Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	e 2021 calen	dar year, or tax year begi	nning 11/01	_	, 2021,	and ending	10/31		, 20 2	2022	
В	Check if	applicable:	С					D	Employe	r identification	on number	
	Add	dress change	LEADERSHIP EDUCA	ATTON FOR	ASTAN	PACIFICS	_		95-3	879677		
	\vdash	ne change	INC.	111011 1011	110 11111	111011 100	,	E	Telephor			
	\vdash	•	327 E. 2ND STREE	TT #226				-	010	405 14	0.0	
	Initia	ial return	LOS ANGELES, CA						213	485-14	22	
	Final	I return/terminated		30012								
	Ame	ended return						G	Gross re	ceipts \$	2,819,	817.
	App	olication pending	F Name and address of princip	al officer: T T NID	A AKUT	7 (7 147)	H	I(a) Is this a gr				X No
	Ш "	, , , , , , , ,	SAME AS C ABOVE	דדווח.	A ANUI	AGAWA	H	I(b) Are all sub If "No," att	ordinates	included?		No
_	Toy or	vomnt status	'	\	ort no)	4047(0)(1) or	F27	If "No," att	ach a list.	See instruction	ons.	
<u>_</u>		xempt status:)◀ (inse	ert no.)	4947(a)(1) or	527					
J	Web	site: ► WW	W.LEAP.ORG				F	I(c) Group exe	mption nur	mber -		
Κ	Form o	of organization:	X Corporation Trust	Association	Other ►	LY	ear of formation	n: 1982	M St	ate of legal d	omicile: CA	
Pa	ırt I	Summar	$\overline{\mathbf{v}}$									
			ibe the organization's miss	sion or most sig	nificant a	ctivities:T.F.A	P'S MTS	STON TS	TO A	CHTEVE	: FULL	
	1 7		PATION AND EQUALI									
Governance	1		MENT AND POLICY.	11 101 110	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1100011		<u> </u>	
ਬੁ	-	LIMI OWLIM	ENT AND TOLICI.									
ē	<u> </u>	Ol I - H-: - I	ox ► if the organization			#in and a second in a						
ó	2 (Check this bo	oting members of the gove							_	•	1.0
										3		<u> 16</u>
တ္ဆ			dependent voting member							4		15
≝			r of individuals employed i							5		18
Activities &			r of volunteers (estimate it							6		10
¥			ed business revenue from	·						7a		0.
	b N	Net unrelated	d business taxable income	from Form 990	0-T, Part I	, line 11				7b		0.
								Prio	r Year		Current Ye	ar
_	8 (Contributions	and grants (Part VIII, line	e 1h)				1.5	524,4	89.	1,720,	597.
<u>n</u> e			vice revenue (Part VIII, lin						334,1		1,090,	
le le			ncome (Part VIII, column (1,7			896.
Revenue			ie (Part VIII, column (A), li						156,9		-139,	
			e – add lines 8 through 11			•						
			imilar amounts paid (Part						703,4		2,674,	
					13,9	80.	39,764.					
	14 E	Benefits paid	to or for members (Part	IX, column (A),	, line 4)							
	15	Salaries, othe	er compensation, employe	e benefits (Par	5-10)	682,432.			953,191.			
Expenses	16a F	Professional	fundraising fees (Part IX,		,		·					
ë												
훘	b l	Total fundrais	sing expenses (Part IX, co	olumn (D), line	25) -	8	7,383.					
ш	17	Other expens	ses (Part IX, column (A), I	ines 11a-11d, 1	11f-24e)			!	574,1	66.	1,152,	765.
	18 ⊺	Total expense	es. Add lines 13-17 (must	equal Part IX,	column (A	A), line 25)		1.3	270,5	78.	2,145,	
			s expenses. Subtract line						432,8			892.
- S			<u>у сирениеся сиви ист нис</u>					Beginning o		-	End of Yea	
900	20 7	Total accets	(Port V. line 16)					. 3				
sset Sala	20 7		(Part X, line 16)						718,5		1,926,	
Net Assets Fund Balanc	21 7	i otai ilabilitie	es (Part X, line 26)						944,5	09.	623,	948.
휟	22 N	Net assets or	r fund balances. Subtract	line 21 from lin	e 20				774,0	26.	1,302,	916.
	rt II	Signatur	e Block					•	•		•	
				turn including accor	mnanvina cch	adulas and staten	nents and to th	e hest of my k	nowledge s	and belief it i	c true correct	and
com	plete. Dec	claration of r	eclare that I have examined this re	all information of w	which prepare	r has any knowled	lge.	ic best of my k	nowicage a	ind belief, it i	s true, correct,	ana
		<u> </u>							0/11/			
٠.		Signatu	ure of officer					Date	9/11/	23		
Siç	gn	Signatu	ile of officer									
He	re		DA AKUTAGAWA					PRESID	ENT &	CEO		
		Type or	r print name and title									
		Print/Type p	preparer's name	Preparer's signat	ture		Date	Ch	ieck	if PTIN		
D-	: A	PTA C	. ECKHERT, CPA	PIA C. E	ירגאדים"	, CPA	9/02/2		If-employed	J	646377	
Pa						, CIA	J/UZ/2	se	cmployer	~ r U C	,040311	
Pr(eparei											
US	e Onl	y Firm's addre		IINGTON BL	VD. ST	E 690		Fir	m's EIN	95-48		
_				90040					ione no.		278-130	0
Ma	the IR	RS discuss th	nis return with the prepare	r shown above	? See inst	ructions				X	Yes	No

Par	<u> </u>	T.
	Check if Schedule O contains a response or note to any line in this Part III.	X
1	Briefly describe the organization's mission:	
	LEAP'S MISSION IS TO ACHIEVE FULL PARTICIPATION AND EQUALITY FOR	
	ISLANDERS THROUGH LEADERSHIP, EMPOWERMENT AND POLICY.	
	Did the organization undertake any significant program services during the year which were not listed on the prior	
2		
	Form 990 or 990-EZ?	Yes X No
		:
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices? Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ces, as measured by expenses.
	and revenue, if any, for each program service reported.	to others, the total expenses,
4 a	(Code:) (Expenses \$915,176. including grants of \$) (Re	evenue \$
	SEE SCHEDULE O	
	(Code:) (Expenses \$545,184. including grants of \$) (Re	
	SEE SCHEDULE O	
4 c	(Code:) (Expenses \$ 249,819. including grants of \$) (Re	evenue \$
	WORKSHOP SERIES - GENERAL LEADERSHIP EDUCATION THROUGH FORUMS, WO	
	PRESENTATIONS. WORKSHOPS AND PRESENTATIONS WERE PRIMARILY DELIVE	
	PLATFORM. WORKSHOPS HELP PARTICIPANTS ENHANCE THEIR LEADERSHIP S	
	INFLUENCE OF PERCEPTIONS, BEHAVIORS, AND VALUES ON PERSONAL EFECT	
	FOSTER UNDERSTANDING OF API COMMUNITIES, CULTURES AND ISSUES. LE	
	VARIED FROM ONE HOUR TO 4 HOURS. 98 WORKSHOPS WERE PRESENTED TO A	
	PARTICIPANTS ACROSS THE UNITED STATES. LEAP ALSO LAUNCHED A SERIE	
	"LEAP CONNECT", FREE WORKSHOPS/PRESENTATIONS OPEN TO THE GENERAL TO A LARGER COMMUNITY VIDTUALLY	
	NEED AND INTERESTED IN CONNECTING TO A LARGER COMMUNITY VIRTUALLY	
	RECOVERED FROM THE PANDEMIC. 973 PARTICIPANTS JOINED THESE MONTHL	I ONE-HOOK ATKLOAF
	GATHERINGS.	
	10th an arrange of the state of	
4 d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 11,647. including grants of \$) (Revenue \$)
4 e	• Total program service expenses ► 1,721,826.	

Part IV Checklist of Required Schedules

 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 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. 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. 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. 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 II. 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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 	4	X	х х х х
 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. 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. 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. 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. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 	3 4 5 6 7 8	X	X X X
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 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. 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. 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. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 	3 4 5 6 7 8		X X X
 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. 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. 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. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 	5 6 7 8		X X X
 assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. 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. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 	6 7		X
to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	7		X
environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		
complete Schedule D, Part III			У
	9		Λ
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.			Х
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Χ
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? If 'Yes,' complete Schedule D, Part VII.	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 е		Х
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? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a	Х	
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		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>			X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>			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. 			X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		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.		11	Х
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c 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		
(d 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		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
l	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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		Yes	. No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c		
$D \wedge A$	LEE VILLAGE DATE OF THE SECOND		aan /	mn11

Form 990 (2021) LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country ▶	4 a		71
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ı	bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		37	
	services provided to the payor?	7 a	X	
	a 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 was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			
	o Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ě	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		V
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2021) 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 on 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. 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 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?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 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? 10b 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 on Schedule O the process, if any, used by the organization to review this Form 990. 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **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 > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O 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

#226 LOS ANGELES CA 90012 213 485-1422

GRACE TOY 327 E.

2ND STREET

Form 990 (20	21) LEADER	SHIP EDIIC	ATTON FOR	ASTAN	PACTETCS

95-3879677

Page 7

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 the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles	/	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) GRACE TOY	40									
CFO	0				Х			130,028.	0.	22,195.
(2) LINDA AKUTAGAWA	40							,		
PRESIDENT & CEO	0	Х		Χ				128,929.	0.	17,653.
(3) JEFFREY HONG	1									_
DIRECTOR	0	Х						0.	0.	0.
(4) ERIK TAKAYESU	11									
DIRECTOR	0	Χ						0.	0.	0.
(5) BRADLEY COOPER	2.5									
VICE CHAIR	0	Χ		Χ				0.	0.	0.
(6) MAI TON	2.5									
CHAIRMAN	0	Х		Χ				0.	0.	0.
(7) WEN-FU_WU	2.5									
TREASURER	0	X		Χ				0.	0.	0.
_(8) DENISE LOPEZ	1									
DIRECTOR	0	Χ						0.	0.	0.
(9) GEORGE_WU	2.5							_		_
IMMED PAST CHR	0	Х		Χ				0.	0.	0.
(10) TAMI BUI	1	ļ .,						•		•
DIRECTOR	0	Х						0.	0.	0.
(11) URSULA QUAN	1	ļ .,						•	•	•
DIRECTOR	0	Х						0.	0.	0.
(12) RACHEL GABATO	1							0	0	•
DIRECTOR	0	Х						0.	0.	0.
(13) ANNABEL SHERON	1	v						_	0	0
DIRECTOR (14) JIM LACTAOEN	1 5	Х	\vdash			\vdash		0.	0.	0.
VICE CHAIR	$-\frac{1.5}{0}$	v		Х				0.	0.	0
VICE CHAIK	U	Χ		Λ	l			U.	υ.	0.

Part VII Section A. Officers, Directors, Tr	1	Key	Em			es,	and	d Highest Com	pensated Empl	oyees	(conti	inued)	
	(B)			•	C) sition	e than		(D)	(F)		(E)		
(A) Name and title	Average hours per	box	i, unle	ess pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) ated am	ount	
	week (list any		-					the organization (W-2/1099-	related organizations (W-2/1099-	compe	of other ensation erganizat	from	
	hours for related	ndividuai trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	d relate anization	d	
	organiza - tions below	हिं ति स	mal b		ploye	comp							
	dotted line)	stee	uste:		e	ensa							
			4.5			ed							
(15) LILLIAN TENG	1								•				
DIRECTOR (16) WILLIAM KANEKO	1.5	Х						0.	0.		0.		
SECRETARY	0	X		Χ				0.	0.			0.	
(17) TAMMY TRAN	1							_					
DIRECTOR (18)	0	Х						0.	0.			0.	
(10)													
(19)													
(20)													
(20)		-											
(21)													
100													
(22)													
(23)													
(24)													
(25)													
1 b Subtotal	ion Δ					• • •	•	258,957. 0.	0.		39,848.		
d Total (add lines 1b and 1c)							•	258,957.	0.		39,8	848.	
2 Total number of individuals (including but not limite	d to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio			
from the organization 2											Voc	No	
3 Did the organization list any former officer, dire	ctor truste	ام مد	2V AI	mnl	OVE	or	hiat	nest compensated	employee		Yes	No	
on line 1a? If 'Yes,' complete Schedule J for su	ch individu	ial		· · · · ·				·····		. 3		Х	
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	of reportab	le co	mpe	ensa	ation	and	oth	er compensation f	from				
such individual										. 4	Χ		
5 Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye	ue comper	nsatio	on fr	om Jule	any I fo	unre	late	ed organization or	individual	5		Х	
Section B. Independent Contractors										. -			
Complete this table for your five highest compe compensation from the organization. Report compe	nsated ind nsation for	epen the c	dent alen	t cor dar	ntra vear	ctors endi	tha ng v	It received more the vith or within the order	nan \$100,000 of ganization's tax year				
(A) Name and business ad				•			<u> </u>	(B)		(C)		
Name and business address Description of services Cor								Compe	ensatio)n			
2 Total number of independent contractors (including	but not lim	ited t	o thr	ose I	lister	d aho	ve)	who received more	than				
\$100,000 of compensation from the organization							-,						

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f	Federated campaigns 1a 1,022. Membership dues 1b 336,763. Fundraising events 1c 336,763. Related organizations 1d 31,730. All other contributions, gifts, grants, and similar amounts not included above 1n lines 1a-1f 1g 99,562. Total. Add lines 1a-1f Business Code	1,720,597.			
Program Service Revenue	b c d e f	EXCEED 611430 PATH TO PROFESSIONAL SUCC 611430 LEADERSHIP DEV PROGRAM 611430 COMMUNITY PROGRAM REGISTR 611430 All other program service revenue. Total. Add lines 2a-2f.	462,366. 358,000. 112,500. 94,829. 62,415.	462,366. 358,000. 112,500. 94,829. 62,415.		
	b c	Investment income (including dividends, interest, and other similar amounts)	3,896.			3,896.
Other Revenue	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)				
	c 9 a b	(not including \$ 336,763. of contributions reported on line 1c). See Part IV, line 18	-145,205.			-145,205.
	10 a b	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances				
Miscellaneous Revenue	11 a b c d	### Business Code ### MISCELLANEOUS INCOME 900099 All other revenue	5,214.	5,214.		
Ξ	-	Total. Add lines 11a-11d	5,214.			
			2,674,612.	1,095,324.	0.	-141,309.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3 1	- p
2	Grants and other assistance to domestic individuals. See Part IV, line 22	39,764.	39,764.		
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	159,543.	115,997.	32,420.	11,126.
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	621,627.	443,362.	128,064.	50,201.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
	employer contributions)	20,253.	14,129.	5,099.	1,025.
9	Other employee benefits	81,967.	58,981.	17,766.	5,220.
10	Payroll taxes	69,801.	49,981.	14,340.	5,480.
11	Fees for services (nonemployees):				
	Management				
	Legal	6,231.		6,231.	
	Accounting	10,510.		10,510.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	14,960.		14,960.	
13	Office expenses	77,115.	56,592.	12,870.	7,653.
14	Information technology	20,972.	4,220.	16,752.	7,055.
15	Royalties	20/372.	1,220.	10,732.	
16	Occupancy	39,360.	29,520.	9,840.	
17	Travel	6,523.	3,406.	180.	2,937.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,626.	0,1001	100.	2,3071
19	Conferences, conventions, and meetings	943,858.	890,143.	49,974.	3,741.
20	Interest	2,335.	,	2,335.	- / · •
21	Payments to affiliates	·		·	
22	Depreciation, depletion, and amortization	9,753.	7,315.	2,438.	
23	Insurance	21,816.	8,416.	13,400.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ā	TAXES AND LICENSES	815.		815.	
	MISCELLANEOUS	569.		569.	
	CONTRIBUTIONS	305.		305.	
	GAIN ON SALE OF STOCK	-2,357.		-2,357.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,145,720.	1,721,826.	336,511.	87,383.
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).				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lii	ne in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing			1,223,804.	1	1,242,545.			
	2	Savings and temporary cash investments			204,924.	2	207,621.			
	3	Pledges and grants receivable, net				3	34,030.			
	4	Accounts receivable, net			231,263.	4	371,127.			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%		5				
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6				
	7	Notes and loans receivable, net	` '	` / ` /		7				
Ø	8	Inventories for sale or use		<u> </u>		8				
Assets	9	Prepaid expenses and deferred charges		-	34,972.	9	56,142.			
As	-	· · · · · i			34,912.		30,142.			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	110,400.						
	b	Less: accumulated depreciation	10 b	98,330.	20,243.	10 c	12,070.			
	11	Investments — publicly traded securities				11				
	12	Investments – other securities. See Part IV, line 11	stments – other securities. See Part IV, line 11							
	13	Investments - program-related. See Part IV, line 11.	_		13					
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			3,329.	15	3,329.			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,718,535.	16	1,926,864.			
	17	Accounts payable and accrued expenses			194,966.	17	326,572.			
	18	Grants payable		18						
	19	Deferred revenue	598,355.	19	297,376.					
	20	Tax-exempt bond liabilities				20				
ë	21	Escrow or custodial account liability. Complete Part I		L.	11,176.	21				
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35%		22				
	23	Secured mortgages and notes payable to unrelated th		<u> </u>	140,012.	23				
	24	Unsecured notes and loans payable to unrelated third	parties	5		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rel plete P	ated third parties, art X of Schedule D.		25				
	26	Total liabilities. Add lines 17 through 25			944,509.	26	623,948.			
es		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. >	X						
ă	27	•			422 201	27	040 702			
3a	28	Net assets with donor restrictions			422,281. 351,745.	28	949,783. 353,133.			
ᅙ	20	Organizations that do not follow FASB ASC 958, che			331,743.	20	333,133.			
Net Assets or Fund Balance		and complete lines 29 through 33.								
ō	29	Capital stock or trust principal, or current funds				29				
et.	30	Paid-in or capital surplus, or land, building, or equipm				30				
155	31	Retained earnings, endowment, accumulated income,		<u> </u>		31				
et /	32	Total net assets or fund balances		<u> </u> _	774,026.	32	1,302,916.			
ž	33	Total liabilities and net assets/fund balances			1,718,535.	33	1,926,864.			

BAA TEEA0111L 09/22/21 Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.		<u> </u>			. X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	, 67	4,6	512.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,14	5,7	20.	
3	Revenue less expenses. Subtract line 2 from line 1	3		52	8,8	92.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		77	4,0	26.	
5	Net unrealized gains (losses) on investments.	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9 Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE 0 9							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))							
Pa	rt XII Financial Statements and Reporting			, , ,	2,3	16.	
	Check if Schedule O contains a response or note to any line in this Part XII					П	
	Check if Schedule O Contains a response of note to any line in this rait Air				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				162	NO	
•			-				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on 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 reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?		<u> </u>	2 b	Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te					
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		:	2 c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on 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	
I	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 on Schedule O and describe any steps taken to undergo such audits			3 b			
BAA					990 (2021)	
				-	(

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Name	of the organization	LEADERSHIP	EDUCATION FOR	R ASIAN PACIFIC	S,		Employer identifi	cation number
		INC.					95-38796	
Par				rganizations must			<u>'</u>	ctions.
The o	<u>~</u>	•	•	For lines 1 through 12,		•	•	
1				nurches described in sect		b)(1)(A)((i).	
2	—			ach Schedule E (Form				
3		·		ization described in sec			• • •	
4	<u> </u>	~	ition operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii).	Enter the hospital's
	name, city	, and state:						
5	An organiz section 17	ation operated for (0(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmental unit of	lescribed in
6	A federal,	state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	An organizatin section	ation that normally i 170(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general p	ublic described
8	X A commun	ity trust described	I in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9	An agricultu	ural research organi	ization described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunction	on with a land-grant col	ege
				(see instructions). Enter				
10	from activition	ties related to its of the comment in the comment i	exempt functions, sub	nan 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	ns; and	(2) no r	more than 33-1/3% of	its support from gross
11	An organiz	ation organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
12	An organiz	ation organized a	nd operated exclusive	ely for the benefit of, to	perform	the fur	nctions of, or to carry	out the purposes of one
	or more pu	iblicly supported o	organizations describe	d in section 509(a)(1) d	r section	n 509(a)(2). See section 509(a)(3). Check the box on
а				upporting organization				
u	organization complete F	n(s) the power to re Part IV, Sections A	egularly appoint or elect A and B.	d, or controlled by its sup a majority of the director	rs or trus	stees of	the supporting organiza	g the supported tion. You must
b	managemer	supporting organizent of the supporting plete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You
С				ion operated in connection	n with, a	nd functi	onally integrated with, its	supported
d	Type III non functionally	n-functionally integ	rated. A supporting org	anization operated in cor	nection	with its	supported organization(s) that is not
е	instructions	s). You must com	plete Part IV, Section	s A and D, and Part V. en determination from t				
	integrated,	or Type III non-fu		supporting organization	١.			
		• • •	n about the supported					
				(iii) Type of organization	(iv)	c the	(v) Amount of monetary	(vi) Amount of other
	()		(4) =	(described on lines 1-10 above (see instructions))	in your o	tion listed poverning ment?	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
('')								
(B)								
(C)								
(D)								
<u>(E)</u>								
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	773,075.	731,647.	576,858.	1,524,489.	1,720,596.	5,326,665.	
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)	773,075.	731,647.	576,858.	1,524,489.	1,720,596.	5,326,665.	
6	Public support. Subtract line 5 from line 4						5,326,665.	
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	773,075.	731,647.	576,858.	1,524,489.	1,720,596.	5,326,665.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,556.	3,462.	3,738.	1,795.	3,896.	14,447.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	17000.	37 102.	57750:	1,730.	3,030.	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	2,087.	375.	619.	932.	5,214.	9,227.	
	Total support. Add lines 7 through 10						5,350,339.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	2,689,024.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20 Public support percentage from 2						99.56%	
	33-1/3% support test—2021. If the	ne organization di	d not check the b	ox on line 13. an	d line 14 is 33-1/3	3% or more, chec	99.57 % k this box	
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this I	box and stop here	Explain in Part	VI how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a l-circumstances te	nd-circumstances est. The organizat	test, check this l ion qualifies as a	box and stop here publicly supporte	Explain in Part do organization	VI how the ►	

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

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

Sec	tion A. Public Support	·		•				
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	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.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
	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 on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3) 	▶ □
	tion C. Computation of Pul					T		
	Public support percentage for 20	•			-	-	15	%
16	Public support percentage from 2						16	0/0
	tion D. Computation of Inv					Т		
17	Investment income percentage for	•	• •	-		-	17	%
18	Investment income percentage fi					<u></u>	18	%
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	iization qualifies	as a publicly supp	orted organi	zation	▶ ∐
	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported	organiz	ation ►
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, c	cneck this box and	ı see ınstruct	ions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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	1		
	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 lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion l	B. Type I Supporting Organizations		1	1
1	or mo office orgar than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees		Yes	No
2	during Did the that of	allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers age the tax year. the 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 the fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	1		
		orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
_				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the 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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	eason of the relationship described on line 2, above, 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 mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instri	uction	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
a	suppo orgai	substantially 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 consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
t	more	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or to of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b		ne 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		

Sch	edule A (Form 990) 2021 LEADERSHIP EDUCATION FOR ASIAN	PACI	FICS, 95-3	879677	Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain st complete Sections	in Part VI). Se o A through E.	•
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			,
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA Schedule A (Form 990) 2021

95-3879677

Pai	付 V □ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
DAA			000\ 000

BAA Schedule A (Form 990) 2021

Page 8

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2021	 2020	 2019	 2018	 2017
MISCELLANEOUS INCOME TOTAL	\$ 5,214.	\$ 932.	\$ 619.	\$ 375.	\$ 2,087.
	\$ 5,214.	\$ 932.	\$ 619.	\$ 375.	\$ 2,087.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

_	^	^	4

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

2021

OMB No. 1545-0047

	INC.	III EDOOMION TON NOTIN THOTITOS,	95-3879677
Organiz	ation type (check one)		
Filers of	:	Section:	
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	· · · · · · · · · · · · · · · · · · ·	red by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
X		iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.	
Special	Rules		
	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lied from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, total contributions of more than \$1,000 exclusively for religious, charical purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,
	contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but in more than \$1,000. If this box is checked, enter here the total contributions the nexclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable, one during the year.	no such nat were received arts unless the etc., contributions
must ans	swer 'No' on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Sched 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 95 t the filing requirements of Schedule B (Form 990).	

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

95-3879677

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>80,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>160,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

Employer identification number

95-3879677

ганн	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$111,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$49,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

95-3879677

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _		\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _		\$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS

LEADEI	RSHIP EDUCATION FOR ASIAN PACIFICS,	95-38	879677
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _		\$49,912.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$ -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

Employer identification number

95-3879677

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	500 SHARES RTX STOCK	\$49,650.	4/04/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	540 SHARES RTX STOCK	\$49,912.	8/23/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
RΛΛ	TEEA0703L 10/06/21	Schodulo	 R (Form 990) (2021)

Name of organization
LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

Employer identification number 95-3879677

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$\$\\\\\\					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A 					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ntionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gif s, and ZIP + 4		ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gif s, and ZIP + 4		ationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

INC				95-3879677	
Par	t Organizations Maintaining Donor	Advised Funds or Other	Similar Fur	nds or Accounts.	
•	Complete if the organization answ	rered 'Yes' on Form 990, F	Part IV, line	6.	
		(a) Donor advised fun	ds	(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 donors are the organization's property, subject to the organization	or advisors in writing that the as organization's exclusive legal cor	sets held in do	onor advised funds	lo
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit	of the donor or donor advisor, or	r for any other	purpose conferring	lo
_	impermissible private benefit?			les IN	.0
Par		rand Wast on Farm 000 [Dort IV/ line	7	
	Complete if the organization answ			7.	
1	Purpose(s) of conservation easements held by		<u></u>	on of a historically important land area	
	Preservation of land for public use (for example Protection of natural habitat	e, recreation or education)		on of a historically important land area on of a certified historic structure	
	Preservation of open space		Freservati	on or a certified historic structure	
2		old a gualified concernation contrib	ution in the form	n of a concentration excement on the	
	Complete lines 2a through 2d if the organization he last day of the tax year.	au a quaimeu conservation contrib	ution in the for	n or a conservation easement on the	
				Held at the End of the Tax Y	/ear
ä	Total number of conservation easements			2a	
ı	Total acreage restricted by conservation easem	nents		2b	
(: Number of conservation easements on a certifi	ed historic structure included in	(a)	2c	
(Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	not on a histor	ric 2 d	
3	Number of conservation easements modified, transtax year ►				
4	Number of states where property subject to conser	vation easement is located ►			
5	Does the organization have a written policy reg				
	and enforcement of the conservation easement				0
6	Staff and volunteer hours devoted to monitoring, in		-		
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and er	nforcing conserv	vation easements during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of se	ction 170(h)(4)(B)(i) Yes N	lo
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in i the organization's financial sta	ts revenue and tements that d	d expense statement and balance sheet escribes the organization's accounting to	, and for
Par	Organizations Maintaining Collection Complete if the organization answ	t ions of Art, Historical Tr vered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar Assets. 8.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research i	atement and balance sheet works of art n furtherance of public service, provide	t, in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its republic exhibition, education, or re	revenue staten search in furthe	nent and balance sheet works of art, rance of public service, provide the	
	(i) Revenue included on Form 990, Part VIII, I				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	storical treasures, or other similar ASC 958 relating to these items:	assets for finan	cial gain, provide the following	
ä	Revenue included on Form 990, Part VIII, line	1			
ı	Assets included in Form 990, Part X				

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contin	ued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that m	nake significant use of its	collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations	<u>—</u>	'			
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	/ further the organization	s exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the rat	aintained as part of the o	organization's collection	?	Yes	No
Escrow and Custodial Arrange line 9, or reported an amount or	ments. Complete if t n Form 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	orm 990, Pa	nrt IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
				Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance					
2a Did the organization include an amount on Fe	orm 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 explar	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete it					
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	ars back
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 expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ►	<u> </u>				
	0				
c Term endowment ►%					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessio organization by:	n of the organization that a	are held and administered	d for the	Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	ations listed as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.		l l	I
Part VI Land, Buildings, and Equipmer					
Complete if the organization ans		m 990. Part IV. line	e 11a. See Form 99	0. Part X. I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
1 a Land		22.2.2 (0.1.0.)			
b Buildings					
c Leasehold improvements		59,250.	57,080.		2,170.
d Equipment		37,230.	37,000.		_, _ 10.
e Other		51,150.	41,250.	(9,900.
Total. Add lines 1a through 1e. (Column (d) must of					
PAA	yuari onin 330, Fail A, (ווופ וטנ.)		Lula D (Farm 9	2,070.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-of-year mark	et value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(B)				
(C) (D) (E)				
(D)				
<u>(F)</u>				
(G)				
(H)				
(l) 				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >				
Part VIII Investments – Program Related. Complete if the organization answered	'Voc' on Form 990	N/A N Part IV lina 11.	o Soo Form 990 Par	t V ling 13
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year r	narket value
()	(b) Book Value	(c) Method of Value	ation. Gost of cha of year i	namer value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) (10)				
(10)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets.	N/A			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 scription	D, Part IV, line 11		t X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990), Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	D, Part IV, line 11		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription), Part IV, line 11	(b) B	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 990 scription), Part IV, line 11	(b) B	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	'Yes' on Form 990 scription	O, Part IV, line 11	(b) B	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. 1. (a) Description.	'Yes' on Form 990 scription	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Descri	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. 1. (a) Description.	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fil. (a) Description of the column (b) Federal income taxes (2)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) (3) (4) (5)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on F. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' on Form 990 scription 3) line 15.)	O, Part IV, line 11	(b) B (b) B (c) B (d) B (e) B (e) B (f) B	dook value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7) (8) (9)	"Yes' on Form 990 scription B) line 15.) orm 990, Part IV, line 1 sption of liability	1e or 11f. See Form 99	(b) B	dook value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	7011
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	3,154,189.
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		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) SEE PART XIII 2d 145, 205	-	
e Add lines 2a through 2d.	. 2e	513,607.
3 Subtract line 2e from line 1	. 3	2,640,582.
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		
b Other (Describe in Part XIII.) SEE PART XIII 4b 34,030	•	
c Add lines 4a and 4b.	. 4c	34,030.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		2,674,612.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Returi	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	2,659,327.
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 2d 145, 205	-	
e Add lines 2a through 2d.	. 2e	513,607.
3 Subtract line 2e from line 1	. 3	2,145,720.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	2,145,720.
Part XIII Supplemental Information.		_
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V,	nal information
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	iy addillo	יוומו ווווטוווומנוטוו.
SCHEDULE D, PART XI, LINE 2D		
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		

AWARDS CELEBRATION

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

EMPLOYEE RETENTION CREDIT REC'D IN 2023

INTEREST INCOME FROM ERC

TOTAL

\$ 145,205.

\$ 31,730.

\$ 2,300.

\$ 34,030.

BAA Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

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

BAA TEEA3305L 08/30/21 **Schedule D (Form 990) 2021**

SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 95-3879677 INC **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. 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.

e			(a) Event #1 AWARDS VIRTUAL (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
Revenue	1	Gross receipts	336,763.			336,763.		
Δ.	2	Less: Contributions	336,763.			336,763.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Expe	7	Food and beverages						
Direct Expenses	8	Entertainment	43,750.			43,750.		
莅	9	Other direct expenses	101,455.			101,455.		
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro	om line 3, column (d)			-145,205.		
Par	i III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pa	rt IV, line 19, or re	ported more than		
Revenue		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
~	1	Gross revenue						
ses	2	Cash prizes						
zxper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		>			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	n (d)	>			
а								
		e any of the organization's gaming license es,' explain:						

Schedule G (Form 990) 2021	LEADERSHIP E	DUCATION FOR	ASIAN PACIFIC	S, 95-3	3879677	Page 3
11 Does the organization conduc						No
12 Is the organization a grantor, be administer charitable gaming					Yes	No
13 Indicate the percentage of game	0 ,			ا	<u>. </u>	0
a The organization's facilityb An outside facility						%
14 Enter the name and address of					3 b	%
Name ►						
Address ►						
15 a Does the organization have a b If 'Yes,' enter the amount of of gaming revenue retained be c If 'Yes,' enter name and address.	gaming revenue received by the third party ► \$ _ ess of the third party:	by the organization	n► \$ _	and the a	amount	No
Name =						
Address •						
16 Gaming manager information	:					
Name ►						
Gaming manager compensati						
Description of services provide	led ►					
Director/officer	Employee	Inde	pendent contractor			
17 Mandatory distributions:						
a Is the organization required und						П.,
state gaming license? b Enter the amount of distribution					·····Yes	No
organization's own exempt ac			or exempt organization	o or opone ano		
Part IV Supplemental Info and Part III, lines S	rmation. Provide the 9, 9b, 10b, 15b, 15c,	e explanations re 16, and 17b, as	equired by Part I, I s applicable. Also p	ine 2b, colum provide any a	nns (iii) and (idditional	v);

information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury

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.

TEEA3901L 07/12/21

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

OMB No. 1545-0047

Open to Public Inspection

							•	
Name of the organization LEADERSHIP ED	UCATION FOR A	SIAN PACIFIC	S,			Employer identific	ation number	
INC.			•			95-387967	17	
Part I General Information on G	rants and Assist	ance						
Does the organization maintain records the selection criteria used to award to	to substantiate the am he grants or assistan	ount of the grants or ce?	assistance, the grantees				X Yes No	
2 Describe in Part IV the organization's pr	rocedures for monitorin	ng the use of grant fu	nds in the United States.		SEE P.	ART IV		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
<u>(6)</u>								
(7)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed 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	(b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (bot FMV, appraisal, other)		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 INTERN STIPENDS	10	39,764.			
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.

BAA Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

LEADERSHIP EDUCATION FOR ASIAN PACIFICS,

Emp

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

95-3879677

Name of the organization LEADERSHIP EDUCATION.

Pa	art I Questions R	egarding Compensation				
					Yes	No
1	1 a Check the appropriate VII, Section A, line 1	box(es) if the organization provided la. Complete Part III to provide any	any of the following to or for a person listed on Form 990, Part y relevant information regarding these items.			
	First-class or ch	arter travel	Housing allowance or residence for personal use			
	Travel for compa	anions	Payments for business use of personal residence			
	Tax indemnificat	tion and gross-up payments	Health or social club dues or initiation fees			
	Discretionary sp	0 113	Personal services (such as maid, chauffeur, chef)			
	L If any of the haves on	line 1e are shooked did the argenize	ation follow a written policy regarding payment or			
			cribed above? If 'No,' complete Part III to explain	1 b	Χ	
2	2 Did the organization trustees, and officer	require substantiation prior to rein s, including the CEO/Executive Directions.	mbursing or allowing expenses incurred by all directors, rector, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, Executive Director. (establish compensal	of the following the organization use Check all that apply. Do not check tion of the CEO/Executive Director,	ed to establish the compensation of the organization's CEO/ any boxes for methods used by a related organization to , but explain in Part III.			
	X Compensation c	ommittee	Written employment contract			
	Independent cor	npensation consultant	X Compensation survey or study			
	X Form 990 of other	·	X Approval by the board or compensation committee			
4			art VII, Section A, line 1a, with respect to the filing			**
			yment?	4 a		X
	•		I nonqualified retirement plan? d compensation arrangement?	4 b		X
	•		de the applicable amounts for each item in Part III.	40		Λ
	ii res to any or line	55 4a-c, list the persons and provid	de the applicable amounts for each item in rait in.			
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organ	izations must complete lines 5-9.			
5	For persons listed on contingent on the re	Form 990, Part VII, Section A, line 1avenues of:	a, did the organization pay or accrue any compensation			
	a The organization?			5 a		Х
	b Any related organiza	ation?		5 b		Χ
	If 'Yes' on line 5a or 5	5b, describe in Part III.				
6	6 For persons listed on contingent on the ne		a, did the organization pay or accrue any compensation			
	a The organization?			6a		Х
	b Any related organiza	ation?		6 b		X
		5b, describe in Part III.				
7	7 For persons listed or payments not descri	n Form 990, Part VII, Section A, lir bed on lines 5 and 6? If 'Yes,' des	ne 1a, did the organization provide any nonfixed scribe in Part III	7		Х
۶	8 Were any amounts r	eported on Form 990. Part VII. pai	id or accrued pursuant to a contract that was subject			
	to the initial contract	t exception described in Regulation	ns section 53.4958-4(a)(3)?			
				8		X
9	9 If 'Yes' on line 8, did to section 53 4958-6(c)	the organization also follow the rebutt	table presumption procedure described in Regulations	9		
	20001011 201-200 0(C)			_		

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
GRACE TOY	i) _ 130,028.	0.	0.	0.	22,195.	152,223.	0.
	ii) 0.	$\frac{1}{0}$	<u>-</u> .	<u>-</u>	0.	0.	0.
	i)				<u> </u>		
	ii)	†				 	
	i)						
	ii)	†				 	
	i)						
	ii)	T				T	
	i)						
	ii)						
	i)					L	
	ii)						
	i)						
	ii)						
	i)	1				 	
	ii)						
	i)	↓		 		 	
	ii)						
	i)	 				 	
	ii)						_
	i)	 		 			
	ii)						
	i) ii)	+				 	
	i)						
	i)	+		 		 	
	i)						
	i)	 		 		+	
	i)						
	i)	 		 		+	
	i)						
	i)	 		 		 	
DAA	"'	TEE \(\dag{1102} \) 10/2	7/01			Calcadada	I /Farm 000\ 2021

BAA TEEA4102L 10/27/21 Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TEEA4103L 10/27/21

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS, Employer identification number 95-3879677 INC. Part I **Types of Property** (a) (b) (c)

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of o	d) determir bution a	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	99,562.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate — Commercial							
17	Real estate — Other.							
18	Collectibles.							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ► ()							
27	Other • ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				29			
							Yes	No
20-	During the year did the ergenization receive by centri	hutian any n	ronarty ronarted in Dort I	lines 1 through 20 that				
50a	During the year, did the organization receive by contri it must hold for at least three years from the date							
	for exempt purposes for the entire holding period					30 a		Х
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance police	cy that requi	ires the review of any r	nonstandard contributio	ns?	31	Х	
32a	Does the organization hire or use third parties or contributions?					32 a	Х	
h	of If 'Yes,' describe in Part II.					J∠ d	Λ	
	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 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 III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DEVELOPING PEOPLE - LEADERSHIP DEVELOPMENT AND TRAINING PROGRAMS FOR UPPER MANAGEMENT ASIAN AND PACIFIC ISLANDERS (API). SUCH PROGRAMS INCLUDED: 1) CUSTOMIZED 3-DAY PATHWAYS PROGRAM FOR COMPANIES SEEKING TO INCREASE THE SUCCESS OF THEIR API TECHNICAL AND PROFESSIONAL STAFF. CONDUCTED 4 VIRTUAL PROGRAMS WITH 53 PARTICIPANTS. EACH PARTICIPANT SPENT 24 HOURS OVER A COURSE OF SIX DAYS. PARTICIPANTS ALSO RECEIVED 6 HOURS OF INDIVIDUALIZED EXECUTIVE COACHING. 2) LEAP ADVANCE (LDP FOR HIGHER EDUCATION) PROGRAM DESIGNED FOR THE PROFESSIONAL DEVELOPMENT OF API COLLEGE/UNIVERSITY ADMINISTRATORS WAS HELD ON IN-PERSON AT KELLOGG WEST CONFERENCE CENTER IN POMONA, CA FOR 32 PARTICIPANTS. EACH PARTICIPANT SPENT 19.5 HOURS OVER 5.5 DAYS. A HIGHER EDUCATION SYMPOSIUM WAS DELIVERED FOR 82 ALUMNI FOR 2.5 DAYS OF LEARNING AND TO CELEBRATE THE PROGRAM'S 25TH ANNIVERSARY 3) LEAP EXCEED, A VIRTUAL EXECUTIVE LEADERSHIP PROGRAM FOR SENIOR MANAGERS AND DIRECTORS CONDUCTED 6 PROGRAMS TO 76 PARTICIPANTS WHO SPENT 24 HOURS OVER 6 DAYS. EACH PARTICIPANT RECEIVES 12 HOURS OF EXECUTIVE COACHING SESSIONS.

DONATED IN-KIND SERVICES FROM TRAINERS AND CONSULTANTS FOR \$15,000 AND \$1,025 FOR SUPPLIES

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 2022, PROGRAMS

INCLUDED 1) LEAP IMPACT (VIRTUAL PLATFORM) DESIGNED TO STRENGTHEN THE CAPACITY OF

Name of the organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS, INC.

Employer identification number 95-3879677

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

LEADERSHIP AND MANAGEMENT ROLES IN NONPROFIT ORGANIZATIONS. PARTICIPANTS INCLUDED 20 API SENIOR MANAGERS. EACH PARTICIPANT GAINED 40 HOURS OF LEADERSHIP DEVELOPMENT TRAINING AND 8 HOURS OF EXECUTIVE COACHING. AN INAUGURAL IMPACT ALUMNI EVENT WAS PRESENTED FOR 3 DAYS OF LEARNING, RE-ENERGIZING AND RE-CONNECTING FOR 21 NONPROFIT LEADERS IN LOS ANGELES. 2) LEAP EMERGE, 10 COLLEGE STUDENTS PARTICIPATED IN A PAID EIGHT-WEEK HYBRID IN-PERSON AND VIRTUAL SUMMER INTERNSHIP PROGRAM DESIGNED TO DEVELOP YOUNG LEADERS WITH PRACTICAL LEADERSHIP SKILLS. THE SUMMER INTERNS SPENT 200 HOURS OVER EIGHT-WEEKS IN LEADERSHIP TRAINING AND HANDS-ON EXPERIENCE AT IDENTIFIED COMMUNITY BASED ORGANIZATIONS. AS PART OF THE PROGRAM, INTERNS COLLABORATED ON A GROUP PROJECT TO CREATE A WEBSITE RESOURCE FOR ASIAN AMERICAN WOMEN. THE PROJECT CAN BE VIEWED ON LEAP'S WEBSITE AT WWW.LEAP.ORG 3) IN RESPONSE TO THE DEMAND FOR A SAFE SPACE TO HEAL AND LEARN, LEAP PRESENTED ITS INAUGURAL WELLNESS RETREAT FOR 42 API WOMEN IN HONOLULU, HI. PARTICIPANTS RECEIVED 3.5 DAYS OF LEARNING, SPACE FOR OPEN DIALOGUE AND SESSIONS TO PROMOTE HEALING AND EMOTIONAL WELLNESS.

DONATED IN-KIND SERVICES FROM TRAINERS \$2,000, TRAVEL \$52,320 AND SUPPLIES \$2,404

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 BEGAN PLANNING FOR THE "MISSING PIECES REPORT: THE BOARD DIVERSITY CENSUS OF WOMEN AND MINORITIES ON FORTUNE 500 BOARD, 7TH EDITION". THIS MULTI-YEAR STUDY PROVIDES POWERFUL METRICS ON THE SLOW CHANGE OF DIVERSITY IN CORPORATE BOARDROOMS, DESPITE THE RAPIDLY SHIFTING DEMOGRAPHICS IN THE USA. DATA IS PRESENTED WITH HOPES TO ENCOURAGE AND ADVOCATE CORPORATIONS TOWARDS GREATER INCREASE IN MINORITY AND WOMEN BOARD REPRESENTATION ON CORPORATE BOARDS. 2) LEAP ALSO BEGAN RESEARCH TO EXPAND UPON THE FINDINGS OF LEAP'S

Employer identification number 95-3879677

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

2020 ASIAN AMERICAN EXECUTIVE LEADERSHIP REPORT. THIS STUDY WILL PROVIDE INSIGHTS
INTO THE SUPPORTING MECHANISMS, THE ORGANIZATIONAL BARRIERS AND THE CHARACTERISTICS
OF VPS AND DIRECTORS LEADING IN MULTIPLE SECTORS (CORPORATE, NONPROFIT, HIGHER
EDUCATION, AND GOVERNMENT).

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TWO INDEPENDENT BOARD MEMBERS ARE COUSINS AND ARE EMPLOYED BY THE SAME ORGANIZATION.

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,

BAA Schedule O (Form 990) 2021

Page 2

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

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

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.

Schedule O (Form 990) 2021 Page 2

Name of the organization LEADERSHIP EDUCATION FOR ASIAN PACIFICS, INC.

Employer identification number 95-3879677

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

THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE THROUGH GUIDESTAR AT WWW.GUIDESTAR.ORG. ADDITIONAL GOVERNANCE AND LEAP POLICIES ARE ALSO AVAILABLE ON LEAP'S WEBSITE.

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

ROUNDING	\$ -2.
TOTAL	\$ -2.

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 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 TWICE PER
QUARTER VIA TELECONFERENCE CALLS WHICH ARE DOCUMENTED IN EXECUTIVE COMMITTEE
MINUTES. ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED BY THE BOARD CHAIR AT THE
OUARTERLY BOARD MEETINGS

FORM 990, PART VII, LINE 5, COLUMN F

EMPLOYER CONTRIBUTION TO 401(K)

LINDA AKUTAGAWA, PRESIDENT AND CEO \$5,157

GRACE TOY, SVP OF ADMINISTRATION AND CFO \$5,201

MEDICAL AND DENTAL PREMIUMS

LINDA AKUTAGAWA, PRESIDENT AND CEO \$12,496

GRACE TOY, SVP OF ADMINISTRATION AND CFO \$16,994

BAA Schedule O (Form 990) 2021