PROGRAM 611430 d COMMUNITY PROGRAM REGISTR 611430	369,087. 200,403. 58,650. 16,163.	369,087. 200,403. 58,650. 16,163.		
ä	e				
g	f All other program service revenue				
ď	g Total. Add lines 2a-2f	644,303.			
	 Investment income (including dividends, interest and other similar amounts)	1,556.			1,556.
	5 Royalties				
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)▶				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
Other Revenue	8a Gross income from fundraising events (not including. \$ 363,548. of contributions reported on line 1c). See Part IV, line 18				
₹	b Less: direct expenses b 242,542.	100 000			100 000
0	c Net income or (loss) from fundraising events	-193,362.			-193,362.
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code				
	11a 274-TRANSPORTATION FRINGE 900099	3,600.		3,600.	
	b MISCELLANEOUS 900099	2,087.	2,087.		
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	5,687.			
	12 Total revenue. See instructions	1 231 250	646 390	2 600	-191 806

Part IX Statement of Functional Expenses

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

_	Check ii Scriedule O contains a r		(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	26,040.	26,040.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	.,	.,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	226,038.	139,944.	79,267.	6,827.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	150,465.	116,694.	18,182.	15,589.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,625.	8,181.	3,551.	893.
9	Other employee benefits	43,140.	28,219.	12,599.	2,322.
10	Payroll taxes	34,395.	23,445.	8,902.	2,048.
11	Fees for services (non-employees):	,	- ,	.,	,
	Management				
	Legal				
	: Accounting	9,000.		9,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
g	Investment management fees	3,342.		3,342.	
13	Office expenses	61,046.	42,411.	16,308.	2,327.
14	Information technology	16,109.	2,227.	13,882.	,
15	Royalties	·	·	·	
16	Occupancy	29,827.	22,370.	7,457.	
17	Travel	14,103.	2,939.	4,745.	6,419.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	539,810.	365,401.	174,359.	50.
20	Interest	16.		16.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,088.	8,316.	2,772.	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	17,490.	1,478.	16,012.	
a	MISCELLANEOUS	2,031.		2,031.	
	P TAXES AND LICENSES	1,137.		1,137.	
c	CONTRIBUTIONS	1,100.		1,100.	
c		_,			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,198,802.	787,665.	374,662.	36,475.
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)				

		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	491,565.	1	449,437.
	2	Savings and temporary cash investments		2	344,153.
	3	Pledges and grants receivable, net		3	1,000.
	4	Accounts receivable, net		4	129,245.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L	nder	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	24,047.	9	25,545.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	919.		
		·	054. 11,026.	10 c	1,865.
	11	Investments – publicly traded securities.	,	11	1,000.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,329.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	954,574.
_	17	Accounts payable and accrued expenses	36,709.	17	48,315.
	18	Grants payable		18	10/0201
	19	Deferred revenue		19	75,505.
	20	Tax-exempt bond liabilities		20	·
S.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ĭ	22	Secured mortgages and notes payable to unrelated third parties		23	
	23			24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25 26	Other liabilities (including federal income tax, payables to related third part and other liabilities not included on lines 17-24). Complete Part X of Sched Total liabilities. Add lines 17 through 25.	,	25 26	148,852.
_	20		·	20	272,672.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and comp lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	= /	27	410,222.
Ba	28	Temporarily restricted net assets.	030/000.	28	271,680.
nd.	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	656,766.	33	681,902.
~	34	Total liabilities and net assets/fund balances		34	954,574.

Form **990** (2017) BAA

BAA

Form **990** (2017)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,23	31,2	259.
2	Total expenses (must equal Part IX, column (A), line 25)	2				302.
3	Revenue less expenses. Subtract line 2 from line 1	3				157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				766.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	1	1,23	34,3	393.
7	Investment expenses	7				
8		8				
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9	-1	L,24	11,7	114.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10		68	31,9	902.
Pa	ert XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	1			
	b Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate				
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 		2 c	Χ	Ī
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		_

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LEADERSHIP EDUCATION FOR ASIAN PACIFICS, 95-3879677 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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						
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	835,838.	658,923.	593,399.	845,073.	773,075.	3,706,308.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	835,838.	658,923.	593,399.	845,073.	773,075.	3,706,308.
6	Public support. Subtract line 5 from line 4						3,706,308.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	835,838.	658,923.	593,399.	845,073.	773,075.	3,706,308.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	458.	196.	729.	2,004.	1,556.	4,943.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	1,622.	174.	3,560.	2,596.	2,087.	10,039.
	Total support. Add lines 7 through 10						3,721,290.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶□
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						99.60 %
	Public support percentage from 2						99.64 %
	33-1/3% support test—2017. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization			► X
b	33-1/3% support test—2016. If th and stop here. The organization	e organization dic qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization.	VI how the▶
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the te	ests listed below,	please complete	Part II.)			
Sec	tion A. Public Support		1				
Calend 1	lar year (or fiscal year beginning in) Sifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pul	olic Support P	Percentage				
15	Public support percentage for 20	17 (line 8, colum	n (f) divided by lir	ne 13, column (f))		15 %
16	Public support percentage from 2	2016 Schedule A,	, Part III, line 15	<u></u>	<u> </u>		16 %
Sec	tion D. Computation of Inv	estment Incor	me Percentage	•			
17	Investment income percentage for	or 2017 (line 10c,	, column (f) divide	d by line 13, colu	umn (f))		17 %
	Investment income percentage f					<u> </u>	18 %
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organiza	ation
b	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		•		•		· ·

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	11 0 0		V	NI.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer 10b below.	1 0 a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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 instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	edule A (FOITH 990 OF 990-EZ) 2017 LEADERSHIP EDUCATION FOR ASTAN			19611 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	ist on No ons mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	ction 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):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

Schedule A (Form 990 or 990-EZ) 2017

BAA

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

10 Line 8 amount divided by line 9 amount

	T III N F I' III Lete I	
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2017

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2017	2016	2015	2014	2013
MISCELLANEOUS INCOME TOTAL	\$ 2,087	. \$ 2,596.	\$ 3,560.	\$ 174.	\$ 1,622.
	\$ 2,087	. \$ 2,596.	\$ 3,560.	\$ 174.	\$ 1,622.

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

Open to Public Inspection
Employer identification number

	INC.			95-3879677
Pai	rt I Organizations Maintaining Donor	Advised Funds or Oth	er Similar Funds	s or Accounts.
	Complete if the organization answer	ered 'Yes' on Form 990), Part IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the or	advisors in writing that the ganization's exclusive legal	assets held in dono control?	r advised funds
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writi f the donor or donor advisor	ng that grant funds or, or for any other pu	can be used only rpose conferring Yes No
Pai	conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990). Part IV. line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., rec			historically important land area
	Protection of natural habitat	,		certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held last day of the tax year.	d a qualified conservation con	tribution in the form o	f a conservation easement on the
	last day of the tax your.			Held at the End of the Tax Year
	a Total number of conservation easements			2a
	b Total acreage restricted by conservation easeme			2 b
	c Number of conservation easements on a certified			2 c
			` ,	
	d Number of conservation easements included in (structure listed in the National Register			2 d
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished,	or terminated by the o	organization during the
4	Number of states where property subject to conserva	ation easement is located >		
5	Does the organization have a written policy rega and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations	s, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecti ►\$	ing, handling of violations, and	d enforcing conservation	on easements during the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the re	equirements of sectio	n 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to conservation easements.	onservation easements in its r the organization's financial	revenue and expense s statements that desc	statement, and balance sheet, and cribes the organization's accounting for
Pai	Organizations Maintaining Collect Complete if the organization answer	i ons of Art, Historical ered 'Yes' on Form 990	Treasures, or Ot), Part IV, line 8.	ther Similar Assets.
1 :	a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	for public exhibition, education	n, or research in furth	statement and balance sheet works of erance of public service, provide,
	b If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	public exhibition, education, o	r research in furtheran	ice of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lin			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, hist amounts required to be reported under SFAS 11	torical treasures, or other simi 6 (ASC 958) relating to thes	lar assets for financial se items:	
;	a Revenue included on Form 990, Part VIII, line 1.			
1	b Assets included in Form 990, Part X			▶\$

3 Using the organization accession, and other records, check any of the following that are a significant use of its collection items (check dat that apply): a Public exhibition d Con or exchange programs b Scholarly research c Other C Preservation for future generations c Other Other Part XIII. 4 Provise a description of the organization solicit or receive donations of art, historical treasures, or other similar assets: Yes No Part XIII. Part XIII. Other Other Part XIII. Other Other Part XIII. Other Other Part XIII. Other 1 a Is the organization an agent, trustee, custodan or other intermediary for contributions or other assets not included Yes No b If Yes, 'explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance. 1 c c Distributions during the year. 1 c c Distributions during the year. 1 c f Ending balance. 1 c 2 Distributions during the year. 1 c f Ending balance. 1 c 2 Distributions during the year. 1 c f Ending balance. 1 c 2 Distributions during the year. 1 c f Ending balance. 1 c Distributions during the year. 1 c f Ending balance. 1 c Distributions during the year. 1 c Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form '990, Part XIII. On 1 a Beginning of year balance. O) Curret year (0) Prior year 1 a Beginning of year balance. O) Curret year (0) Prior year 1 a Beginning of year balance. O) Curret year (0) Prior year 1 a Beginning of year balance. O) Curret year 1 a Beginning of year balance. O) Curret year (0) Prior year 1 a Beginning of year balance. O) Curret year 1 a Beginning of year balance. O) Curret year 2 Provide the estimated percentage of the current year and balance (line ty, column (a)) held as: a Board designated or quais-redowment S The percentages on lines 2a, 2a, and 2c should equal 100%. 3 A Act these redowment Learnings, and	Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ed)
b Scholarly research c Other	3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No No No No No No No N	a Public exhibition	d Loan	or exchange programs			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of arth, historical treasures, or other similar assets to be sold for arise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 90, or reported an amount on Form 990 Part X, line 21, or explain the arrangement in Part XIII and complete the following table: Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X. Tall is the organization an agent, trustee, custodian around the following table: Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X. Tall is the organization an agent, trustee, custodian around the following table: Call is the organization include an amount on Form 990. Part X. Tall is the organization during the year. Tall is the organization include an amount on Form 990. Part X. Tall is the organization has been provided on Part XIII. Tall is the organization has been provided on Part XIII. Tall is the organization answered "Yes" on Form 990. Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Tall Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Tall Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Tall Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Tall Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 11a. See Form 990. Part IV, line 10. Tall	b Scholarly research	e Other				
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? collection?	c Preservation for future generations		' <u>'</u>			
to be sold to raise funds rather than to be maintained as part of the organizations collection? Part V Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, septem the arrangement in Part XIII and complete the following table:		ions and explain how they	/ further the organization	's exempt purpose in		
Inic 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance. b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or No b If 'Yes years back (e) Four years back (e)	to be sold to raise funds rather than to be ma	intained as part of the o	organization's collection	1?		
on Form 990, Part X?. bif 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. 1	Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if t i Form 990, Part X,	the organization an line 21.	iswered 'Yes' on Fo	ırm 990, Par	t IV,
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1 a Is the organization an agent, trustee, custodia on Form 990. Part X?	an or other intermediary	for contributions or oth	er assets not included	☐ Yes ☐	∃No
c Beginning balance. d Additions during the year. e Distributions during the year. 1 e 1 f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
d Additions during the year. e Distributions during the year. f Ending balance. 1 Id 1 e Ending balance. 1 Id 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes		·			Amount	
e Distributions during the year. f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c Beginning balance			1с	-	
f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?	d Additions during the year			1 d		
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year			1 e		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance	f Ending balance			1f		
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance. b Contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expensites. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment s The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. b If 'Yes' on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. 4 8, 400. 4 8, 400. 4 8, 400. 6 Guipment. e Other 43,519. 4 1,654. 5 1,865.	2 a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
1 a Beginning of year balance	b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	nation has been provide	ed on Part XIII	[
1 a Beginning of year balance						
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment strength or ganization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(i) 3a(i	Part V Endowment Funds. Complete if	the organization ar	swered 'Yes' on Fo	<u>orm 990, Part IV, li</u>	ne 10.	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment c Temporarily restricted endowment s the percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) 3b if 'Yes' on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land. b Buildings. c Leasehold improvements d Equipment c Other 48,400. 48,400. 0. d Equipment e Other 43,519. 41,654. 1,865.		t year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four year	s back
c Net investment earnings, gains, and losses						
and losses	b Contributions					
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	and losses					
and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	'					
g End of year balance	and programs					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$ b Permanent endowment \$ c Temporarily restricted endowment \$ The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. 48,400. 48,400. 48,400. 0. d Equipment e Other. 43,519. 41,654. 1,865.	•					
a Board designated or quasi-endowment ►	3		4			
b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. 3a(i) 3a(ii) 3a(ii) 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other depreciation depreciation 1a Land. b Buildings. c Leasehold improvements. 48,400. 48,400. 0. d Equipment e Other. 43,519. 41,654. 1,865.	, -	ent year end balance (lir	ne Ig, column (a)) held	as:		
c Temporarily restricted endowment ►		6				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iv) the sadding organizations and solid organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) b Buildings. c Leasehold improvements. 48,400. 48,400. 0. d Equipment e Other. 43,519. 41,654. 1,865.						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iv) Interver on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land. b Buildings. c Leasehold improvements. 48,400. 48,400. 0. d Equipment. e Other. 43,519. 41,654. 1,865.						
organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations. (ii) In the lated organizations. (iii) related organizations. (iii) related organizations. (iii) In the lated organizations. (iii) related organizations. (iv) In the late organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (iv) In the late organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iv) Description of property (iv) Cost or other basis (iv) Cost or other basis (other) (iv) Accumulated depreciation (iv) Book value depreciation	The percentages on lines 2a, 2b, and 2c should 6	equal 100%.				
(i) unrelated organizations. (ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. 43,519. 41,654. 1,865.		n of the organization that a	are held and administered	d for the	V	
(ii) related organizations. b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. d Equipment e Other 43,519. 41,654. 1,865.	3					NO
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. c Leasehold improvements. d Equipment e Other. 43,519. 41,654. 1,865.	•					<u> </u>
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation to b Buildings. c Leasehold improvements. d Equipment. e Other. 43,519. 41,654.	• • •					
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. 43,519. 41,654. 1,865.		•			. 30	<u>i</u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. 43,519. 41,654. 1,865.			till lulius.			
Description of property (a) Cost or other basis (investment) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 48, 400. 48, 400. 0. 41, 654. 1,865.			m 990 Part IV line	11a Soo Form 00	10 Part Y lin	ne 10
to Buildings 48,400 48,400 0 d Equipment 43,519 41,654 1,865						
1a Land. b Buildings. c Leasehold improvements. 48,400. 48,400. 0. d Equipment. 43,519. 41,654. 1,865.	Description of property	(a) Cost or other basis (investment)	(b) Cost or other hasis (other)	(c) Accumulated depreciation	(d) Book va	ılue
b Buildings. 48,400. 48,400. 0. c Leasehold improvements. 48,400. 0. d Equipment. 43,519. 41,654. 1,865.	1 a Land	(IIIVOStillolit)	basis (otrici)	aoprodution		
c Leasehold improvements. 48,400. 0. d Equipment. 43,519. 41,654. 1,865.	· ·					
d Equipment	5		48 400	48 400		<u> </u>
e Other 43,519. 41,654. 1,865.	•		70,400.	40,400.		
10/0251 12/0011 2/0001	• •		∆ 3 510	41 654	1	865
		qual Form 990, Part X,				

BAA Schedule **D** (Form 990) 2017

Part VII Investments — Other Securities. Complete if the organization answers	ed 'Yes' on Form 99	00, Part IV, line 11b. See Form 990, Part X, line 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests.	,	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)	_	
(H)	_	
(l) 	_	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	>	
Part VIII Investments — Program Related.	nd 'Voc' on Form 90	N/A 00, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(S) Book value	(2) Motified of Fallaction, Good of Grid of your market value
(2)		
(3)		
(4)		+
(5)		
(6)		
(7)		
(8)		
(8) (9)		
(8)	>	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/2	A
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a)	N/2	A 90, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1]	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) (1) (2) (3)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	N/i ed 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line 1
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/i	00, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/i	00, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	N/ied 'Yes' on Form 99 Description (B) line 15.)	00, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on	N/ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	N/A ed 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	M/A ed 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR	M/A ed 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6) (7)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6) (7) (8)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6) (7) (8) (9)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6) (7) (8) (9) (10)	M//ied 'Yes' on Form 99 Description (B) line 15.)	11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED PARTIES (3) FISCAL SPONSOR (4) (5) (6) (7) (8) (9)	(B) line 15.)	11e or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.				
1 Total revenue, gains, and other support per audited financial statements		1	2,700,874.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities	1,230,673.				
c Recoveries of prior year grants	· · · · · ·				
c Recoveries of prior year grants	242,542.				
e Add lines 2a through 2d		2 e	1,473,215.		
3 Subtract line 2e from line 1.		3	1,227,659.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b Other (Describe in Part XIII.) SEE PART XIII 4b	3,600.				
c Add lines 4a and 4b.		4 c	3,600.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,231,259.		
Part XII Reconciliation of Expenses per Audited Financial Statements Wi	41. E	_4			
		etur	n.		
Complete if the organization answered 'Yes' on Form 990, Part IV		etur	n.		
	, line 12a.	etur 1	2,675,737.		
Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements	, line 12a.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements	, line 12a.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 b 2 c	, line 12a.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	, line 12a.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 b 2 c	1,223,115. 253,820.	1			
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII 2 d	1,223,115. 253,820.	1	2,675,737. 1,476,935.		
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d.	1,223,115. 253,820.	1 2e	2,675,737.		
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1,223,115. 253,820.	1 2e	2,675,737. 1,476,935.		
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	1,223,115. 253,820.	1 2e	2,675,737. 1,476,935.		
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.) c Add lines 4a and 4b.	1,223,115. 253,820.	1 2e 3 4c	2,675,737. 1,476,935. 1,198,802.		
Complete if the organization answered 'Yes' on Form 990, Part IV 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	1,223,115. 253,820.	1 2e 3	2,675,737. 1,476,935.		

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

LEAP SERVES AS FISCAL SPONSOR FOR TWO ORGANIZATIONS OF SIMILAR MISSION. ONE WHO SERVES THE API COMMUNITY IN LOS ANGELES AND ANOTHER THAT PROVIDES SCHOLARSHIPS FOR API YOUTH.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

AWARDS	CELEBRATION	\$ 242,542.
	TOTAL	\$ 242,542.

BAA Schedule **D** (Form 990) 2017

Part XIII | Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

AWARDS CELEBRATION \$ 253,820.

BAA TEEA3305L 08/10/17 Schedule **D** (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 95-3879677 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a)				
REVENUE			AWARDS DINNER (event type)	SILENT AUCTION (event type)	(total number)	through column (c)				
	1	Gross receipts	405,288.	7,440.		412,728.				
Ė	2	Less: Contributions	359,828.	3,720.		363,548.				
	3	Gross income (line 1 minus line 2)	45,460.	3,720.		49,180.				
	4	Cash prizes								
_	5	Noncash prizes		3,720.		3,720.				
D R E C T	6	Rent/facility costs	14,697.			14,697.				
	7	Food and beverages	52,567.			52,567.				
E X P	8	Entertainment	16,510.			16,510.				
EXPENSES	9	Other direct expenses	155,048.			155,048.				
S	10	Direct expense summary. Add lines 4 thr								
Dar	11	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza								
<u>rai</u>	LIII	\$15,000 on Form 990-EZ, line 6a.	tion answered Tes	5 011 F01111 990, Fai	t iv, line 19, or re	ported more than				
R E V E N U E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Ü	1	Gross revenue								
_	2	Cash prizes								
D X P R N C S E S T S	3	Noncash prizes								
Č Š T E S	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes%	Yes 8					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)							
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)						
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain:										
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

sche	edule G (Form 990 or 990-EZ) 201/ LEADERSHIP EDUCATION FOR ASIAN PACIFICS,	95-3879	6//	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	to	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
ä	The organization's facility	13а		%
ı	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:		
	Name ►			
	Address ►			
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revolution if 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party the state of the state of the third party:	enue? d the amour	Yes	No
	Name ►			
	Address •			;
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
ä	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ie .	Yes	□No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	in the		
	organization's own exempt activities during the tax year ► \$			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (ïii) and (v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	any additi	onai	
	mormatori. Occ instructions.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the o	LEADERSHIP EDI	UCATION FOR A	SIAN PACIFIC	CS,			Employer identification 95-387967	
Part I	General Information on G	rants and Assist	ance				30 00,30,	•
the s	s the organization maintain records selection criteria used to award the cribe in Part IV the organization's pro-	ne grants or assistan	ce?		eligibility for the grants	or assistance, and SEE PA		X Yes No
	Grants and Other Assistar Form 990, Part IV, line 21,							
	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>(1)</u> 								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
	er total number of section 501(c)(•	-	in the line 1 table				0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 INTERN STIPENDS	7	26,040.			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PROGRAM COORDINATOR COMMUNICATES WITH INTERNS AND PROJECT MANAGERS OF THE COMMUNITY
BASED ORGANIZATION (CBO) WHERE INTERN IS PLACED. PERFORMANCE AND PROGRESS REPORTS
ARE CONDUCTED WEEKLY WITH A FINAL EXIT INTERVIEW WITH BOTH THE INTERN AND CBO PROJECT
MANAGERS AT THE END OF THE 8 WEEK INTERNSHIP.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LEADERSHIP EDUCATION FOR ASIAN PACIFICS, INC.

Employer identification number 95–3879677

FORM 990, PART VI, SECTION A, LINE 1A

THE GOVERNING BODY OF THE FILING ORGANIZATION HAS DELEGATED THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE GOVERNING BODY ON SPECIFICALLY IDENTIFIED MATTERS DISCUSSED AT BOARD MEETINGS. SUCH AUTHORIZATIONS ARE RECORDED IN THE QUARTERLY FULL BOARD MINUTES. MEMBERS OF THE EXECUTIVE COMMITTEE ARE THE CHAIR, IMMEDIATE PAST CHAIR, VICE CHAIRS, SECRETARY, TREASURER AND PRESIDENT AND CEO. THE EXECUTIVE COMMITTEE MEETS VIA MONTHLY TELECONFERENCE CALLS WHICH ARE DOCUMENTED IN EXECUTIVE COMMITTEE MINUTES. ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED BY THE BOARD CHAIR AT THE QUARTERLY FULL BOARD MEETINGS

FORM 990, PART VII, LINE 5, COLUMN F

EMPLOYER CONTRIBUTION TO 401(K)

LINDA AKUTAGAWA, PRESIDENT AND CEO \$4,648

GRACE TOY, SVP OF ADMINISTRATION AND CFO \$4,684

MEDICAL AND DENTAL PREMIUMS

LINDA AKUTAGAWA, PRESIDENT AND CEO \$9,503

GRACE TOY, SVP OF ADMINISTRATION AND CFO \$13,828

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

EMPOWERING COMMUNITIES - COMPREHENSIVE LEADERSHIP TRAINING, ORGANIZATIONAL

DEVELOPMENT AND CAPACITY BUILDING PROGRAMS AND WORKSHOPS TO PROMOTE THE CULTIVATION

OF NEW COMMUNITY LEADERS, TO STRENGTHEN THE EFFECTIVENESS OF EXISTING

COMMUNITY-BASED ORGANIZATIONS AND TO ESTABLISH A SUPPORTIVE NETWORK FOR MUTUAL

ASSISTANCE, RESOURCE SHARING, AND COLLABORATIVE PROBLEM SOLVING. IN 2018, PROGRAMS

INCLUDED 1) EMERGING LEADERS PROGRAM (ELP) DESIGNED TO STRENGTHEN THE CAPACITY OF

DIVERSE NONPROFIT ORGANIZATIONS BY PROVIDING API SENIOR STAFF FOR FUTURE AND CURRENT

LEADERSHIP AND MANAGEMENT ROLES IN NONPROFIT ORGANIZATIONS. PARTICIPANTS INCLUDED 18

Employer identification number 95-3879677

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

API SENIOR MANAGERS FROM 15 DIFFERENT CITIES IN 12 STATES. 2) LEADERSHIP IN ACTION (LIA), 7 COLLEGE STUDENTS PARTICIPATED IN A PAID EIGHT-WEEK SUMMER INTERNSHIP PROGRAM DESIGNED TO DEVELOP YOUNG LEADERS WITH PRACTICAL LEADERSHIP SKILLS AND THE OPPORTUNITY TO WORK HANDS ON AT 7 COMMUNITY BASED ORGANIZATIONS IN THE SOUTHERN CALIFORNIA API COMMUNITY. AS PART OF THE PROGRAM, INTERNS HOSTED A PHOTO GALLERY TITLED "HOME: HOME AND HOMELESSNESS IN LOS ANGELES" TO HIGHLIGHT THE THEMES OF IDENTITY AND BELONGING IN THE ASIAN AND PACIFIC ISLANDER COMMUNITY. DATA ALSO COLLECTED ON THE HOUSING CRISIS AND HOMELESSLESS IN LOS ANGELES TO CONNECT THE PHOTO GALLERY OF 29 PHOTO SUBMISSIONS TO THE LARGER CURRENT ISSUES IN LOS ANGELES. 3) 6 CAREER AND LEADERSHIP SEMINARS (122 PARTICIPANTS) WERE PRESENTED IN CALIFORNIA, OHIO, AND THE DISTRICT OF COLUMBIA. IN ADDITION TO LEADERSHIP TRAINING TO HELP YOUTH TRANSITION INTO THE WORKFORCE, PARTICIPANTS ALSO MET AND HEARD FROM API PROFESSIONALS WHO SHARED THEIR CAREER EXPERIENCES. 4) HIGH SCHOOL LEADERSHIP INITIATIVE, A SERIES OF WORKSHOPS TAILORED FOR API HIGH SCHOOL STUDENTS TO PROMOTE INCREASED SELF-AWARENESS AND TO CHALLENGE STUDENTS AGES 15-18 TO THINK CRITICALLY ABOUT LEADERSHIP AND CULTURAL VALUES. ACTIVITIES INCLUDED DELIVERY OF 8 WORKSHOPS TO 210 STUDENTS IN CALIFORNIA AND FLORIDA.

DONATED IN-KIND SERVICES FROM TRAINERS OF \$8,250, FACILITY USE \$4,780 AND AIRLINE TICKETS \$36,022

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

INFORMING SOCIETY - IN THE CURRENT FISCAL YEAR, LEAP AS PART OF THE ALLIANCE FOR BOARD DIVERSITY AND ITS PARTNERSHIP WITH DELOITTE IS IN THE PROCESS OF PRODUCING A JOINT REPORT "MISSING PIECES REPORT: THE 2018 BOARD DIVERSITY CENSUS OF WOMEN AND MINORITIES ON FORTUNE 500 BOARDS". THIS MULTI-YEAR STUDY PROVIDES POWERFUL METRICS ON THE SLOW CHANGE OF DIVERSITY IN THE BOARDROOM, WITH HOPES TO ENCOURAGE AND

Employer identification number 95-3879677

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ADVOCATE CORPORATIONS TOWARDS GREATER INCREASE IN MINORITY AND WOMEN BOARD REPRESENTATION ON CORPORATE BOARDS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE OR DESIGNATED BOARD MEMBER OTHER THAN THE TREASURER HAS THE RESPONSIBILITY FOR REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES) AND PRESENTING IT THE EXECUTIVE COMMITTEE FOR APPROVAL BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. IN CONDUCTING ITS REVIEW OF THE DRAFT OF THE FORM 990, THE AUDIT COMMITTEE OR IDENTIFIED BOARD MEMBER OTHER THAN THE TREASURER CONDUCTS A TOP-LEVEL TYPE OF REVIEW. HOWEVER, IF IT IS DESIRED OR DEEMED NECESSARY TO CONDUCT A MORE DETAILED REVIEW OF THE FORM 990, THEN THE AUDIT COMMITTEE OR IDENTIFIED BOARD MEMBER HAS THE AUTHORITY TO CONTACT THE PREPARER OF THE FORM 990 (CFO) TO REQUEST COPIES OF RELEVANT DETAILED TAX RETURN WORKPAPERS. AFTER THE FORM 990 HAS BEEN APPROVED BY THE EXECUTIVE COMMITTEE, IT IS EMAILED TO THE BOARD AND THEN FILED WITH THE INTERNAL REVENUE SERVICE. A PRESENTATION IS MADE AT THE NEXT BOARD OF DIRECTORS MEETING TO UPDATE THE FULL BOARD REGARDING ITS REVIEW OF THE FORM 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE FILING ORGANIZATION ENFORCES COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY

BY ANNUALLY ADMINISTERING A CONFLICT OF INTEREST QUESTIONNAIRE. ALL BOARD MEMBERS

ARE REQUIRED TO ANNUALLY REVIEW AND COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE

TO DISCLOSE ANY PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST. ONCE IDENTIFIED,

CONFLICTS OF INTEREST ARE ADDRESSED AS SET FORTH IN THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE COMMITTEE OF THE BOARD RELIES UPON COMPARABILITY DATA TO DETERMINE AND

Employer identification number 95-3879677

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C

APPROVE THE COMPENSATION OF THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEE UTILIZES RESOURCES SUCH AS SIMILARLY SITUATED EXEMPT ORGANIZATIONS IN THEIR AREA TO BENCHMARK PAY ALONG WITH MARKET INFORMATION FROM OTHER EXEMPT ORGANIZATIONS TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF THE COMPENSATION. THE FULL BOARD IS ALSO REQUESTED TO COMPLETE AN EVALUATION OF THE PRESIDENT AND CEO. ONCE A DECISION HAS BEEN MADE BY THE COMMITTEE, IT IS THEN PRESENTED IN EXECUTIVE SESSION (PRESIDENT AND CEO IS EXCUSED AND RECUSED FROM VOTING) TO THE FULL BOARD FOR A VOTE TO APPROVE. A SIMILAR PROCESS IS DEVELOPED AND IMPLEMENTED BY THE PRESIDENT AND CEO FOR EVALUATION OF KEY EMPLOYEES AND THE STAFF.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE REQUIRED ORGANIZATIONAL DOCUMENTS OF LEAP ARE AVAILABLE (FOR INSPECTION OR COPYING) ON LEAP'S WEBSITE AND AT LEAP'S MAIN OFFICE DURING NORMAL BUSINESS HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF LEAP'S FORM 990, FROM THE PREVIOUS THREE YEARS (AT A MINIMUM), ARE AVAILABLE (FOR INSPECTION OR COPYING) ON LEAP'S WEBSITE AND AT LEAP'S MAIN OFFICE DURING NORMAL BUSINES HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE SCHEDULE B WITH THE NAMES AND ADDRESSES OF CONTRIBUTORS. LEAP WILL MAKE BEST EFFORTS TO ENSURE THAT THE FORMS 990 ON ITS WEBSITE AND HELD AT THEIR MAIN OFFICE ARE THE MOST UPDATED VERSIONS OF SUCH. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY MANNER WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON THE LEAP WEBSITE AT WWW.LEAP.ORG

AND THROUGH GUIDESTAR AT WWW.GUIDESTAR.ORG. ADDITIONAL GOVERNANCE AND LEAP POLICIES

ARE ALSO AVAILABLE ON LEAP'S WEBSITE.

Name of the organization LEADERSHIE		FOR A	SIAN	PACIFICS.	Employer identification number
INC.	LDOCHITON		10 11111	111011 1057	95-3879677

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DONATED SERVICES AND USE OF FACILITIES	\$ -1,234,393.
SILENT AUCTION DONATIONS	-3,721.
UNRELATED BUSINESS INCOME - SECTION 512(A)(7)	-3,600.
TOTAL	\$ -1,241,714.