Acknowledgement and General Information for 2022 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number LEADERSHIP PALM BEACH COUNTY INC **-***9079 Entity address 2751 S DIXIE HIGHWAY WEST PALM BEACH, FL 33405 Thank you for participating in IRS e-file. income tax return for Federal 1. x 2022 990 was filed electronically. The electronic filing services were provided by Ricciardella CPA, PLLC 2. **x** income tax return was accepted on 05-13-2024 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 6560752024134abr5xea PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2022

OMB No. 1545-0047

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 ,2023 Check if applicable: C Name of organization LEADERSHIP PALM BEACH COUNTY INC D Employer identification number Address change Doing business as 59-2569079 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 2751 S DIXIE HIGHWAY 1A (561)833-4321 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return WEST PALM BEACH, FL 33405 685,635 X No Application pending F Name and address of principal officer: LORI NOCITO **H(a)** Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions) (insert no.) WWW.LEADERSHIPPBC.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1985 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO EDUCATE AND UNITE LEADERS TO BUILD A BETTER Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 24 4 24 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 4 Total number of volunteers (estimate if necessary) 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 289,974 347,033 Revenue 204,731 251,811 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 32 348 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (9,220 (32,054)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 485,517 567,138 24,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,075 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 245,333 273,776 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 183,656 181,537 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 448,064 479,813 Revenue less expenses. Subtract line 18 from line 12 37,453 87,325 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 598,987 510,432 21 Total liabilities (Part X, line 26) 126,462 129,731 Net assets or fund balances. Subtract line 21 from line 20 383,970 469,256 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge LORI NOCITO Sign Signature of officer Date Here LORI NOCITO, EXECUTIVE DIRECTOR Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** Justin Ricciardella Justin Ricciardella 05-13-2024 self-employed P02386764 **Preparer** Firm's name Ricciardella CPA, PLLC Firm's EIN **Use Only** 3801 PGA Blvd Suite 600 Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Palm Beach Gardens FL 33410

No

Yes

561-388-6959

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO EDUCATE AND UNITE LEADERS TO BUILD A BETTER COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$171,117 including grants of \$) (Revenue \$134,735)
	LEADERSHIP ENGAGE OFFERS PROFESSIONALS A COMPREHENSIVE YEARLONG EXPLORATION OF PALM BEACH
	COUNTY'S LEADING INDUSTRIES AND MOST PRESSING ISSUES. THE PROGRAM CREATES A POWERFUL NETWORK AND
	A TRANSFORMATION LEARNING EXPERIENCE FOR FORWARD-THINKING INDIVIDUALS INTERESTED IN SEEING OUR
	COMMUNITY WITH FRESH PERSPECTIVE AND AWARENESS. EACH CLASS IS MADE UP OF 45-50 PARTICIPANTS WHO
	MEET FOR ONE FULL DAY EACH MONTH AND TRAVEL AS A GROUP TO ALL PARTS OF THE COUNTY AS THEY EXPLOR. PROGRAM TOPICS SUCH AS AGRICULTURE, PUBLIC SAFETY, AND HEALTHCARE.
	PROGRAM TOPICS SUCH AS AGRICULTURE, PUBLIC SAFETT, AND REALTHCARE.
4b	(Code:) (Expenses \$95,269 including grants of \$) (Revenue \$)
	MODELED AFTER LEADERSHIP ENGAGE, GROW IS DESIGNED FOR HIGH SCHOOL JUNIORS TO UNDERSTAND THE
	CRITICAL ISSUES FACING PALM BEACH COUNTY WHILE ENCOURAGING THEM TO EXPAND THEIR LEADERSHIP ROLES
	AND BUILD A FOUNDATION FOR ALWAYS BEING INVOLVED IN THEIR COMMUNITY. STUDENTS SPEND NINE MONTHS
	GAINING REAL LIFE EXPERIENCE BY HAVING UNPARALLELED ACCESS TO LEADERS FROM BUSINESSES, GOVERNMENT AND CIVIC ORGANIZATIONS. THE PROGRAM ENCOURAGES STUDENTS TO INTERACT, LEARN AND REFLECT ON THEIR
	FUTURE AS COMMUNITY LEADERS, AND BUILD NECESSARY SKILLS, INCLUDING PUBLIC SPEAKING, TO PREPARE
	THEM FOR FUTURE EDUCATION AND EMPLOYMENT.
	(O
4c	(Code:) (Expenses \$15,874 including grants of \$) (Revenue \$36,100)
	LEADERSHIP FOCUS IS A TWO AND A HALF DAY PROGRAM FOR EXECUTIVES AND PROFESSIONALS WHO WANT TO BROADEN THEIR UNDERSTANDING OF THE PALM BEACH COUNTY COMMUNITY, CONNECT WITH PEOPLE OF INFLUENCE
	AND EXPLORE PALM BEACH COUNTY'S STRENGTHS, CHALLENGES AND INITIATIVES.
	,
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 51,115 including grants of \$ 3,000) (Revenue \$ 80,976)
4e	Total program service expenses 333.375

Part IV

59-2569079

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f $\mathbf{x}_{_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 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 Х 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? х 14a 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 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 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 x

Form 990 (2022) LEADERSHIP PALM BEACH COUNTY INC 59-2569079 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b Х 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% 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M.

	conscivation contributions: II res, complete ochedule IVI	30		4
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	

Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c

Statements Regarding Other IRS Filings and Tax Compliance

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

Part V

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fig. 1).	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \ \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?} . .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	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, or any any disqualified or other person engage in any activiti				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
36	ction A. Governing Body and Management		Voc	No
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
ь 2	Enter the number of voting members included in line 1a, above, who are independent	-		
2		2		x
3	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	Λ	
, u	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida Outline 0404 and investigation to see the life Forms 4000 (4004 and 4004 A investigation) 2000 and 4000 T (and investigation) 2000 T (
18	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.			
40	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			
	tions and manner additional and telephone manner of the person this possessed the organizations books and recolled			

JOSH NELSON (561)833-4321, 2751 S DIXIE HIGHWAY 1A, WEST PALM BEACH, FL 33405

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rel	ated organizat	ion co	mper	nsat	ed a	ny curr	ent	officer, director, or	trustee.	
				((C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both an	1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) GREGORY QUATTLEBAUM	40.00									
EX - EXECUTIVE DIRECTOR				х				119,200	0	5,000
(2) KATHY BURSTEIN	4.00									
BOARD MEMBER		x						0	0	0
(3) PETER CRUISE	4.00									
BOARD MEMBER		x						0	0	0
(4) LINDSEY WHITE	4.00									
BOARD MEMBER		x						0	0	0
(5) JESSICA CECERE	4.00									
BOARD MEMBER		x						0	0	0
(6) GURBIR AULAKH	4.00									
BOARD MEMBER		x						0	0	0
(7) BONNI FUNT	4.00									
BOARD MEMBER	-	x						0	0	0
(8) RHONDA ROGERS	4.00									
BOARD MEMBER	-	x						0	0	0
(9) COREY SABAN	4.00									
BOARD MEMBER		x						0	0	0
(10)PAUL SHALHOUB	4.00									
BOARD MEMBER		x						0	0	0
(11)SERGIO MARIACA	4.00									
BOARD MEMBER		x						0	0	0
(12)ALEX DOBIN	4.00									
BOARD MEMBER		х						0	0	0
(13)TERESA MILLER	4.00									
BOARD MEMBER		x						0	0	0
(14)DEANA PIZZO	4.00									
BOARD MEMBER		x						0	0	0

Form 990 (2022) EEA

59-2569079

LEADERSHIP PALM BEACH COUNTY INC

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Pos ck me s pers	ore th	nan one s both an Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	co f orga	(F) nated amour of other mpensation from the inization and d organizatio	d
(15)JESSICA CLASBY	4.00							_			
BOARD MEMBER	4 00	х		-			0	0			0
(16)DENISE MARIANI BOARD MEMBER	4.00	х					0	0			0
(17)ALPESH PATEL	4.00										
BOARD MEMBER		x					0	0			0
(18)OFELIA UTSET	4.00										
BOARD MEMBER		х					0	0			0
(19)RACHELLE LITT	4.00										
BOARD MEMBER		x					0	0			0
(20)MIKE_BAUER	4.00										
BOARD MEMBER		х					0	0			0
(21)ANTONIO DUBOY	4. 00										
TREASURER		Х		х			0	0			0_
(22)KELY_GIDEON-TAYLOR	4.00										_
PRESIDENT (22)VIIVEDENT I II	4 00	х		х			0	0			0_
(23)KIMBERLY LEA	4.00										^
PRESIDENT ELECT	4.00	х		Х			0	0			0
(24)JAMES GARVIN SECRETARY	4 • 00	х		x			0	0			0
(25)KATHRYN ROSSMELL	4.00			^			0	0			
LEGAL COUNSEL		x		x			0	0			0
1b Subtotal											<u> </u>
c Total from continuation sheets to Part VII, Sect	tion A .										
d Total (add lines 1b and 1c)							119,200	0		5,00	0
2 Total number of individuals (including but not limit	ted to those li	sted a	bove) wh	o re	eceived r	more than \$100,000	of			
reportable compensation from the organization											1
										Yes N	No
3 Did the organization list any former officer, direct	ctor, trustee, l	key en	ploy	ee,	or h	ighest co	ompensated				
employee on line 1a? If "Yes," complete Schedu									3		x
4 For any individual listed on line 1a, is the sum of re	•	•									
organization and related organizations greater th							lule J for such				
individual									4	2	<u> </u>
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	•		-			-			5		3.7
Section B. Independent Contractors	s, complete	Scrieu	ui e J	101	Suci	n person	1		3	2	<u>x</u>
Complete this table for your five highest compensations.	ted independ	ent co	ntrac	tors	that	receive	d more than \$100.00)() of			—
compensation from the organization. Report comp											
(A)				. , -			(B)		(C)		
Name and business address	SS						Description of service	es	Compens	ation	
		<u> </u>									
2 Total number of independent contractors (includin received more than \$100,000 of compensation from the co	-		those	e list	ed a	above) w	/ho				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2022) LEADERSHIE
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in this	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
(0	b						
ants ınts	С	Fundraising events 1c	130,815				
ָם מַ	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	67,433				
imilis	f	All other contributions, gifts, grants,					
atior er S		and similar amounts not included above 1f	148,785				
oth C	g						
Son			\$				
	h	Total. Add lines 1a-1f		347,033			
			Business Code				
ø,		TUITIONS AND FEES	611430	162,685	162,685		
و چَ		ALUMNI DUES	611430	80,976	80,976		
o Se		APPLICATION FEES	611430	8,150	8,150		
Program Service Revenue	d e f						
_	g			251,811			
	3	Investment income (including dividends, interest,					
		other similar amounts)		348			348
	4	Income from investment of tax-exempt bond prod	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
4	В	Less: cost or other basis					
enue		and sales expenses 7b Gain or (loss) 7c					
		Net gain or (loss)					
F.		Gross income from fundraising					
Other Rev	oa	events (not including \$ 130,815					
O		of contributions reported on line					
		1c). See Part IV, line 18 8	a 78,268				
	b	Less: direct expenses					
				(40,229)			(40,229)
		Gross income from gaming		(= 0 / = = 0 /			(10,110,
		activities, See Part IV, line 19 9	a				
	b	Less: direct expenses 9	b				
		N (1)					
		Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory					
			Business Code				
SI	11a	OTHER REVENUE	900099	8,175	8,175		
Miscellanous Revenue	b						
ell⊱ ever	С						
∄isc Re		All other revenue					
_	е	Total. Add lines 11a-11d		8,175			
	12	Total revenue. See instructions		567,138	259,986	0	(39,881)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 24,500 24,500 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 117,325 87,994 29,331 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 129,887 97,415 32,472 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 7,363 5,522 1,841 10 19,201 14,401 4,800 11 Fees for services (nonemployees): b 39,050 39,050 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 25,867 6,344 19,523 5,584 14 5,584 15 16 17 25,993 23,925 2,068 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 448 448 23 2,489 2,489 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.) a FOOD AND BEVERAGE 37,724 35,373 2,351 VENUE RENTALS 31,335 31,335 C ENTERTAINMENT 300 300 d EQUIPMENT RENT & MAINTENANCE 4,129 4,129 All other expenses e 8,618 6,266 2,352 Total functional expenses. Add lines 1 through 24e. . 25 479,813 333,375 146,438 0 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

Servings and temporary cash investments 2 400,000	Part	: X	Balance Sheet					<u> </u>
Page Cash - non-interest-bearing Cash - non-interest-bearing			Check if Schedule O contains a response or note	to an	y line in this Part X			
1 Cash - non-interest-bearing			·			(A)		(B)
2 Savings and temporary cash investments 2 400,000						Beginning of year		End of year
Section Sect		1	Cash - non-interest-bearing			427,604	1	123,811
Accounts receivable, net 36,955 4 35,237		2	Savings and temporary cash investments				2	400,000
Source and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Source		3	Pledges and grants receivable, net			3		
Trustee, key employee, creator or founder, substantial contributor, or 35% Controlled entity or family member of any of these persons 5		4	Accounts receivable, net	36,955	4	35,237		
Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former o	fficer,	director,			
Section Sect			trustee, key employee, creator or founder, substantial con	tributo	or, or 35%			
March Section 4958(h)(1), and persons described in section 4958(c)(3)(B) 6 7 7 7 7 7 7 7 7 7							5	
Notes and loans receivable, net		6	Loans and other receivables from other disqualified person	ons (as	defined			
Section Sect			under section 4958(f)(1)), and persons described in secti	on 49	58(c)(3)(B)		6	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	s	7	Notes and loans receivable, net		·		7	
10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	set	8	Inventories for sale or use		· • • • • • • • • • • • • • • • • • • •		8	
Basis. Complete Part VI of Schedule D	As	9				12,773	9	7,846
B Less: accumulated depreciation 10b 48,543 1,388 10c 2,818 11 Investments - publicly traded securities 11 11 12 13 12 13 12 13 12 13 14 14 15 15 15 15 15 15		10a	- · · · · · · · · · · · · · · · · · · ·					
11 Investments - publicly traced securities 11 12 12 12 13 14 15 15 14 15 15 15 15								
12 Investments - other securities. See Part IV, line 11 31, 712 13 29,275			-		-	1,388		2,818
13 Investments - program-related. See Part IV, line 11 31,712 13 29,275 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 510,432 16 598,987 17 Accounts payable and accrued expenses 52,226 17 70,771 18 Grants payable 18 19 Deferred revenue 74,236 19 58,960 19 Deferred revenue 74,236 19 58,960 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 126,462 26 129,731 Organizations that follow FASB ASC 958, check here								
14								
15				31,712		29,275		
Total assets. Add lines 1 through 15 (must equal line 33) 510,432 16 598,987			•		-			
17								
18 Grants payable 18 18								
Page 19 Deferred revenue 74,236 19 58,960 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 126,462 26 129,731 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Yet assets with donor restrictions 351,532 27 438,857 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Organizations criatil surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 510,432 33 598,987						52,226		70,771
Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets without donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 510,432 33 598,987					<u> </u>	E4 026		50.000
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 510,432 33 598,987					<u> </u>	74,236		58,960
22 Loans and other 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 22 23 24 24 25 25 26 26 29 25 26 26 26 29 25 26 27 28 27 28 27 28 27 28 27 28 27 28 27 28 28			•		-			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons							21	
23 Secured mortgages and notes payable to unrelated third parties	ties	22						
23 Secured mortgages and notes payable to unrelated third parties	į						22	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	Ë	23			F			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D					F			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D								
Schedule D 25								
Total liabilities. Add lines 17 through 25 126,462 26 129,731							25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26			F	126,462	26	129,731
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 27 438,857 438,857 32,438 28 30,399 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Total net assets or fund balances 31 469,256 33 Total liabilities and net assets/fund balances 510,432 33 598,987								,
33 Total liabilities and net assets/fund balances 510,432 33 598,987	"		and complete lines 27, 28, 32, and 33.					
33 Total liabilities and net assets/fund balances 510,432 33 598,987	Çe	27	Net assets without donor restrictions			351,532	27	438,857
33 Total liabilities and net assets/fund balances 510,432 33 598,987	alar	28	Net assets with donor restrictions		[32,438	28	30,399
33 Total liabilities and net assets/fund balances 510,432 33 598,987	Ö		Organizations that do not follow FASB ASC 958, chec	ck her	e 🗌			
33 Total liabilities and net assets/fund balances 510,432 33 598,987	ڇ		and complete lines 29 through 33.					
33 Total liabilities and net assets/fund balances 510,432 33 598,987	or F	29	Capital stock or trust principal, or current funds				29	
33 Total liabilities and net assets/fund balances 510,432 33 598,987	ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
33 Total liabilities and net assets/fund balances 510,432 33 598,987	Ass	31	Retained earnings, endowment, accumulated income, or	other	funds		31	
33 Total liabilities and net assets/fund balances 510,432 33 598,987	let.	32			-	383,970	32	469,256
		33	Total liabilities and net assets/fund balances			510,432	33	598,987

Form **990** (2022) EEA

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		567,	138		
2	Total expenses (must equal Part IX, column (A), line 25)	2		479,	813		
3	Revenue less expenses. Subtract line 2 from line 1	3		87,	325		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		383,	970		
5	Net unrealized gains (losses) on investments	5		(2,	039)		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		469,	256		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	X Separate basis						
С	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?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
_	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		۵.				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(0000)		
EEA			Forn	n 990 ((2022)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** LEADERSHIP PALM BEACH COUNTY INC 59-2569079 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 LEADERSHIP PALM BEACH COUNTY INC 59-2569079 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	œ					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2022 (line 6	3, column (f), d	ivided by line 1	11, column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	•		-			
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions						

Schedule A (Form 990) 2022 EEA

59-2569079

Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	190,765	201,247	250,157	289,974	347,033	1,279,176
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	262,433	234,620	210,488	204,731	251,811	1,164,083
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	453,198	435,867	460,645	494,705	598,844	2,443,259
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than 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.)						2,443,259
	on B. Total Support						T
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	453,198	435,867	460,645	494,705	598,844	2,443,259
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	315	217	53	32	348	965
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	315	217	53	32	348	965
11	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.)	16,992	13,741	334	2,286	8,175	41,528
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	470,505	449,825	461,032	497,023	607,367	2,485,752
14	First 5 years. If the Form 990 is for the or	•	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her						
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•	3, column (f))		15	98.29 %
16	Public support percentage from 2021 Sch					16	98.50 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			•		17	0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be	=	_				
b	33 1/3% support tests - 2021. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	ind see instruc	tions

Part IV Supporting Organizations

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

Section A. A	ΑII	Supporting	Organizations
--------------	-----	------------	----------------------

CCII	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer			
Ja	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	Ja		
b	satisfied the public support tests under section 509(a)(2)? <i>If</i> "Yes," <i>describe in</i> 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)	30		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
+a	"Yes," and if you checked 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	4a		
b	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	7.0		
Ū	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,"	-10		
ou	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	- Ou		
~	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? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	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		

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
00011	on B. Type I dapporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2F		
2	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 32 and 3b below.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	e A (Form 990) 2022 LEADERSHIP PALM BEACH COUNTY INC		59-2569	079	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations		
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	trus	st on Nov. 20, 1970 <i>(expla</i>	in in Part	VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ns A throu	gh E.
Secti	on A - Adjusted Net Income		(A) Prior Year	` '	rent Year
	•		(7.1) 1 101 1 001	(opt	tional)
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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	1	rent Year tional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount	•		Curre	ent 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			

emergency temporary reduction (see instructions). 6 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022 EEA

4 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	4 Amounts paid to acquire exempt-use assets					
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			5		
6	6 Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	9 Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Socti	on E - Distribution Allocations (see instructions)	(i)	(ii)		(iii)	

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

EEA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

2022

LEADERSHIP PALM BEACH COUNTY INC 59-2569079 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

LEADERS	HIP PALM BEACH COUNTY INC		5	59-2569079
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional	space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
1		 \$	5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
2		\$	5,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
3		\$	5,500	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
4		 \$	5,595	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
5		\$	6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
6		\$	6,715	Person 🕱 Payroll 🗌 Noncash 🗍 (Complete Part II for

noncash contributions.)

Name of organization

LEADERSHIP PALM BEACH COUNTY INC

Employer identification number 59-2569079

		•
• • • • • • • • • • • • • • • • • • •	Use duplicate copies of Part Lif additional space is needed	
(CONTRIBUTORS (SEE INSTRUCTIONS)	I ISB diminate comes of Part I it additional shace is needed	

		•	
(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
8_		\$8,303	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_		\$10,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11		\$12,500	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,000	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

LEADERSHIP PALM BEACH COUNTY INC

Employer identification number 59-2569079

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$20,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$7,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$67,433	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the organization			Employer identification number
<u>LEA</u> DI	RSHIP PALM BEACH COUNTY INC			59-2569079
Pa		Funds or Other Si	milar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 6.	
		(a) Donor a	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	d
	funds are the organization's property, subject to the organization	ation's exclusive legal	control?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds can be us	sed
	only for charitable purposes and not for the benefit of the do			
	conferring impermissible private benefit?			
Par	II Conservation Easements.			
	Complete if the organization answered "Yes"			
1	Purpose(s) of conservation easements held by the organization		_	
	Preservation of land for public use (for example, recreati	ion or education)		historically important land area
	Protection of natural habitat		☐ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation cont	ribution in the form of	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the	organization during the
	tax year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		_	□ vaa □ Na
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,			
6	Stan and volunteer hours devoted to monitoring, inspecting,	manuling of violations,	and emorcing conserv	valion easements duffing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservation	on easements during the year
•	, modified (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	aming or violations, and	ooromig consorvatio	caccine ne damig inc year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the require	ments of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conserva	ation easements in its r	evenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization	n's financial statement	s that describes the
	organization's accounting for conservation easements.			
Par	III Organizations Maintaining Collections	of Art, Historica	I Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	•		
	of art, historical treasures, or other similar assets held for pu			•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in further	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			gain, provide the
	following amounts required to be reported under FASB ASC	-		_
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research c Preservation for thruse generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or research donations of art, historical treasures, or other similar assets to the sold to raise funds rather than to be maintened as part of the organization's collection's	Par	t III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or	Other Similar As	sets (co	ntin	ued)
a Public exhibition d Loan or exchange program b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive dorations of art, historical treasures, or other similar assets to be sold to risis funds rather than to be maintened as pain of the organization's collection?. Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization any extreme of Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization any agent trustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. It is the organization arrangement in Part XIII and complete the following table: C Beginning balance Amount C Beginning balance C Beginning of year ba	3	Using the organization's acquisition, accession	on, and other records,	check any of the fo	llowing that make	e significant use of its			
b Scholarly research e Other		collection items (check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?. \	а	☐ Public exhibition		d Loan o	exchange progr	am			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e Other					_
XIII So During the year, did the organization solicit or receive donators of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?.	С	Preservation for future generations							
5 During the year, did the organization solicit or receive dorelators of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4	Provide a description of the organization's co	llections and explain	how they further the	e organization's e	xempt purpose in Part			
Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 91, and I is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is its the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21, line 10, line		XIII.							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Tall is the organization an agent trussee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X	5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other sim	ilar			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	_			art of the organization	on's collection?.		Yes	;	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	Par		•					_	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?			answered "Yes" (on Form 990, P	art IV, line 9,	or reported an amo	ount on	Forn	n
Included on Form 990, Part X?		· · · · · · · · · · · · · · · · · · ·							
Beginning balance Comment Part XIII and complete the following table:	1a							_	1
c Beginning balance d Additions during the year e Distributions during the year 1						• • • • • • • • • • •	. ∐ Yes	·	No
c Beginning balance d Additions during the year 1e India	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:	Ī				
Additions during the year 1d		B					unt		
e Distributions during the year f Endring balance f Endring balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account inability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 24,539 Contributions C Net investment earrings, gains, and losses (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships Other expenditures for facilities and programs F Administrative expenses g End of year balance 29,275 31,712 33,616 26,255 25,984 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment No Permanent endowment 100.00 % C Term endowme	_	-			i				
Finding balance Tending ba		0 ,			ŀ				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		3 ,			ı				
Part V Endowment Funds.		9			ı		□ Voc		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		3	· ·	•		•] NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses Contributions Control year Cont			Check here it the ex	piariation nas been	provided on Fart	<u> </u>	<u></u>		
(a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	ı uı		answered "Yes" (on Form 990 P	art IV line 10				
Beginning of year balance 31,712 33,616 26,255 25,984 24,539		Complete ii ale el gariizaden e					(e) Four	vears h	nack
b Contributions c Net investment earnings, gains, and losses	1a	Beginning of year balance					(6) : 54:		
C Net investment earnings, gains, and losses (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 1,445 G Grants or scholarships (2,437) (1,904) 8,087 271 (1,445) G Grants or scholarships (2,437) (1,904) 8,087 271 (1,445) G Grants or scholarships (2,437) (1,904) 8,087 271 (1,445) G Grants or scholarships (2,437) (1,904) 8,087 (2,455) (2,555) (2,5984 G Grants or scholarships (2,437) (1,904) (3,171) (3,1			92,722	00,020			 		
International Content							1		
Comparison of the extenditures for facilities and programs			(2,437)	(1,904)	8.08	7 271		1.	445
e Other expenditures for facilities and programs	d		, , , ,	· • • • • • • • • • • • • • • • • • • •					
f Administrative expenses g End of year balance 29,275 31,712 33,616 26,255 25,984 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100.00 b Permanent endowment 100.00 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 24,585 21,767 2,818 e Other	е	` <u> </u>							
f Administrative expenses g End of year balance 29,275 31,712 33,616 26,255 25,984 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	g	End of year balance	29,275	31,712	33,61	6 26,255		25,	984
b Permanent endowment 100.00 % c Term endowment	2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•			
c Term endowment	а	Board designated or quasi-endowment	%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iv) Unrelated organizations. (i	b	Permanent endowment 100.00 %							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	С	Term endowment%							
organization by: (i) Unrelated organizations . 3a(i)		The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
(i) Unrelated organizations . 3a(i) x (ii) Related organizations . 3a(ii) Related organizations . 3a(iii) Related organizations . 3a(iii) Related organizations . 3a(iii) Related organiz	3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered fo	or the			
(ii) Related organizations		organization by:						Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations					3a(i)	х	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 24,585 21,767 2,818 e Other		(ii) Related organizations					3a(ii)		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 24,585 21,767 2,818 e Other	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?			3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation				wment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (other) (f) Accumulated depreciation (h) Cost or other basis (other) (other) (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Equipment (other) (f) Accumulated depreciation (g) Equipment (h) Equipment (g) Accumulated depreciation (h) Equipment (g) Accumulated depreciation (h) Equipment (h)	Par								
tall Land (investment) (other) depreciation b Buildings Understand the provided states of the provided		Complete if the organization a	answered "Yes" o	on Form 990, P	art IV, line 11	a. See Form 990, I	art X, I	ne 1	10.
1a Land b Buildings c Leasehold improvements d Equipment e Other 26,776		Description of property	''	' '		` '	(d) Book	value	
b Buildings c Leasehold improvements d Equipment e Other 26,776 26,776			(investment	((otner)	aepreciation			
c Leasehold improvements	_		•						
d Equipment 24,585 21,767 2,818 e Other 26,776 26,776	b	· ·	•						
e Other 26,776 26,776	C								
								2,	818
				V solume (D) line		26,776			010

Part VII	Investments - Other Securities.			. 1\ / . 1:	- 11h C		- 200 Dort V lin	1 age
	Complete if the organization answered	d "Yes" on For			e 11b. S			e 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue			ethod of valuation: d-of-year market value	
(1) Financial of								
	eld equity interests							
(3) Other								
(A) (B)								
(C)								
(D)								
(E)								
(F)								
(G)								
<u>(H)</u>								
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12 Investments - Program Related.	?.)						
rait viii	Complete if the organization answered	d "Yes" on For	m 990 Part	· IV lin	e 11c. S	ee Form	990 Part X line	e 13
	(a) Description of investment		(b) Book va				ethod of valuation:	0 101
	(a) Description of investment		(b) Book va	ide			d-of-year market value	
(1)FUND HE	LD IN TRUST BY OTHERS		29	,275	FMV			
(2)								
(3)								
(4)								
(5) (6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, col. (B) line 13	3.)	29	,275				
Part IX	Other Assets.		000 D	N / 1!	- 44-1 0		- 000 David V III-	- 45
	Complete if the organization answered		m 990, Part	IV, IIN	e 11a. S	ee Form		
(1)	(a) De	escription					(b) Book valu	ie
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8) (9)								
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)						
Part X	Other Liabilities.	,						
	Complete if the organization answered	d "Yes" on For	m 990, Part	IV, lin	e 11e or	11f. Se	e Form 990, Par	t X,
	line 25.							
1.	(a) Description of liability	(b) Book v	ralue					
(1) Federal i	ncome taxes							
(2)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)							

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part			•	Return.	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	686,596
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-	(0.000)		
a	Net unrealized gains (losses) on investments	2a 2b	(2,039)		
b C	Recoveries of prior year grants	2C	3,000		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	$\overline{}$		2e	961
3	Subtract line 2e from line 1			3	685,635
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				005,055
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	(118,497)		
С	Add lines 4a and 4b			4c	(118,497)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	567,138
Part				r Returi	n.
	Complete if the organization answered "Yes" on Form 990, P	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements $\dots \dots \dots$			1	601,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	3,000		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	118,497		
e	Add lines 2a through 2d			2e	121,497
3	Subtract line 2e from line 1			3	479,813
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4a 4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	479,813
Part					110,020
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b a	and 2b; Part V, line 4; P	art X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				
01. c	other revenues included on Form 990 (Part XI, line 4b)				
EVENT	EXPENSES - \$118,497				

Schedule D (Form 990) 2022

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization LEADERSHIP PALM BEACH COUNTY INC 59-2569079 Part I 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. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.

LEADERSHIP PALM BEACH COUNTY INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CELEBRATION SITR 1 col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 81,175 87,588 209,083 40,320 2 Less: Contributions 44,475 66,442 19,898 130,815 3 Gross income (line 1 minus 36,700 21,146 20,422 78,268 Cash prizes 4 5 Noncash prizes 6 Rent/facility costs 12,381 12,381 Direct Expenses Food and beverages 36,700 21,145 20,423 78,268 8 Entertainment 7,735 14,916 650 23,301 Other direct expenses 1,123 9 256 3,168 4,547 10 118,497 11 Net income summary. Subtract line 10 from line 3, column (d) (40,229)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No 6 Volunteer labor No 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

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.

2022

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	ERSHIP PALM BEACH COUNTY IN		lanas				59-2569079	
Par				into and the supplied of	allellite for the great or			
1	Does the organization maintain records to the selection criteria used to award the gra		-	=				. 🗓 Yes 🗌 No
2	Describe in Part IV the organization's production							. A res IN
Par					ts Complete if the c	ragnization answered	"Ves" on Form 990	<u> </u>
ı aı	Part IV, line 21, for any recipie	_			• • • • • • • • • • • • • • • • • • •	•	163 0111 01111 990	J,
1	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
•	or government	(b) LIN	(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)	<u> </u>		· · · · · · · · · · · · · · · · · · ·			other)		
(')								
(2)								
` ,								
(3)								
(4)								
(5)								
(6)								
/= \								
(7)								
(8)								
(0)								
(9)								
(-)								
(10)								
-								
2	Enter total number of section 501(c)(3) an	nd government organiza	tions listed in the line	1 table				
2	Enter total number of other organizations I	listed in the line 1 table						

59-2569079

	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 additiona (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 PROGRAM SCHOLARSHIPS	24	24,500						
2								
3								
4								
5								
6								
7 Part IV Supplemental Information. Provide	the information	aguirad in Dort Llin	o Or Down III. column	(h), and any, ath ar add	tional information			
01. Monitoring procedures (Pa	rt I, line	2)						
QUALIFY. ALL FUNDS ARE SENT DIRECTLY TO	THE SCHOOL TO	BE APPLIED AGAI	NST INDIVIDUAL	STUDENT ACCOUNTS TO	ENSURE FUNDS ARE USED			

SCHEDULE O (Form 990)

Name of the organization

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.

2022

Employer identification number

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

59-2569079 LEADERSHIP PALM BEACH COUNTY INC 01. Members or stockholder classes and rights (Part VI, line 6) ALL MEMBERS ARE ELIGIBLE TO NOMINATE ANY MEMBER IN GOOD STANDING ANNUALLY FOR THE BOARD. ALL MEMBERS VOTE ON AN EQUAL BASIS. 02. Form 990 governing body review (Part VI, line 11) THE TAX RETURN IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING. 03. Conflict of interest policy compliance (Part VI, line 12c) ALL POLICIES OF THE ORGANIZATION ARE APPROVED ANNUALLY BY THE BOARD OF DIRECTORS AND COMMUNICATED AT LEAST ANNUALLY TO THE EMPLOYEES. THE ORGANIZATION ENCOURAGES ALL OF ITS OFFICERS, DIRECTORS, AND EMPLOYEES TO IMMEDIATELY REPORT ANY NOTED CONFLICT OF INTEREST TO THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS. UPON REPORTING OF SUCH FINDINGS, THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS EVALUATES THE NATURE OF THE REPORTED CONFLICT AND DETERMINES THE APPROPRIATE STEPS FOR DISPOSITION OF THE CONFLICT, IF ANY. 04. CEO, executive director, top management comp (Part VI, line 15a) ALL CONTRACTS AND SALARIES OF THE OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. 05. Other officer or key employee compensation (Part VI, line 15b ALL CONTRACTS AND SALARIES OF THE OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. 06. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTATION IS KEPT ON FILE AND IS READILY AVAILABLE UPON WRITTEN