	Acknowledgement and General Information for Entities That File Returns Electronically	2022									
Name(s) as shown on return		Employer Identification Number									
Leadership Bra	inery Inc	**-***5607									
Entity address 266 Beacon St	Garden Level										
Boston, MA 02116											
Thank you for participating in IRS e-file.											
1. 🕱 2022990 The electronic fi	income tax retum for Federal was filed el ing services were provided by Mariya Babson, CPA	ectronically.									
	income tax retum was accepted on using a Person nature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to en ID assigned to this retum is0478332024131f1khgh1										
	OU DO, IT WILL DELAY THE PROCESSING OF THE RET										

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

		the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest ir	formation.		Inspection		
			ar year, or tax year beginning 07-01, 2022, and		06-30,2023			
в	Check if a	applicable:	C Name of organization Leadership Brainery Inc		Employe	r identification number		
	Address of	change	Doing business as		8	3-0705607		
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite E	Telephon	e number		
	Initial retu	urn		(857)576-0645			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross ree	ceipts		
	Amended	d return	Boston, MA 02116		\$	873,438		
	Applicatio	on pending	F Name and address of principal officer:	H(a) Is this a gro				
		v	H(b) Are all sul					
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			ee instructions		
	Website:	-	dershipbrainery.org Corporation Trust Association Other L Year of formation:	H(c) Group exe				
	rt I	organization: X Summar		2018 M Sta	ate of legal d	omicile: MA		
10	1		y ibe the organization's mission or most significant activities: See schedule (<u></u>				
	1	Diferry descr	be the organization's mission of most significant activities.	5				
e								
Governance								
/eri	2	Check this b	ox [] if the organization discontinued its operations or disposed of more than 25%	of its net assets				
ĝ	3		oting members of the governing body (Part VI, line 1a)	1	3	7		
	4		Independent voting members of the governing body (Part VI, line 1d)		4	5		
Activities &	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	7		
ť	6		r of volunteers (estimate if necessary)		6	,		
Ac	7a		ed business revenue from Part VIII, column (C), line 12		7a	0		
			d business taxable income from Form 990-T, Part I, line 11		7b	0		
				Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	345,	462	675,531		
e	9		vice revenue (Part VIII, line 2g)	272,		191,853		
Revenue	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		506)	0		
Rev	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		325	6,054		
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	617,		873,438		
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		000	0		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0		
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	234,	055	399,829		
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			0		
Expenses	b	Total fundrai	sing expenses (Part IX, column (D), line 25) 134,639					
Ă	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	202,	845	263,344		
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	439,	900	663,173		
	19	Revenue les	s expenses. Subtract line 18 from line 12	177,	111	210,265		
۲	s			Beginning of Curren	t Year	End of Year		
Net Assets or	20	Total assets	(Part X, line 16)	369,	297	508,186		
Ass	ຄື 21	Total liabilitie	es (Part X, line 26)	129,	755	58,379		
		Net assets o	542	449,807				
	nrt II		re Block					
			stare that I have examined this return, including accompanying schedules and statements, and to the best of claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowledge and belief	f, it is			
c :-	'n		than Allen		_ L			
Sic		Signature of office	er .		Date			

Sign	Signature of officer			Date			
Here	Jonathan Allen, Pr	esident					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check X if PTIN			
Paid	Mariya Babson, CPA		05-10-2024	self-employed P02375486			
Preparer	Firm's name Babso	on & Associates, LLC		Firm's EIN			
Use Only	Firm's address 170 E	Parks St		Phone no.			
Duxbury MA 02332 781-588-7							
May the IRS	discuss this return with the prepar	er shown above? See instructions .		Yes X No			

Form	n 990 (2022) Leadership Brainery Inc	83-0705607	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	See schedule O		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	Yes	<u>x</u> No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	🏼 Yes	<u>x</u> No
	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 measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others,	
	the total expenses, and revenue, if any, for each program service reported.		
		•	
4a	(Code:) (Expenses \$432,732 including grants of \$) (Revenue	\$)
	The Organization supported students and members through national ambassador		program,
	national impact summit, dear future colleague platform, and student relief e	fforts.	
-		<u>^</u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue	¢)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
14	Other program services (Describe on Schedule O.)		
4d)	
4e)	
EEA	Total program service expenses 432,732	For	m 990 (2022)
LCA		101	(2022)

Form		-070560	7	P	age 3
Pa	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	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				
	candidates for public office? If "Yes," complete Schedule C, Part I	• • •	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	• • •	4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,				
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	• • •	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I	· · ·	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	• • •	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III	· · ·	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	· · ·	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI	1	1a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1	1b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1	1c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		1d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1	1e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1	1f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	1	2a		x
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		2b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	· · · 1	4a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	· · · 1	4b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	•••	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	• • • _	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	· · · _	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	· · · L	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	· · · L	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2	0b		L
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		<u>3-070560</u>)7	P	'age 4
Pa	rt IV Checklist of Required Schedules (continued)			Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	••••	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	••••	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	••••	24c		
d	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				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	••••	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	••••	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	•••• _	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	••••	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV.		28a		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	••••	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		200		
20	"Yes," complete Schedule L, Part IV.		28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	••••	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		20		v
21		-	30 31		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	· · · ·	31		х
32			32		v
33	complete Schedule N, Part II	•••• -	32		x
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	••••	33		x
54	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
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	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
					(0000

Form 990 (2022)Leadership Brainery Inc83-0705607						
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>		
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		ļ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
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?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0				
-	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	7-				
	and services provided to the payor?	7a 7b		x		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x		
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					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>		
b	tiation fees and capital contributions included on Part VIII, line 12 10a oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b ction 501(c)(12) organizations. Enter: 10b oss income from members or shareholders 11a oss income from other sources (Do not net amounts due or paid to other sources 11b ainst amounts due or received from them.) 11b ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b Yes," enter the amount of tax-exempt interest received or accrued during the year 12b ction 501(c)(29) qualified nonprofit health insurance issuers. 12b					
13						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
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					
C 140	Enter the amount of reserves on hand	14-				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
ь 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>		
13	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		~		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x		
	If "Yes," complete Form 4720, Schedule O.			Λ		
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

Forr	n 990 (2022) Leadership Brainery Inc 83-07056	07	F	age b
Pa	art 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 instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
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		x
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	x	
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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>Massachusetts</u>			
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.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Derrick Young Jr (857)576-0645, 266 Beacon St Garden Level, Boston, MA 02116			

Form 990 (2022) Leadership Brainery Inc	83-0705607 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated Employees, and
Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	<u></u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compe	ensated 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 organizatio compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of

• 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 related organization compensated any current officer, director, or trustee.

	ieu organizai		npei	Isal	su ai	iy cun	ent	onicer, director, or	liusiee.	
				(C)					
(A)	(B)		Position not check more than one		(D)	(E)	(F)			
Name and title	Average				(do not check more than one box, unless person is both an				Reportable	Reportable
	hours	officer and a director/trustee)					compensation	compensation	of other	
	per week				from the	from related	compensation			
	(list any	or Ind	Ins	q	Ke	en Hi	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ual t	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				
	dotted line)	ě	stee			nsat				
						ed				
(1) Jonathan Allen	40.00									
Director of Development, Co Founder		х			х			71,654	0	0
(2) Derrick Young Jr	40.00									
Executive Director, Co Founder		х			х			71,654	0	0
(3) Portia Singh	2.00									
Director		х						0	0	0
(4) Catherine Wong	4.00									
Director		х						0	0	0
(5) Matthew McTygue	2.00									
Director		х						0	0	0
(6) Claudia Dumond-Henderson	2.00									
Director		х						0	0	0
(7) Nancy Fairbank	2.00									
Director		х						0	0	0
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(4.2)					_					
(12)										
(13)										
<u>(14)</u>										

	990 (2022) Leadership Braine										3-0705			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	d F	lighest Comp	ensated	Emplo	oyees	(cont	inued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck mo s pers l a dire	ore th son is	an one both ar (trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	cor	(F) ated am of other npensati rom the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	SC/	-	nization I organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal	 ion A		•••		•	•••	•						
d	Total (add lines 1b and 1c)		· · ·	· · ·	· · ·	•••	· · ·	•	143,308		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization								ore than \$100,000	of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual										••••	4		x
	for services rendered to the organization? If "Yes	s," complete	Schea	lule J	l for	sucl	h pers	on				5		х
	on B. Independent Contractors									~ .				
1	Complete this table for your five highest compensation from the organization. Report comp										ay voar			
	(A)			enua	ai yea		nung	vvitii	(B)		-	(C)		
	Name and business addres	5							Description of servic	es		Compens	311011	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e list	ed a	above)) wh	0					

	<u> </u>	Statement of Rev							83-07050	
		Check if Schedule O co	ontair	ns a response	or n	ote to any line in this	A Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a	Federated campaigns .			1a					
	b	Membership dues		[1b	31,334				
Check if Schedule C Step 1a Federated campaigns b Membership dues . c Fundraising events d d Related organizations e e Government grants (c) f f All other contributions and similar amounts in g Noncash contributions ines 1a-1f ines 1a-1f . h Total. Add lines 1a-1f d	С	Fundraising events			1c					
	Related organizations .	•••		1d						
ar A	е	Government grants (contr	ibuti	ons)	1e					
in i	f	All other contributions, gif	-							
ēr		and similar amounts not in			1f	644,197				
đ	g				_					
and		lines 1a-1f		L	1g					
	n	Iotal. Add lines 1a-1f	••		• •		675,531			
	20	D				Business Code	101 052	101 052		
						611710	191,853	191,853		
MiscellanousProgram ServiceIa1a										
ven										
Кe										
	-	All other program service	rever	nue						
		Total. Add lines 2a-2f .					191,853			
	3	Investment income (includi	na d	ividends. inter	est. a	and				
		other similar amounts) .								
	4	Income from investment of	tax-e	exempt bond	proce	eds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
			6a			250				
			6b							
		()	6C			250				
		()	•				250	250		
	7a			(i) Securities	6	(ii) Other				
			7a							
	h		10							
Miscellanous Miscellanous Miscellanous Other Revenue Contributions, Gifts, Grants Revenue and Other Similar Amounts U Contributions, Gifts, Grants Contributions,			7b							
	с									
		. ,	-							
		• • • •								
		events (not including \$	-							
		of contributions reported o	n line	e						
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from		raising events						
	9a	-	-							
					9a					
					9b					
			-	ng activities	· ·					
	10a				10a	E 904				
	h				10a					
		0					5,804	5,804		
			Jaioc		••	Business Code	5,004	5,004		
	11a									
ne										
Miscellanous Miscellanous Miscellanous Miscellanous Contributions, Gifts, Grants Revenue and Other Revenue and Other Similar Amounts g b c and Cher Similar										
	All other revenue									
	е	Total. Add lines 11a-11d								
		Total revenue Section	otion	20			873,438	197,907	0	

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

Page 10

	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	143,308	94,583	20,063	28,662
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	206,883	136,543	28,964	41,376
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,849	12,440	2,639	3,770
10	Payroll taxes	30,789	20,321	4,310	6,158
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	18,210	12,019	2,549	3,642
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	11,000	7,260	1,540	2,200
12	Advertising and promotion	47,677	21,856	4,636	21,185
13	Office expenses				
14	Information technology	24,808	16,373	3,473	4,962
15	Royalties				
16		81,636	53,880	11,429	16,327
17	Travel	25,672	18,415	2,988	4,269
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,035	1,343	285	407
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	Program expenses	30,292	30,292		
b	General & administractive	9,125		9,125	
C	Fees & registrations	623		623	
d	Professional development	10,265	7,407	1,177	1,681
е	All other expenses	2,001		2,001	
25	Total functional expenses. Add lines 1 through 24e.	663,173	432,732	95,802	134,639
26	Joint costs. Complete this line only if the				

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) ...

Form	990 (20	022) Leadership Brainery Inc		83	3-070	05607 Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	art X			<u></u>
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	•••	172,672	1	187,262
	2	Savings and temporary cash investments	•••		2	
	3	Pledges and grants receivable, net	•••	50,000	3	62,500
	4	Accounts receivable, net		45,000	4	205,000
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		9,083	8	9,803
As:	9	Prepaid expenses and deferred charges			9	1,859
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 20	,266			
	b	Less: accumulated depreciation 10b 2	,504		10c	17,762
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		92,542	15	24,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)		369,297	16	508,186
	17	Accounts payable and accrued expenses		9,829	17	18,052
	18	Grants payable			18	
	19	Deferred revenue		30,384	19	38,300
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
ŝ	22	Loans and other payables to any current or former officer, director,	Γ			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons		15,000	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		74,542	25	2,027
	26	Total liabilities. Add lines 17 through 25		129,755	26	58,379
		Organizations that follow FASB ASC 958, check here X				
ŝ		and complete lines 27, 28, 32, and 33.				
nce	27	Net assets without donor restrictions	•••	239,542	27	449,807
ala	28	Net assets with donor restrictions			28	
ар		Organizations that do not follow FASB ASC 958, check here				
-un		and complete lines 29 through 33.				
or	29	Capital stock or trust principal, or current funds	•••		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	•••		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	••		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	•••	239,542	32	449,807
	33	Total liabilities and net assets/fund balances		369,297	33	508,186

EEA

Form 990 (2022)

Form	990 (2022) Leadership Brainery Inc	83-070560	7	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		873,	438
2	Total expenses (must equal Part IX, column (A), line 25)	2		663,	,173
3	Revenue less expenses. Subtract line 2 from line 1	3		210,	265
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		239,	542
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		449,	807
Par	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

Attach	to	Form	990	or	Form	990-EZ.	
--------	----	------	-----	----	------	---------	--

OMB	No.	1545-0047

. La Li z

		t of the Treasury		Attac	n to form 990 or form	990-EZ.			Open to Public
		venue Service	Go to	www.irs.gov/For	m990 for instructions	and the la	test inforr		Inspection
Name	of t	ne organization						Employer identification	on number
Lead	ler	ship Brainery						83-070560	
Par	't I	Reason for	Public Cha	rity Status. (A	II organizations mus	st comple	ete this p	oart.) See instructi	ons.
The c	orgar	nization is not a priva	te foundation be	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)		
1		A church, convention	on of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)		
2		A school described	in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3	Π				ion described in section		(A)(iii).		
4	Π			•	tion with a hospital desc			(b)(1)(A)(iii). Enter the	9
		hospital's name, city	-						
5				enefit of a college o	r university owned or op	erated by a	a governm	ental unit described in	
-		section 170(b)(1)(/		•	· ·····				
6				,	I unit described in section	on 170/b)/	1)(Δ)(v)		
7	x		•	•	art of its support from a g			rom the general public	
•		described in sectio	-			,01011111011		ioni ino gonoral public	
8					(vi). (Complete Part II.)				
9	Н				ction 170(b)(1)(A)(ix) o	noratod in	conjunctio	n with a land-grant co	llege
3		-	-		(see instructions). Enter			-	liege
		university:	in-land-granic co	lege of agriculture		the name,	city, and s	ate of the conege of	
10		·	normally roopi	vac: (1) mara than	33 1/3% of its support fr	om oontrib	utiona mor	mbarahin face and are	
10					subject to certain excep				55
		support from gross	investment inco	me and unrelated	business taxable income	(less sect	ìon 511 tax		
		, , ,		-	e section 509(a)(2). (Co	•	,	N	
11			•	•	to test for public safety.				
12		0 0	•		or the benefit of, to perform		-	, , ,	
					ed in section 509(a)(1)				3). Check
		_	•		pe of supporting organization		•	•	
а		— •• ••			ervised, or controlled by		-		iving
			•		rly appoint or elect a ma		e directors	or trustees of the	
		• •			rt IV, Sections A and E				
b)		•••	•	controlled in connection		• •		•
			-		ation vested in the same	persons that	at control o	r manage the supporte	ed
		organization(s).	You must cor	mplete Part IV, Se	ctions A and C.				
С		Type III function	onally integrate	ed. A supporting o	rganization operated in o	connection	with, and	functionally integrated	l with,
		its supported or	ganization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	
d	l	Type III non-fu	nctionally inte	grated. A support	ing organization operate	d in conne	ction with	its supported organiza	ation(s)
		that is not functi	onally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	SS
		requirement (se	e instructions).	You must compl	ete Part IV, Sections A	and D, ar	nd Part V.		
е		Check this box i	f the organizati	on received a writte	en determination from the	IRS that it	t is a Type	I, Type II, Type III	
		functionally inte	grated, or Type	III non-functionally	v integrated supporting o	rganizatior	۱.		
f	E	nter the number of s	upported organ	izations					• • •
g	I P	rovide the following i	nformation abo	ut the supported or	ganization(s).	1		r	
	(i) N	ame of supported organiza	tion	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other support (see instructions)
					above (see instructions))	uocun		linstructions)	linstructions)
						Yes	No		
(
(A)									
(D)									
(B)									
(C)									
(C)									
(D)									
(E)									
Total									

	le A (Form 990) 2022 Leadership					83-070560	
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support	7					
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.")		38,885	42,803	296,346	675,531	1,053,565
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		38,885	42,803	296,346	675,531	1,053,565
5	The portion of total contributions by		30,005	42,803	290,340	075,551	1,053,565
5	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)						82,866
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						970,699
	on B. Total Support	() 0040	(1) 00 (0	() 0000	()) 0000 (() 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4		38,885	42,803	296,346	675,531	1,053,565
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						1,053,565
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(c)(3)
	organization, check this box and stop he	r.e					[]
Secti	on C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2022 (line	6, column (f), d	livided by line 1	1, column (f))		14	92.13 %
15	Public support percentage from 2021 Sch	nedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the organ	nization did not	t check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	licly supported	organization.			<u>x</u>
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						
	organization			-	-		
b	10%-facts-and-circumstances test - 20						
U		-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			•	-		• •
18	Private foundation. If the organization d						_
	instructions						
EEA						Schedule	A (Form 990) 2022

	(Complete only if you checked th			•			under Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II.)	
-	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	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Socti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
-							
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fil	fth tax year as a	section 50	01(c)(3)
	organization, check this box and stop her	е					🗌
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2022 (line 8	, column (f), d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ					re than 33	1/3%, and line
	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	box on line 14,	19a, or 19b, c	heck this box ar	nd see inst	ructions 🗌

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 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 Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
b	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
С		110		
octi	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
ecu			Yes	No
4	Did the apperture hady members of the apperture hady officers acting in their official conscity, or membership of one or		Tes	INC
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		
ecti	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		
ecti	ion D. All Type III Supporting Organizations	-		
			Yes	N
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			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
ecti	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	e 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 instruct	ctions)		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
2				
2 a				
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
	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,			
	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	29		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
a	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. 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	2a		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would			
a b	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a b	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's <i>involvement.</i> 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	2b		
a b 3	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's <i>involvement</i> . Parent of Supported Organizations. Answer lines 3a and 3b below . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .			
a b 3	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's <i>involvement.</i> 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	2b		

83-0705607

Page 5

 Schedule A (Form 990) 2022
 Leadership Brainery Inc

 Part IV
 Supporting Organizations (continued)

Part V	A (Form 990) 2022 Leadership Brainery Inc Type III Non-Functionally Integrated 509(a)(3) Supporting Orgonial Supporting Orgonial Support (Statement Statement Statemen	nania	83-070	5607 Page
1 [lain in Part VI). See
_	instructions. All other Type III non-functionally integrated supporting organ			
Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
Section C - Distributable Amount				Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Leadership Brainery Inc V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	83-0		607 Page 7
	on D - Distributions	b) Supporting Organ		<i>u)</i>	Current Year
	Amounts paid to supported organizations to accomplish e	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	~	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets	nuovido dotoilo in Dout	1///)	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	the ergenization is rean	anaiva	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	•	
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			8 9	
<u> </u>				9 10	
10	Line 8 amount divided by line 9 amount			10	(;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - 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				
C	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

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
Leadership Brainery Inc	83-0705607
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 totaling \$5,000 or more during the year

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

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

EEA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Steven & Stephanie Kasok	¢	Person x Payroll		
	25 Standish Cir Wellesley Hills MA 02481-5316	\$25,000	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Jessica Lutzker 126 High St	\$15,000	Person x Payroll Noncash		
	Boston MA 02110		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Howard Levine	\$ 7,000	Person x Payroll Noncash		
	Killington VT 05751-0274	•	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Peter & Adriana Levitt 94 Lake View Ave	\$10,000	Person 👱 Payroll 🗌 Noncash 🗌		
	Cambridge MA 02138-3326		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Liz Hiser	•	Person 🛛 🔤 Payroll		
	93 Hillside Rd Newton Highlands MA 02461-1442	\$50,000	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Sarah and John Sharpe	•	Person 🗵 Payroll 🗌		
	680 Sudbury Rd Concord MA 01742-4322	\$10,000	Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)

Name of organization

Leadership Brainery Inc

Employer identification number 83-0705607

Noncash 44 Rustic Dr \$ 5,700 (Complete Part II for Waldwick NJ 07463-2417 noncash contributions.) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Matt & Todd McTygue-Rivers Payroll Noncash \$ 142 Palfrey St 27,150 (Complete Part II for Watertown MA 02472-1834 noncash contributions.) (c) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution John Grossman Person Pavroll Noncash 10,000 158 Hobart Rd NA \$ (Complete Part II for Chestnut Hill MA 02467-1157 noncash contributions.) (c) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Debbie & Ed Johnston Pavroll Noncash 305 Commonwealth Ave Unit 3 \$ 15,000 (Complete Part II for Boston MA 02115-2022 noncash contributions.) (c) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Jordan & Mary Shelton Payroll Noncash 1105 Missy Ln \$ 5,000 (Complete Part II for Irving TX 75060-6010 noncash contributions.) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Charlie Hoban Payroll \$ Noncash 93 Hillside Rd 25,000 (Complete Part II for Newton MA 02461-1442 noncash contributions.)

Leadership Brainery Inc

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

Total contributions

Portia Singh

Name of organization

Part I (a)

No.

7

(a)

No.

8

(a)

No.

9

(a)

No.

10

(a)

No.

11

(a)

No.

12

83-0705607

(d)

(d)

(d)

(d)

(d)

(d)

Type of contribution

x

х

x

х

х

х

Person

Payroll

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
EEA			Schedule B (Form 990) (2

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022)	
Name of organization	

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

Leadership Brainery Inc

Trefler Foundation

Newton MA 02464-1573

233 Needham St Suite 210

Part I (a)

No.

13

(a)

No.

Employer identification number 83-0705607

10,000

(c)

(c)

Total contributions

Total contributions

\$

\$

(d)

Type of contribution

noncash contributions.)

(d)

Type of contribution

х

 \square

Person

Payroll

Person Payroll Noncash

Noncash (Complete Part II for

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 2022

Open to Public
Increation

Department of the Treasury Inte

Name of the organization	
Internal Revenue Service	

Go to www.irs.gov/Form990 for instructions and the latest information and the latest information of the second sec	ation.
	Empl

tion. Inspectio				
Employer identification	ation number			
	~ -			

Leade	ership Brainery Inc	83-0705607
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes 🗌 No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	storically important land area
	Protection of natural habitat Preservation of a ce	rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. <u>2</u> a
b	Total acreage restricted by conservation easements	. <u>2</u> b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	hat describes the
Dar	organization's accounting for conservation easements.	han Cimilan Assats
Par		ner Similar Assets.
4-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	-la
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	and all and works of
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:	¢
	(i) Revenue included on Form 990, Part VIII, line 1	
n	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	¢
а	Revenue included on Form 990, Part VIII, line 1	Ψ

\$

Schedul	e D (Form 990) 2022 Leadership Bra						83-070		Page 2
Part			Art, Hist	orical T	Freasures,	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, access	•							
	collection items (check all that apply):			-	-	-			
а	Public exhibition		d	Loan o	r exchange pro	ogram			
b	Scholarly research		e		0 1	-			
с	Preservation for future generations		-						
4	Provide a description of the organization's of	collections and expla	in how they	further the	e organization'	s exem	pt purpose in Par	t	
-	XIII.							-	
5	During the year, did the organization solicit	or receive donations	of art histor	rical treas	ures or other	similar			
Ũ	assets to be sold to raise funds rather than							. 🗌 Yes	s 🗌 No
Part				Jiganizati				103	
i ui	Complete if the organization	-	" on Form		art IV line		enorted an an	nount on	Form
	990, Part X, line 21.			1 330, 1		5, 01 1	eponed an an		
	Is the organization an agent, trustee, custoo	lion or other intermed	lion for con	ributiona	or other exect	a not			
1a			-						
	included on Form 990, Part X?					• • •		. Tes	s 🗌 No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing tab	le:					
						-	-	nount	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on I						•		
b	If "Yes," explain the arrangement in Part XI	II. Check here if the	explanation	has been	provided on Pa	art XIII			. 🗌
Part									
	Complete if the organization	answered "Yes	<u>on Form</u>	n 990, P	art IV, line	10.			
		(a) Current year	(b) Prio	r year	(c) Two years t	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	rrent vear end baland	ce (line 1a. c	olumn (a))) held as:				
_ a	Board designated or quasi-endowment	-		(u)	,)				
b	Permanent endowment %								
c	Term endowment %	0							
C	The percentages on lines 2a, 2b, and 2c sh	ould oqual 100%							
20			zation that a	ra hald ar	d administara	d for the			
3a	Are there endowment funds not in the poss		zalion inal a	re neiù ai			;	[Yes No
	organization by:							20(1)	Tes NO
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organ					•••		. 3b	
4	Describe in Part XIII the intended uses of t		dowment fur	nds.					
Part		•	. –					-	
	Complete if the organization	answered "Yes	" on Form			11a. S	see ⊢orm 990,	Part X, I	ine 10.
	Description of property	(a) Cost or oth		.,	or other basis	• •	Accumulated	(d) Book	< value
		(investm	ient)	(other)	de	epreciation		
1a	Land	••							
b	Buildings	••							
С	Leasehold improvements	••							
d	Equipment		20,266				2,504		17,762
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must		rt X, colum	n (B), line	10c.,)				17,762
	U				,				

EEA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990 Part X col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Security deposit	18,000
(2ROU asset (net)	6,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	24,000

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2]Lease obl	igations current	2,027
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 25.).	2,027

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.

	e D (Form 990) 2022 Leadership Brainery Inc	83-0705607	Page 4
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	-	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	
Part	XIII Supplemental Information.		

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

2022 Open to Public Inspection

Employer identification number

83-0705607

Department of the Treasury Internal Revenue Service Name of the organization

Leadership Brainery Inc

01. Officer, directors, etc. family relationship (Part VI, line 2)

Two board members are related.

02. Form 990 governing body review (Part VI, line 11)

The Organizaions board members and management fully review and approve form 990 and PC

before filing.

03. Conflict of interest policy compliance (Part VI, line 12c)

The Organization has Conflict of Interest in place and is provided to all relevant

parties. The board of directors review and approve all contracts that my impact the

policy.

04. CEO, executive director, top management comp (Part VI, line 15a)

Board of Directores perform analysis and compare local and national compensation of

executive director.

05. Other officer or key employee compensation (Part VI, line 15b

Board of Directors perform analysis and compare local and national compensation of other

top management and key employees

06. Governing documents, etc, available to public (Part VI, line 19)

The Organization has its governing documents available by request or through MA Attorney

General's public information website.

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Change in Net Assets \$322,395

Employer identification number 83-0705607

08. Part III, response or note to any other line in Part III

PRIMARY EXEMPT PURPOSE

LEADERSHIP BRAINERY SERVES TO DIVERSIFY THE WORKFORCE. THE ORGANIZATION BELIEVES THAT

EXPOSURE AND DEVELOPMENT ARE THE CORRECT METHODS TO PIPELINE MORE FIRST-GENERATION AND

DIVERSE LEADERS INTO THE WORKFORCE. THROUGH VARIOUS PROGRAMS, WHICH INCLUDE, BUT IS NOT

LIMITED TO, THE THREE (3) YEAR AMBASSADOR PROGRAM (THE "AMBASSADOR PROGRAM"), THE

ORGANIZATION FOCUSES ON THE LONG-TERM DEVELOPMENT OF ITS STUDENTS, THEIR PREPARATION FOR

GRADUATE OR PROFESSIONAL SCHOOLS AND THEIR SUCCESSFUL CAREERS. LEADERSHIP BRAINERY STRIVES

TO ENSURE THAT ONCE ITS STUDENT LEADERS GRADUATE COLLEGE, THEY WILL BE PREPARED TO

DIVERSIFY TOP GRADUATE AND PROFESSIONAL SCHOOLS AND BECOME DECISION-MAKING LEADERS WITHIN

THEIR INDUSTRIES.

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(This page is not filed with the return. It is for your records only.)	2022
Name(s) as shown on return		Tax ID Number
Leadership Brainery Inc		83-0705607

Nome	(a)	(b)	(c)	(d)	(e)	(f) Totol	(g)
Name	2018	2019	2020	2021	2022	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
Steven & Stephanie Kasok				25,000	25,000	50,000	28,929
Jessica Lutzker				5,000	15,000	20,000	
Howard Levine				6,000	7,000	13,000	
Peter & Adriana Levitt				10,000	10,000	20,000	
Liz Hiser				15,000	50,000	65,000	43,929
Sarah and John Sharpe				10,000	10,000	20,000	
Portia Singh					5,700	5,700	
Matt & Todd McTygue-Rivers					27,150	27,150	6,079
John Grossman					10,000	10,000	
Debbie & Ed Johnston					15,000	15,000	
Jordan & Mary Shelton					5,000	5,000	
Charlie Hoban					25,000	25,000	3,929
Trefler Foundation					10,000	10,000	

Total_____

_____82,866

990	Tax Exempt Diagnostic Summary	2022
Name		Employer Identification #
Leadership Brainery Inc		83-0705607
Demographics		
Mailing Address:	Phone:	(857)576-0645
266 Beacon St Garden Level		
Boston, MA 02116		
Resident State: MA		
Diagnostics		
Preparer: Mariya Babson, CP	Invoice:	Date: 05-10-2024
Return Information		

2022	2021 Federal
Federal	(If available)
873,438	617,011
663,173	439,900
210,265	177,111
449,807	239,542
	873,438 663,173 210,265

State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)
MA						35

MA