

February 27, 2024

NJ LEEP, Inc. 12 Lombardy Street Newark, NJ 07102

Dear Matthew,

Enclosed are the following income tax returns prepared on behalf of NJ LEEP, Inc. for the year ended June 30, 2023.

2022 990 - Return of Organization Exempt from Income Tax

2022 8879-TE - IRS E-file Signature Authorization Form

2022 Schedule A - Public Charity Status and Public Support

2022 Schedule B - Schedule of Contributors

2022 Schedule D - Supplemental Financial Statements

2022 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2022 Schedule J - Compensation Information

2022 Schedule L - Transactions with Interested Persons

2022 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

For any tax technology issues related to Box, SafeSend, Taxccess, Tax Caddy or Withum Experience, please call 1-800-952-3323.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

WithumSmith+Brown, PC

Enclosures



NJ LEEP, Inc. Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2023

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

Attn: WithumSmith+Brown, PC Fax to: 732-321-2002 Brad Caruso

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2024. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

JSA 2X3008 2.000 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 51-0591204 NJ LEEP, INC. Name and title of officer or person subject to tax MATTHEW FEINSTEIN, PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,608,818. 1a Form 990 check here 2a Form 990-EZ check here Form 1120-POL check here . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a **b** Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here.... 6a Form 990-T check here **b** Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here.... 8a Form 5227 check here.... b FMV of assets at end of tax year (Form 5227, Item D). 8b 9a Form 5330 check here.... **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b 10a Form 8038-CP check here . . . **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize 1 1 2 2 1 1 9 as my signature WITHUMSMITH+BROWN, to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |2|2|3|4|6|4|2|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 202	2 calendar year, or tax year begin	ning 07/01/202	2	and en	ding		06/	30/2023		
D			C Name of organization					D Employer ide	entifica	tion number		
D Ch	eck if ap	oplicable:	NJ LEEP, INC.									
X	Addre		Doing Business As					51-	-059	1204		
	† `	change	Number and street (or P.O. box if mail is	not delivered to street address)		Room/suit	e	E Telephone no	ımber		_	
	Initial	return	12 LOMBARDY STREET				303	(9	73)2	97-1555		
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code				,	,		_	
	Amen		NEWARK, NJ 07102					G Gross receipt	s \$	2,665,657.		
	returr Applic pendi	cation	F Name and address of principal officer:	MATTHEW FEINS	TEIN			H(a) Is this a group return for Yes Y				
pendii		ng	12 LOMBARDY STREET303					subordinates? H(b) Are all subordinates included? Yes				
$\overline{}$	Tax-ex	empt st		· · · · · · · · · · · · · · · · · · ·	4947(a)(1) c	or	527	1		(see instructions)	No	
			WWW.NJLEEP.ORG	, (most no.)	(4)(1)	-	<u></u>	H(c) Group exemp	otion nur	nher •		
				Association Other		L Yea	ar of format	tion: 2006 M			— Ј	
	rt I		mmary	7 to occidation		12 100	ar 01 10111101	2000 111	Otato o	riogar dominono. 11	<u> </u>	
			y describe the organization's mission o	most significant activities:	7 COT	IECE 7	CCESS	AND SIICCI	700	DDOCD A M	_	
ø	•		VING LOW INCOME AND FIRS							I KOGKAM		
anc			A, EMPOWERING THEM WITH						<u></u>			
).	2		this box if the organization di									
Activities & Governance	3		per of voting members of the governing						3	1	7	
8	4	Numb	er of independent voting members of t	body (rant vi, line ra)	line 1h)				4		/	
ies	5								5		3	
ivit	6		number of individuals employed in cale						_			
Act	-	Total	number of volunteers (estimate if necess	Saly)					6	25	<u>U</u>	
`			unrelated business revenue from Part V						7a 7b		—	
_	D	ivet ui	nrelated business taxable income from I	-orm 990-1, line 34				Prior Year	7.0	Current Year	_	
		0	:hti	_			_		1		_	
ine	8	Contri	ibutions and grants (Part VIII, line 1h)	[COPY	for	1	2,231,07		2,619,543		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	SPECTIO	N		ONE	NO:	_	
Re	10		tment income (Part VIII, column (A), line	es 3, 4, and 7d) [┛ ┡──	19,71		28,79		
	11		revenue (Part VIII, column (A), lines 5,					-13,86		-39,521	_	
	12		revenue - add lines 8 through 11 (must					2,236,91		2,608,818		
	13		s and similar amounts paid (Part IX, colu						ONE	63,54		
	14		its paid to or for members (Part IX, colu						ONE	NO:		
Expenses	15		es, other compensation, employee bene					1,570,66		1,955,824		
ens	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			-	NC	ONE	NO:	NE:	
Exp			fundraising expenses (Part IX, column (I					0.5.0.5		0.05	_	
			expenses (Part IX, column (A), lines 11					876,05	_	937,320		
			expenses. Add lines 13-17 (must equal					2,446,71		2,956,688	_	
- s	19	Rever	nue less expenses. Subtract line 18 from	line 12				-209,80		-347,870	<u>J.</u>	
ts o nce								ining of Current Y		End of Year	_	
sse 3ala	20		assets (Part X, line 16)					3,562,42		6,435,814		
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					200,85	_	3,375,160	_	
	22		ssets or fund balances. Subtract line 21	from line 20		<u></u>		3,361,57	3.	3,060,654	<u>1 .</u>	
	rt II		gnature Block								_	
Unc	ler per , corre	nalties c ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompar officer) is based on all inform	nying schedu ation of whic	les and sta ch prepare	atements, a r has any ki	and to the best of nowledge.	my kn	owledge and belief, it	. is	
				·							_	
Sig	n		Signature of officer					Data			_	
Her			Signature of officer					Date				
	•										_	
			Type or print name and title			15.					_	
Paid		Print/	Type preparer's name	Preparer's signature		Date		Check	if PT			
	arer	BRAI	D CARUSO	BRAD CARUSO		02/	27/202	4 self-employe	ed P	01249134		
	Only	Firm's	s name ► WITHUMSMITH+BROW	N, PC				Firm's EIN	22	-2027092		
	•			7D 14TH FL EAST BRUNSWI				Phone no.		2-828-1614		
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)		<u>.</u>					No	
			Reduction Act Notice, see the separat							Form 990 (202	22)	

Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: 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 __X 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?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,044,155. including grants of \$ 63,544.) (Revenue \$ **4a** (Code:) (Expenses \$ SEE SCHEDULE O **4b** (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses 2,044,155.

Form 990 (2022)

Part IV Page 3

Part	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		Χ
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			21
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		Χ
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	4.		3.7
47	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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
. •	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200	57	
29	"Yes," complete Schedule L, Part IV	28c 29	Х	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Λ
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			21
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0000)

Form 990 (2022) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		3.7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	וידט		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI

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

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

Sect	ion A. Governing Body and Management			• • •		[21]
	g english same and a sign of the same and a s				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with	1		
_	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			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 el					
	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n 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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	hat c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-				
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		_			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	juard the			
	organization's exempt status with respect to such arrangements?	<u> </u>		16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NJ ,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		Γ(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's I	oooks	and record	s		

PATRICK FINN FINANCIAL GROUP 20 HEATHER LANE WATCHUNG, NJ 0/069

Form **990** (2022)

Form 990 (2022) NJ LEEP, INC. 51-0591204 Page **7**

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MATTHEW FEINSTEIN	40.00									
EXECUTIVE DIRECTOR	NONE			Х				174,758.	NONE	14,281.
(2) MEGAN HOWARD NOVECK	40.00							171,7001	1,01,1	11,201.
DIRECTOR OF OPERATIONS	NONE					Х		109,478.	NONE	12,256.
(3) ZENOLA HARPER	2.00									==,===
CHAIR	NONE	X		Х				NONE	NONE	NONE
(4) SOLANGEL MALDONADO	2.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(5) CASEY KOBI	2.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) ZACHARY SURAK	2.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(7) NYRON LATIF	2.00									
VICE CHAIR SD	NONE	Х		Х				NONE	NONE	NONE
(8) LYNNE ANNE ANDERSON	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(9) TARA FAVORS	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(10) JEFFREY S. ISSACS	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) GALIT KIERKUT	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) MARC LARKINS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) MARIA G. MASTER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) KATHERINE MENDOZA	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE

Form **990** (2022)

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Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	vee	es.	and F	Hia	hest Compensat	ed Employees (c	ontinued)
(A)	(B)				C)		- 5	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) DAVID W. POLLAK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
16) SUZIE SCANLON RABINOWITZ	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
17) AYANNA TAYLOR	1.00	.,						NONE	NIONIE	NONE
TRUSTEE 18) JERRY WEBMAN	1.00	X						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
19) ELANA WILF TANZMAN	1.00							110112	1,01,2	1,01,2
TRUSTEE	NONE	Х						NONE	NONE	NONE
		-								
	Ī									
1b Sub-total							>	284,236.	NONE	26,537.
c Total from continuation sheets to Part VII, S	ection A .						>	NONE		NONE
d Total (add lines 1b and 1c)										26,537.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bove	,	o re	eceived more than	\$100,000 of	
Teportable compensation from the organizatio	II P					4				Yes No
3 Did the organization list any former office										Tes No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual						3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year. 										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	y line in this Part V	/		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פַ בַּ	С	Fundraising events 1c	1,157,045.				
fts, ⊩A	d	Related organizations 1d					
≘ë	e	Government grants (contributions) . 1e					
ns, Sir	f	All other contributions, gifts, grants,					
er (-	and similar amounts not included above . 1f	1,462,498.				
ğ	g	Noncash contributions included in					
할	9	lines 1a-1f 1g	\$ 10,750.				
a G	h	Total. Add lines 1a-1f	,	2,619,543.			
			Business Code				
e	2a						
یٍ ≦							
Se	b						
am e ye	c d						
P.S.							
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		28,796.			28,796
	4	Income from investment of tax-exempt bon		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NOT	NONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ó		events (not including \$1,157,045.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	17,318.				
	b	Less: direct expenses 8b	56,839.				
	С	Net income or (loss) from fundraising events	3	-39,521.			-39,521.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	1	Less: cost of goods sold 10b	•				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
ne o	11a						
llar en	b						
scellaneous Revenue	С						
Mis	d	All other revenue					
_		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		2,608,818.			-10,725.

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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).

	Schedule O contains a response reported on lines 6b, 7b, rt VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assi	stance to domestic organizations				
and domestic governn	nents. See Part IV, line 21	NONE			
2 Grants and othe	r assistance to domestic				
individuals. See Par	rt IV, line 22	63,544.	63,544.		
3 Grants and other	er assistance to foreign				
•	reign governments, and				
· ·	See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or	for members	NONE			
	current officers, directors,				
trustees, and key er	mployees	194,514.	44,679.	98,833.	51,002
6 Compensation not i	included above to disqualified				
·	under section 4958(f)(1)) and				
	section 4958(c)(3)(B)	NONE			
7 Other salaries and	wages	1,428,668.	1,048,967.	222,410.	157,291.
8 Pension plan accrua	als and contributions (include	27,311.	20,462.	3,976.	2,873
section 401(k) and 4	403(b) employer contributions)				
9 Other employee be	nefits	148,531.	102,640.	27,652.	18,239
10 Payroll taxes		156,800.	104,045.	32,199.	20,556
11 Fees for services (n	onemployees):				
a Management		NONE			
b Legal		NONE			
c Accounting		47,835.		47,835.	
d Lobbying		NONE			
e Professional fundraisi	ng services. See Part IV, line 17.	NONE			
f Investment manage	ement fees	NONE			
g Other. (If line 11g am	ount exceeds 10% of line 25, column				
(A), amount, list line 11g e	expenses on Schedule O.)	211,769.	132,236.	29,538.	49,995
12 Advertising and pro	omotion	NONE			
13 Office expenses .		58,903.	36,890.	6,586.	15,427
	ology	82,321.	56,582.	5,785.	19,954
15 Royalties		NONE			
		359,377.	301,930.	33,199.	24,248
17 Travel		40,121.	39,103.		1,018
18 Payments of trave	I or entertainment expenses				
for any federal, sta	ate, or local public officials	NONE			
19 Conferences, conv	entions, and meetings	21,078.	18,121.	2,205.	752
		NONE			
21 Payments to affiliate	es	NONE			
22 Depreciation, deple	etion, and amortization	21,695.	10,746.	8,532.	2,417
23 Insurance		31,995.	21,556.	6,204.	4,235
24 Other expenses. Ite	emize expenses not covered				
above. (List miscellar	neous expenses on line 24e. If				
	ceeds 10% of line 25, column				
(A), amount, list line	24e expenses on Schedule O.)				
a EQUIPMENT,	REPAIRS, MAINTENA	62,226.	42,654.	11,356.	8,216
b					
e All other expenses					
	enses. Add lines 1 through 24e	2,956,688.	2,044,155.	536,310.	376,223.
organization report	plete this line only if the ed in column (B) joint costs educational campaign and tion. Check here				
following SOP 98-2					

Form **990** (2022)

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,132,920.	1	2,019,542.
	2	Savings and temporary cash investments	727 , 150.	2	803,054.
	3	Pledges and grants receivable, net	465,262.	3	390 , 301.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	154,418.	9	34,353.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 143,326.			
	b	Less: accumulated depreciation 10b 29,421.	82 , 677.	10c	113,905.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		3,074,659.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,562,427.	16	6,435,814.
_	17	Accounts payable and accrued expenses	200,854.	17	228,962.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
'n	22	Loans and other payables to any current or former officer, director,	110111	<u> </u>	NONE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	2 146 100
	26	Total liabilities. Add lines 17 through 25	NONE		3,146,198.
_	20		200,854.	26	3,375,160.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	2 020 406	27	2 477 005
Bal	28	Net assets with donor restrictions	2,929,486.	27	2,477,805.
Б	20	Organizations that do not follow FASB ASC 958, check here	432,087.	28	582 , 849.
Ξ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́	32	Total net assets or fund balances	2 261 572		3 060 654
Se	33	Total liabilities and net assets/fund balances	3,361,573.	32	3,060,654.
_	JJ	Total maximues and het assets/fully paidfiles, , , , , , , , , , , , , , , ,	3,562,427.	33	6,435,814. Form 990 (2022)

Form **990** (2022)

NJ LEEP, INC. 51-0591204 Form 990 (2022)

Form 99	90 (2022)			Pa	ge 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	08,	818.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,9	56,	688.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	47,	<u>870</u> .		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		46,	<u>951</u> .		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	3,0	60,	<u>654</u> .		
Part	. •						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ınt?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on					
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo				,.		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	•					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b	000	(0.055)		
			⊢orm	330	(2022)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

omb No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

|- | | | | | |

inpi chantable trust.				
	Open to Public			
on.	Inspection			
Employer identification number				

ΝU	لظيلا	LP, INC.					31-0	391204
	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p		
	_	anization is not a private fou	ndation because it	is: (For lines 1 through	h 12, ch	neck only	one box.)	
1	\Box	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti					- (- / (/ / / / /	
3		A hospital or a cooperative		•	-		(1)(A)(iii).	
4	Н	A medical research organiz	•	•				(iii) Enter the
•		hospital's name, city, and st	•	oonjunodon wan a nov	opilai ao			(iii)i Liitoi tiio
5		An organization operated t		a college or universit	v owne	d or one	rated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversit	y Owne	a or ope	nated by a governme	intal unit described in
6		A federal, state, or local go		rnmantal unit describe	d in coot	tion 170/	h)/4\/ A \/w\	
6	3.7							om the general nublic
7	LX	An organization that norma	=	· ·	pport iii	oni a go	verninental unit of ite	on the general public
•		described in section 170(b)		•	D4 II \			
8	\vdash	A community trust describe			-			land mank sallana
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	r the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	xceptions	s; and (2) no more than	n 331/3 % of its
		acquired by the organizatio	n after June 30, 19	975. See section 509	(a)(2). (⁽	Complete	Part III.)	
11	Щ	An organization organized	•	•	-			
12		An organization organized a	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	609(a)(1) or sect	ion 509(a)(2) . See se d	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of						
		organization(s). You must				•		0 11
С		Type III functionally integ	-		ited in c	onnectio	n with, and functional	ly integrated with.
		its supported organization						, ,
d		Type III non-functionally		•				ted organization(s)
_		that is not functionally inte			-			- , ,
		requirement (see instruct	-		_		· ·	a arracontivorioso
е		Check this box if the orga	•	•				I Tyne III
·		functionally integrated, or						i, Type iii
f	Fn	ter the number of supported						
a q	Pr	ovide the following information	on about the suppo	orted organization(s)				
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,	ame of eapported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					res	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2022 Page **2**

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,377,209.	1,674,700.	1,874,447.	2,222,351.	2,619,543.	10,768,250.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,377,209.	1,674,700.	1,874,447.	2,222,351.	2,619,543.	10,768,250.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						483,503.
6	Public support. Subtract line 5 from line 4						10,284,747.
_	tion B. Total Support						10,204,747.
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,377,209.	1,674,700.	1,874,447.	2,222,351.	2,619,543.	10,768,250.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,202.	13,605.	16,769.	19,238.	28,796.	86,610.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						10,854,860.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp		_		1		
14	Public support percentage for 2022 (lin		-			14	94.75 %
15	Public support percentage from 2021					15	99.44 %
16a	331/3% support test - 2022. If the org						
	box and stop here . The organization qu			-			
b	331/3% support test - 2021. If the org						
4	this box and stop here . The organization	•		•			
1/a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			=	-		
h	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization most					-	-
	in Part VI how the organization meets			_			
18	organization						
10							
	instructions						· · · · · <u> </u>

Schedule A (Form 990) 2022 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0040	(h) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-4-1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·						
	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 organizati	on's first secon	d. third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2021 Sche	. , ,	•	.,,		16	%
	tion D. Computation of Investment					<u> </u>	
17	Investment income percentage for 2022 (lir			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	-	_	•		•	
J	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization of		-	•			

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Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

NJ LEEP, INC.

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	e A (Form 990) 2022		ı	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Section	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		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see		ŕ	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2 h		

Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ns A through E.	
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ection 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			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	I 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			
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			
	Multiply line 5 by 0.035.	6			
	Recoveries of prior-year distributions	7			
8		8			
Se	ection C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4		4			
5	Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
•	emergency temporary reduction (see instructions).	6			
7		lly integra	ted Type III supporting	g organization	
	(see instructions).	, 5	21 11	. .	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7**

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

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

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Name of the organization			Employer identification number		
NJ LEEP, INC.			51-0591204		
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as	s a private fou	ndation		
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a p	orivate foundat	ion		
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General	al Rule and a S	Special Rule. See		
General Rule					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the gry or property) from any one contributor. Complete Parts I and II. S	=	_		
Special Rules					
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ that r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule seived from any one contributor, during the year, total contribution ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	A (Form 990) ns of the great	, Part II, line 13, 16a, or ter of (1) \$5,000; or		
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					
_	nat isn't covered by the General Rule and/or the Special Rules do				

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

NJ LEEP, INC.

Employer identification number 51-0591204

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	N/A	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$ 60,795.	Person X Payroll Noncash

Name of organization			Employer identification number
	N.T T.EEP	TNC	51-0591204

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Χ N/A Person **Payroll** 54,625. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

NJ LEEP, INC.

Employer identification number
51-0591204

art II	Noncash Property	(see instructions).	. Use duplicate c	opies of Part II if ac	Iditional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 	

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number					
5 4 W	NJ LEEP, INC.			51-0591204					
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Part e year. (Enter this in	one contributor. On the contributor on the contributor. It is a second contributor on the contributor. On the contributor of th	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a		_	ship of transferor to transferee					

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NJ	LEEP, INC.	51-0591204
Pa		
	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 i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt 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) Preservation of land for public use (for example, recreation or education)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
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 terminate	nated by the organization 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	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expanses insurred in manitaring inspecting handling of violations, and enforcing as	nearyation accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	riservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rev	venue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
b	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	·
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	\$
h	Assets included in Form 990 Part X	

Schedule D (Form 990) 2022 NJ LEEP, INC. 51-0591204 Page **2**

Pa	rt III Organizations Maintaini	ng Collect	tions of	Art, Histo	rical Tre	asures	s, or (Other	Similar Assets	(continued)	
3	Using the organization's acquisition	n, accession	on, and o	other recor	ds, check	any o	f the	follow	ing that make si	gnificant use	of its
	collection items (check all that app	ly):									
а	Public exhibition			d	Loan	or excha	ange p	orograr	n		
b	Scholarly research			е	Other						
С	Preservation for future gene	rations			_						
4	Provide a description of the organ	nization's co	ollections	and expla	ain how t	hey fur	ther t	he org	ganization's exem	pt purpose	in Part
	XIII.										
5	During the year, did the organization	n solicit or	receive o	donations o	f art, histo	orical tr	easure	es, or o	other similar		
	assets to be sold to raise funds rath	ner than to I	oe mainta	ained as pa	rt of the	organiza	ation's	collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza	•		es" on For	m 990. F	Part IV.	line 9). or re	eported an amo	unt on Forn	—— 1
	990, Part X, line 21.				,	,		•	•		
1a	Is the organization an agent, trus	tee, custod	lian or o	ther interm	nediary fo	or contr	ributio	ns or	other assets not		
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement i										
	· · · · · ·		_		_				Amoui	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an am	ount on Fo	rm 990,	Part X, line	21, for e	scrow	or cus	todial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII.	Check he	ere if the e	xplanation	has be	en pro	vided o	on Part XIII	[
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion answ	ered "Ye	es" on For	m 990, F	Part IV,	line 1	10.			
		(a) Curre	nt year	(b) Prio	r year	(c) Two	o years	back	(d) Three years back	(e) Four yea	ars 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 curre	ent year	end balanc	e (line 1g,	column	(a)) h	eld as:			
а	Board designated or quasi-endown				, 0.		(),				
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, a	and 2c shou	ld equal '	100%.							
3 a	Are there endowment funds not in	the posses	sion of th	ne organiza	ation that	are held	d and	admin	istered for the		
	organization by:									Ye	s No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the relate	•		•			?			3b	
4	Describe in Part XIII the intended u		organiza	tion's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	ored "V	es" on Foi	m 000 l	Part IV	lina	112 9	See Form 000 F	art Y line	10
	Description of property			other basis	(b) Cost				cumulated	(d) Book value	10.
	, 6156517			tment)		ther)			eciation	, ,	
1 a	Land										
b	Buildings	_									
С	Leasehold improvements					32,78			2,077.		710.
d	Equipment				1	10,53	39.		27,344.	83,	195.
<u>e</u>	Other										
Tota	I. Add lines 1a through 1e. (Column	(d) must e	qual Forn	n 990, Part	X, columi	า (B), lin	ie 10c.	.)		113,	905.

Schedule D (Form 990) 2022

Schedule D (F	Form 990) 2022 NJ LEEP, INC.		5:	1-0591204 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
. ,	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		<u>I</u>		
	Complete if the organization answered	l "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 mark	cet value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
r dit ix	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
-		scription		(b) Book value
(1)RIGHT	OF USE ASSETS			2,895,956
(2)SECUR	ITY DEPOSIT			178,703
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ımn (b) must equal Form 990, Part X, col. (B) l	ino 15 \		2 074 650
Part X	Other Liabilities.	me 15.)		3,074,659
raitA	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See For	m 990 Part X
	line 25.		,	555,,
1.	(a) Descrip	otion of liability		(b) Book value
	al income taxes	•		. ,
(2)LEASE	LIABILITY			3,146,198
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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Schedule D (Form 990) 2022 NJ LEEP, INC. 51-0591204 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,396,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		., ,
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
C	Trocoverior of prior your granter, the first transfer to the first your granter, the first transfer transfer to the first your granter, the first transfer transfer transfer to the first transfer transf		
d	Other (Describe in Part XIII.)	2e	731,183.
e	Add lines 2a through 2d	3	2,665,657.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,003,037.
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	-56 , 839.
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,608,818.
Part		_	2,000,010:
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2 605 550
1	Total expenses and losses per audited financial statements	1	3,697,759.
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	741,071.
3	Subtract line 2e from line 1	3	2,956,688.
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.)		
	Add lines 4a and 4b	4c	2 05 6 600
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,956,688.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V	line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2022 NJ LEEP, INC. 51-0591204 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

INCOME TAXES

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THE ORGANIZATION FOLLOWS THE PRONOUNCEMENT RELATED TO INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 AND 2022. THE ORGANIZATION DID NOT HAVE ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS PRESENTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization					Employer identification	on number
NJ LEEP, INC.					51-059120	
Part I Fundraising Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not re	·					
1 Indicate whether the organization rais	_		_		· · ·	
a Mail solicitationsb Internet and email solicitations	e			non-government g government grants		
b Internet and email solicitations c Phone solicitations	f		-	government grant ising events	5	
d In-person solicitations	g	Spec	Jiai Turiura	ising events		
2a Did the organization have a written or	oral agreement v	with any in	dividual (in	cluding officers d	lirectors trustees	
or key employees listed in Form 990,						Yes No
b If "Yes," list the 10 highest paid indiv	viduals or entities					fundraiser is to be
compensated at least \$5,000 by the o	organization.					
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
		Yes	No		col. (i)	
1		163	NO			
•						
2						
3						
4						
_						
5						
6						
7						
8						
9						
10						
10						
Total						
3 List all states in which the organizat				contributions or	has been notified	it is exempt from
registration or licensing.						

Schedule G (Form 990) 2022 NJ LEEP, INC. 51-0591204 Page **2**

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

		gross receipts greater than \$5,000	U.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	FALL HARVEST	NONE	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
JΠE						
Revenue	1	Gross receipts	1,153,363.	21,000.		1,174,363.
ш	2	Less: Contributions	1,141,863.	15,182.		1,157,045.
		Gross income (line 1 minus	, ,	,		, ,
		line 2)	11,500.	5,818.		17,318.
	4	Cash prizes				
	_					
	5	Noncash prizes				
es	c	Dont/facility costs	01 161			01 161
ens	6	Rent/facility costs	31,161.			31,161
xbe	7	Food and beverages				
Direct Expenses	•	Tood and beverages				
irec	8	Entertainment				
D						
	9	Other direct expenses	19,860.	5,818.		25 , 678.
			.,			.,
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		56,839.
	11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		-39,521.
Pa	rt III	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.	T T		T
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
/en			., ,	bingo/progressive bingo		coi. (a) through coi. (c)
Revenue	4	Cross revenue				
_		Gross revenue				
S	2	Cash prizes				
se	_	Odom prizes				
Direct Expenses	3	Noncash prizes				
Ĕ		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ect	4	Rent/facility costs				
Dir						
	5	Other direct expenses				
			Yes %	Yes%	%	
	6	Volunteer labor	No	No	No	
	_	Dinastana	O.H 5	(-1)		
	1	Direct expense summary. Add lin	nes 2 through 5 in coil	ımn (a) <mark> </mark>		
	0	Net gaming income summary. S	ubtract line 7 from line	a 1 aalumn (d)		
	-	Net gaining income summary. 5	ubilact line / from line	5 1, COIGITITI (a)		
9	F	Enter the state(s) in which the org	anization conducts ga	ming activities		
а		s the organization licensed to con			es?	Yes No
b						
		· · ·				
	-					
10 a		Nere any of the organization's gamino				Yes No
b	1	f "Yes," explain:				
	_					

Schedule G (Form 990) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 NJ LEEP, INC. 51-0591204 Page	∍ 3
11	Does the organization conduct gaming activities with nonmembers?	lo
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	io
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	ю
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer	
47	Manufatani, distributiones	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
_	retain the state gaming license?	Ю
b	or spent in the organization's own exempt activities during the tax year > \$	
Par		—
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
	(000 mondonono).	—

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

NJ LEEP, INC.

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public	
2022	
OMB No. 1545-0047	

51-0591204

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

General Information on Grants and Assistance

1 Does the s	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for assistance, and the selection criteria used to award the grants or assistance?	stantiate the or assistance	e amount of the ع?	grants or assistar	ice, the grantees	eligibility for the grants		X Yes No
2 Desc	Describe in Part IV the organization's procedures for mon	res for moni	toring the use o	itoring the use of grant funds in the United States.	United States.			
Part II	Grants and Other Assistance to Domestic Or	mestic Org	janizations an	d Domestic Gov	ernments. Com	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ation answered "Ye	ss" on Form 990,
	Part IV, line 21, for any recipient that received	t received	more than \$5,	000. Part II can b	e duplicated if a	more than \$5,000. Part II can be duplicated if additional space is needed.	eeded.	
-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment o	rganizations list	ted in the line 1 tab	<u>e</u>			
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 99	90.				SCF	Schedule I (Form 990) 2022
V V								

JSA 2E1288 1.000

Schedule I (Form 990) (2022)

Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	r ai t ill call be duplicated il additiollal space is liceded.	ים וא וופפתפת.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	SHIPS	5.0	21,919.			
2 STIPENDS	SC	30	31,360.			
3 STUDENT	3 STUDENT ASSISTANCE	42	10,265.			
4						
ည						
ဖ						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

I, LINE PART TRANSPORTATION SCHOLARSHIP: STUDENTS CAN APPLY FOR ASSISTANCE TO . |-

COMPLETE AN O_I THEY/THEIR FAMILIES HAVE GET TO/FROM OUR PROGRAMMING. APPLICATION TO ASK TO BE CONSIDERED FOR A TRANSPORTATION SCHOLARSHIP.

BASED ON FAMILY INCOME AND SCHOLARSHIPS ARE THEN AWARDED ON A NEED BASIS,

FAMILY SIZE. SCHOLARSHIPS ARE AWARDED IN THE FORM OF BUS TICKETS (OR

OCCASIONALLY TRAIN TICKETS, DEPENDING ON WHERE THE STUDENT LIVES/GOES TO

THESE ARE ALLOCATED BASED ON THE NUMBER OF NJ LEEP CLASSES SCHOOL). ATTENDED. TICKETS ARE PURCHASED BY NJ LEEP AND HANDED OUT TO STUDENTS ON

Schedule I (Form 990) (2022)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

A MONTHLY BASIS.

SENIOR SCHOLARSHIPS (NJ LEEP): GRADUATING HIGH SCHOOL SENIORS CAN ς.

EARN SCHOLARSHIPS BASED ON PERFORMANCE WITHIN NJ LEEP (ASSIGNMENT

FOR THE CHECKS WHEN THEY RECEIVE THEM. MOST CHECKS ARE SIGN STUDENTS

ETC.). THESE ARE DISTRIBUTED AS CHECKS TO STUDENTS.

LEADERSHIP,

QUALITY,

GIVEN OUT AT SENIOR HONORS NIGHT BUT STUDENTS WHO DO NOT ATTEND RECEIVE

THEIR CHECK LATER.

3. SENIOR SCHOLARSHIPS (AMANDA ROSE LAURA): AMANDA ROSE LAURA

OL THE SCHOLARSHIP IS ABLE THE GRANTOR. PART OF SCHOLARS ARE SELECTED BY

BE USED DURING THEIR SENIOR YEAR FOR COLLEGE EXPLORATION PURPOSES

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_						
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4						
ro.						
9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

STUDENTS CAN EITHER MAKE THOSE PURCHASES THEMSELVES AND THEN SUBMIT information.

DOCUMENTATION FOR REIMBURSEMENT BY NJ LEEP, OR CAN ASK NJ LEEP TO

TRAIN TICKET OR AIRFARE). THE OTHER PURCHASE (E.G., THE DIRECTLY MAKE

PORTION OF THE SCHOLARSHIP IS AWARDED AS

SENIOR

END OF

THE

A CHECK AT

YEAR. ANY UNUSED COLLEGE EXPLORATION FUNDS ARE ADDED TO THIS END-OF-YEAR

CHECK. STUDENTS SIGN FOR THE CHECKS WHEN THEY RECEIVE THEM. MOST CHECKS

NOT ATTEND 8 STUDENTS WHO SENIOR HONORS NIGHT BUT ΑT ARE GIVEN OUT

AN NJ LEEP SENIOR IF A STUDENT RECEIVES BOTH RECEIVE THEIR CHECK LATER.

SCHOLARSHIP AND AN AMANDA ROSE LAURA SCHOLARSHIP, A SINGLE CHECK IS

WRITTEN FOR THE TOTAL AMOUNT.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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4						
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9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

WEEK-ON-THE-JOB STIPENDS: RISING 10TH GRADE STUDENTS PARTICIPATE 4.

EARN THEY SUMMER. THE ONE-WEEK EXTERNSHIPS OVER 4) OL (UP IN MULTIPLE SUMMER STIPEND FOR EACH WEEK THAT THEY PARTICIPATE IN (\$280 PER WEEK IN STUDENT 2022). THE MANAGING DIRECTOR OF DEVELOPMENT COMPILES THE LIST OF

PLACEMENTS AND CONFIRMS STUDENT ATTENDANCE WITH THE MANAGING DIRECTOR OF

THAT LIST IS THEN PROVIDED TO THE MANAGING DIRECTOR OF STUDENTS. THE MANAGING STUDENT. TO EACH ISSUE PAYMENT BY CHECK OPERATIONS TO DIRECTOR OF OPERATIONS DISTRIBUTES THE CHECK TO EACH STUDENT DURING THE

PRESENT, NOT FOR ANY STUDENTS WHO ARE SUMMER PROGRAMMING. ОF FINAL WEEK

BEING THEIR CHECK IS MAILED TO THEIR HOME MAILING ADDRESS (AFTER Page 2

(Form 990) (2022)	Grants and
Schedule	Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
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4						
5						
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7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

CONFIRMED BY THE MANAGING DIRECTOR OF STUDENTS).

41

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

51-0591204 INC

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Χ
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Χ
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			3.7
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Rest III			v
9	in Part III	8		X
9	Regulations section 53.4958-6(c)?	9		
		. •		

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

Schedule J (Form 990) 2022

Page 2

51-0591204

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MATTHEW FEINSTEIN	ε	174,758.	NONE	NONE	5,243.	9,038.	189,039.	NONE
1 EXECUTIVE DIRECTOR	(ii)							
	ε							
2	€							
	ε							
ო	€							
	ε							
4	€							
	ε							
5	(ii)							
	ε							
9	€							
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15	€							
	ε							
16	€							
							Sch	Schedule J (Form 990) 2022

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

51-0591204 NJ LEEP, INC Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2) (3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (b) Relationship (f) Balance due (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9) (10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2) (3)(4)(5) (6)(7) (8) (9) (10)

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

Schedule L (Form 990) 2022

NJ LEEP, INC. 51-0591204

Schedule L (Form 990 or 990-EZ) 2022 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) ACCESS EDUCATION ADVISORS, LLC	BOARD MEMBER (AYANNA TAYL	35,200.	CONSULTING SERVICES		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

51-0591204

NJ LEEP, INC.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NJ LEEP IS A COLLEGE ACCESS AND SUCCESS PROGRAM SERVING LOW-INCOME AND FIRST-GENERATION STUDENTS IN THE GREATER NEWARK AREA. OUR COLLEGE BOUND PROGRAM EMPOWERS STUDENTS WITH THE ACADEMIC AND SOCIAL-EMOTIONAL SKILLS TO SUCCEED IN COLLEGE AND BEYOND, THROUGH INTENSIVE AFTER-SCHOOL, SATURDAY, AND SUMMER PROGRAMMING.

FORM 990, PART VI, LINE 28 - BUSINESS OR FAMILY RELATIONSHIPS OF DIRECTORS

SINCE NJ LEEP MAKES USE OF VARIOUS LAW FIRMS AND CORPORATIONS IN BOTH ITS OPERATIONS AND BOARD MEMBER NOMINATION PROCESS, THERE ARE INSTANCES WHERE MEMBERS OF THESE LAW FIRMS AND CORPORATIONS MAY USE ONE ANOTHER FOR BUSINESS PURPOSES OUTSIDE OF THE ORGANIZATION'S OPERATIONS.

CURRENTLY, ONE OF THE BOARD MEMBERS OWNS A CONSULTANT BUSINESS (ACCESS EDUCATIONAL ADVISORS), WHICH THE CLIENT CONTRACTS ON A RANGE OF CURRICULM-RELATED PROJECTS.

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

THE FORM 990 IS PREPARED BY A REPUTABLE CPA FIRM THAT SPECIALIZES IN TAX EXEMPT ORGANIZATIONS . THE 990 IS PREPARED AND IS PROVIDED TO MANAGEMENT.

THE DRAFT IS FIRST REVIEWED IN DETAIL BY THE MANAGING DIRECTOR OF

OPERATIONS AND THE EXECUTIVE DIRECTOR AND ADVISES THE PREPARER FIRM AS TO

ANY NEEDED CHANGES. AFTER ANY NECESSARY CHANGES ARE MADE, A DRAFT IS SENT

FOR REVIEW TO THE BOARD AUDIT COMMITTEE, WHICH THEN MEETS TO DISCUSS THE

DOCUMENT. AFTER INCORPORATING CHANGES RESULTING FROM THAT REVIEW, COPIES

OF THE REVISED DRAFT 990 ARE PRESENTED TO THE BOARD OF TRUSTEES FOR

REVIEW AND AN AUTHORIZATION VOTE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NJ LEEP, INC

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

51-0591204

FORM 990, PART VI, LINE 12C - CONFLICTS OF INTEREST

THE CONFLICT OF INTEREST POLICY IS BASED ON ARTICLE X OF THE BYLAWS OF
THE ORGANIZATION, AND THE MODEL POLICY PROMULGATED BY THE INTERNAL
REVENUE SERVICE FOR CHARITABLE ORGANIZATIONS AND SHALL BE INTERPRETED IN
A MANNER CONSISTENT WITH THAT MODEL POLICY.

A COPY OF OUR CONFLICT OF INTEREST POLICY, ALONG WITH A CONFLICT OF INTEREST DISCLOSURE STATEMENT, IS FURNISHED TO EACH DIRECTOR OF THE ORGANIZATION UPON UNDERTAKING THE DUTIES OF SUCH OFFICE, AND ANNUALLY THEREAFTER FOR THE TERM OF SUCH PERSON'S SERVICE TO THE ORGANIZATION.

EACH DIRECTOR DISCLOSES ANY CONFLICTS AND SIGNS ACCORDINGLY.

ANY CONFLICTS OF DISCUSSED AT THE BOARD OF DIRECTORS LEVEL AND DISCUSSIONS ARE FORMALLY DOCUMENTED IN THE BOARD MINUTES. ANY VOTING MEMBER WHO RECEIVES COMPENSATION IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBERS COMPENSATION.

FORM 990, PART VI, LINE 15 - COMPENSATION

THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION PROCESS IS

CONDUCTED BY THE BOARD. IT STARTS WITH A 360 PERFORMANCE REVIEW PROCESS

TO GATHER INPUT ON HIS ACCOMPLISHMENTS, STRENGTHS AND AREAS OF

DEVELOPMENT. FROM THERE, THE LEADERSHIP DEVELOPMENT COMMITTEE DETERMINES

A RATING RANGING FROM DOES NOT MEET EXPECTATIONS TO EXCEEDS EXPECTATIONS.

THE LDC REVIEWS MARKET DATA FOR THE EXECUTIVE DIRECTOR ROLE TO DEVELOP A

COMPENSATION RECOMMENDATION. THE RECOMMENDATION IS SHARED WITH THE FULL

BOARD FOR DISCUSSION AND A VOTE TO CONFIRM THE NEW BASE SALARY AND BONUS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NJ LEEP, INC. 51-0591204

GENERALLY SPEAKING, IF THE EXECUTIVE DIRECTOR MEETS EXPECTATIONS, THE BONUS IS 90-100% OF TARGET. IF THEY EXCEED, THE BONUS RANGE IS 100-110% OF TARGET.

FORM 990, PART VI, LINE 19 - AVAILABILITY OF INFORMATION

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Name of the organization

NJ LEEP, INC.

51-0591204

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NJ LEEP IS A COLLEGE ACCESS AND SUCCESS PROGRAM SERVING LOW-INCOME AND FIRST-GENERATION STUDENTS IN THE GREATER NEWARK AREA. OUR COLLEGE BOUND PROGRAM EMPOWERS STUDENTS WITH THE ACADEMIC AND SOCIAL-EMOTIONAL SKILLS TO SUCCEED IN COLLEGE AND BEYOND, THROUGH INTSENSIVE AFTER-SCHOOL, SATURDAY, AND SUMMER PROGRAMMING.

Name of the organization

NJ LEEP, INC.

51-0591204

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

NJ LEEP SERVES STUDENTS IN GRADES 6-12, ALUMNI THROUGHOUT THE COUNTRY, AND FAMILY MEMBERS. MOST OF OUR STUDENTS COME FROM LOW TO MODERATE-INCOME BACKGROUNDS AND POSSESS MULTIPLE RISK FACTORS TO COLLEGE MATRICULATION AND PERSISTENCE. SINCE OUR FIRST GRADUATING CLASS OF 2011, 100% OF OUR PROGRAM GRADUATES HAVE GRADUATED FROM HIGH SCHOOL AND ENROLLED IN COLLEGE, MANY IN HIGHLY SELECTIVE COLLEGES, SUCH AS AMHERST, GEORGETOWN, PRINCETON, RUTGERS, SMITH AND THE UNIVERSITY OF CHICAGO. IN COMPARISON, RESEARCH SHOWS THAT SINCE 2011, THE COLLEGE SCHOOL GRADUATION RATE FROM STUDENTS IN NEWARK PUBLIC SCHOOLS IS 23%. WE ALSO MEASURE THE COLLEGE PERSISTENCE RATE OF OUR GRADUATES: OVER 73% GRADUATED FROM COLLEGE.

Name of the organization		Employer identification number
NJ LEEP, INC.		51-0591204
FORM 990, PART X - PREPAID EXPENSES AND DEFER	RRED CHARGS	
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	154,418.	34,353.
TOTALS	154 410	24 252
	154,418.	34 , 353.

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