

The Leadership School

TLS March 28, 2023 Board Meeting

Published on March 27, 2023 at 3:45 PM CDT

Date and Time

Tuesday March 28, 2023 at 6:00 PM CDT

Location

The Leadership School 1785 Pennsylvania Ave Pagedale, MO 63133

All board meetings will be fully in person.

https://zoom.us/j/93648300851?pwd=RnJ0YIFzYy9qeE9vQ3MvR1RvR2JQUT09

Attendees can still join via Zoom using the link below. Or the following:

Meeting ID: 936 4830 0851

• Passcode: TLS2021

Per Missouri Revised State Statute Section 610.021, the Board of Directors may close this meeting for an Executive Session to discuss permissible subjects.

This notice is published at our school site (1785 Pennsylvania Ave Pagedale, MO 631 33) and on our website (https://theleadershipschoolstl.org).

Agenda

Purpose Presenter Time

I. Opening Items 6:00 PM

		Purpose	Presenter	Time
A.	Call the Meeting to Order			1 m
В.	Record Attendance			2 m
II. Bo	ard Business			6:03 PM
A.	Schedule Board Retreat	Discuss	Lennel Hunter	5 m
В.	Use of Board OnTrack			5 m
III. Ac	tion Items			6:13 PM
A.	Approve Minutes	Vote	Lennel Hunter	5 m
В.	Approve February 2023 monthly financials	Vote	Deanne Henderson	15 m
C.	Approve FY22 (July 1, 2021 - June 30, 2023) Form 990	Vote	Kimberly Townsend	5 m
D.	Approve 2023-2024 School Calendar	Vote	Kimberly Townsend	10 m
IV. Bo	pard Committee Reports			6:48 PM
	pard Committee Reports Development Committee	Discuss	Brooke Black	6:48 PM 5 m
A.	•	Discuss		
A. B.	Development Committee		Black Deanne	5 m
A. B. C.	Development Committee Finance + Facilities Committee	Discuss	Black Deanne Henderson Gerren	5 m
A. B. C.	Development Committee Finance + Facilities Committee Governance Committee	Discuss	Black Deanne Henderson Gerren McHam Chardae	5 m 5 m 5 m
A. B. C. D.	Development Committee Finance + Facilities Committee Governance Committee School Performance Committee	Discuss	Black Deanne Henderson Gerren McHam Chardae	5 m 5 m 5 m
A. B. C. D.	Development Committee Finance + Facilities Committee Governance Committee School Performance Committee	Discuss Discuss	Black Deanne Henderson Gerren McHam Chardae Rigdon Kimberly	5 m 5 m 5 m 7:08 PM

VI. Closing Items

7:48 PM

		Purpose	Presenter	Time
A.	Next Steps	Discuss	Lennel Hunter	5 m
В.	Adjourn Meeting	Vote		1 m

Coversheet

Approve Minutes

Section: III. Action Items Item: A. Approve Minutes

Purpose: Vote

Submitted by:

Related Material: February 28, 2023 Meeting Minutes.pdf

Board of Directors Meeting Minutes

Meeting Date: 02/28/2023

Location: Hybrid: In-person (1785 Pennsylvania Ave) and Virtual (Zoom).

- A. **TLS Directors Present In Person:** Lennel Hunter, Deanne Henderson, Chardae Rigdon, Aaron Williams
- B. TLS Directors Present Virtually: Gerren McHam
- C. **TLS Directors Absent:** Brooke Black
- D. **TLS Staff/Guests Present:** Kimberly Townsend (TLS), Deborah Wright (TLS), Denitria Neil (TLS)

CALL TO ORDER

Once a quorum was met a meeting of the Board of Directors of The Leadership School was duly called on Tuesday, February 28, 2023 at 5:10 pm. Lennel Hunter called the meeting to order.

OPENING ITEMS

• No public comment

ACTION ITEMS

- A. G. McHam made the motion to approve January 31, 2023 meeting minutes. D. Henderson seconded the motion. Motion passed. (5/5).
- B. C. Rigdon made the motion to approve January 31, 2023 financials and G. Mcham seconded the motion. Motion passed (5/5).
- C. Monthly calendar will be resubmitted at a later date for approval.

BOARD BUSINESS

- A. A Board On Track representative gave a presentation of the capabilities and benefits of a software package which will aid in creating board agendas as well as storing documents and other information.
- B. Discussion on days for upcoming board retreat. A poll will be sent out.

BOARD COMMITTEE REPORTS

- A. Development Committee: no update at this time.
- B. Finance + Facilities Committee
 - a. Budgeted forecast decreased due to manual calculation input error.
 - b. Discussed revisions of the budget for 2023
 - c. Discussed the repairs all the repairs which are needed for building A .

- C. Governance Committee no update
- D. School Performance Committee no update

EXECUTIVE DIRECTOR REPORT

- A. Gave an update on the on time submissions percentages.
 - a. All is on track at this time with DESE and MCPSC at this time
- B. Discussed hiring and open positions.

Closing

NEXT STEPS

- A. The Board Chair will email information regarding retreat dates.
- B. Board On Track updates
- C. Approve edits to board manual policy.

ADJOURNMENT

There being no further business to be transacted, and upon motion duly made (L. Hunter), seconded(D. Henderson) and approved, the meeting was adjourned at 8:00pm.

Prepared by:

Deborah Wright	Meeting Date 02/28/2023
NAME	Date

Coversheet

Approve February 2023 monthly financials

Section: III. Action Items

Item: B. Approve February 2023 monthly financials

Purpose: Vote

Submitted by: Related Material:

TLS - Monthly Presentation - February 2023.pdf

TLS - Supplemental Report - February 2023(1).xlsx - Dashboard.pdf

2023 02 TLS Check Register.pdf

2023 02 TLS Outstanding Invoices.pdf



February 2023 Financials

PREPARED MAR'23 BY



Powered by BoardOnTrack 8 of 4

Contents



- Executive Summary
- Key Performance Indicators
- State Revenue
- Forecast Overview
- Cash Forecast
- Forecast History
- Key Forecast Changes This Month
- Appendix

Executive Summary



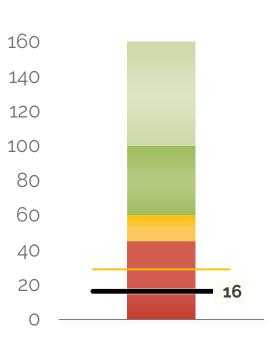
- We are currently forecasting a net income of \$36k which is \$65k less than the budgeted net income of \$101k.
- Our cash balance is forecasted to end the year at \$82k, a \$42k decrease from last month.
- February forecast changes include:
 - Revenue down \$76k primarily due to: \$52k decrease in Federal revenue.
 DESE down \$30k due to FRL decrease, and balanced out by an increase in the Transportation allocation
 - Expenses forecast reduced \$41k. Reviewed all categories to confirm year end spending plans.

Key Performance Indicators The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM



Days of Cash

Cash balance at year-end divided by average daily expenses

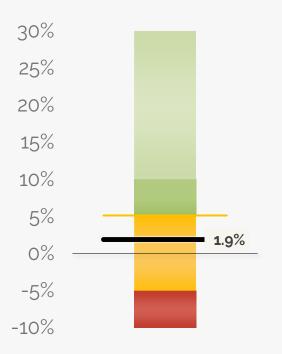


16 DAYS OF CASH AT YEAR'S END

The school will end the year with 16 days of cash. This is below the recommended 60 days

Gross Margin

Revenue less expenses, divided by revenue

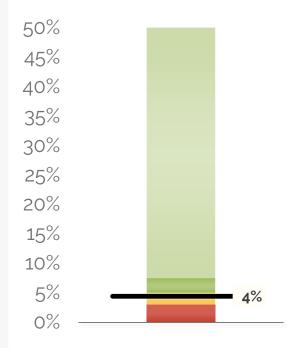


1.9% GROSS MARGIN

The forecasted net income is \$36k, which is \$65k below the budget. It yields a 1.9% gross margin.

Fund Balance %

Forecasted Ending Fund Balance / Total Expenses



4.42% AT YEAR'S END

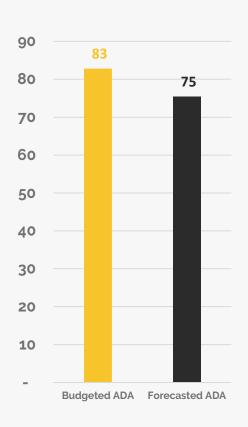
The school is projected to end the year with a fund balance of \$82,199. Last year's fund balance was \$46,366.

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State Revenue



Student Expectations



The school now forecasts 75 ADA for SY22-23. The budget target was 83.

\$122K Less Per-Pupil Funding Than Expected

	Current Forecast	SY22-23 Budget	Difference	Financial Gain / (Loss)
Enrollment	82	90	-8	
Attendance	92.0%	92.0%	0.0%	
Total ADA	75	83	-7	
Regular Term K-12	75	83	-7	-37k
FRL Count	36	75	-39	
FRL Weight	3	13	-10	-86k
IEP Count	0	0	0	
IEP Weight	0	0	0	
LEP Count	2	2	0	
LEP Weight	0	0	0	
WADA	78	95	-17	
Per WADA Payment	9642	9235	407	
State Aid	\$745,379	\$867,861	-\$122,482	-122k

Forecast Overview



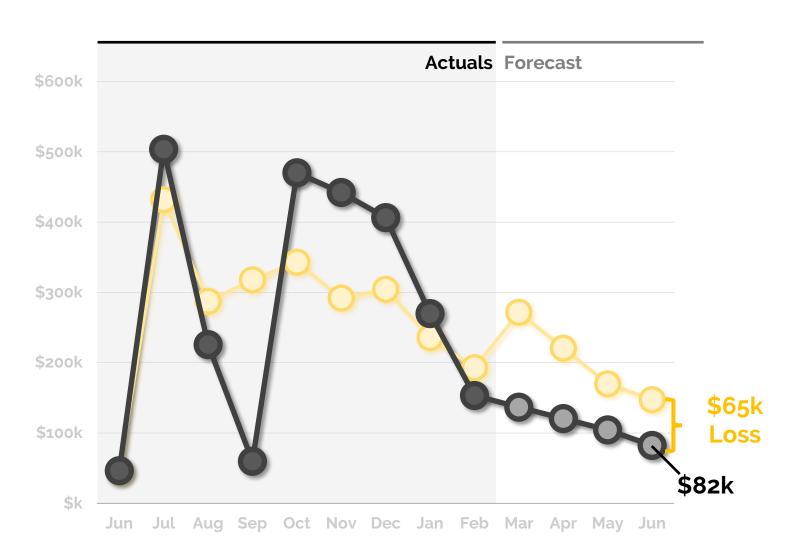
	Forecast	Budget	Variance	Variance Graphic	Comments
Revenue	\$1.9m	\$2m	-\$75k	-75k	Reduced state funding to reflect the accurate FRL rate. Federal food and Medicaid adjusted down to reflect year end
Expenses	\$1.9m	\$1.9m	\$10 k	+10k	Compared to budget, a 10k savings overall as first year spending details are aligned with school plans.
Net Income	\$36k	\$101k	-\$65k	-65k	

Cash Forecast



16 Days of Cash at year's end

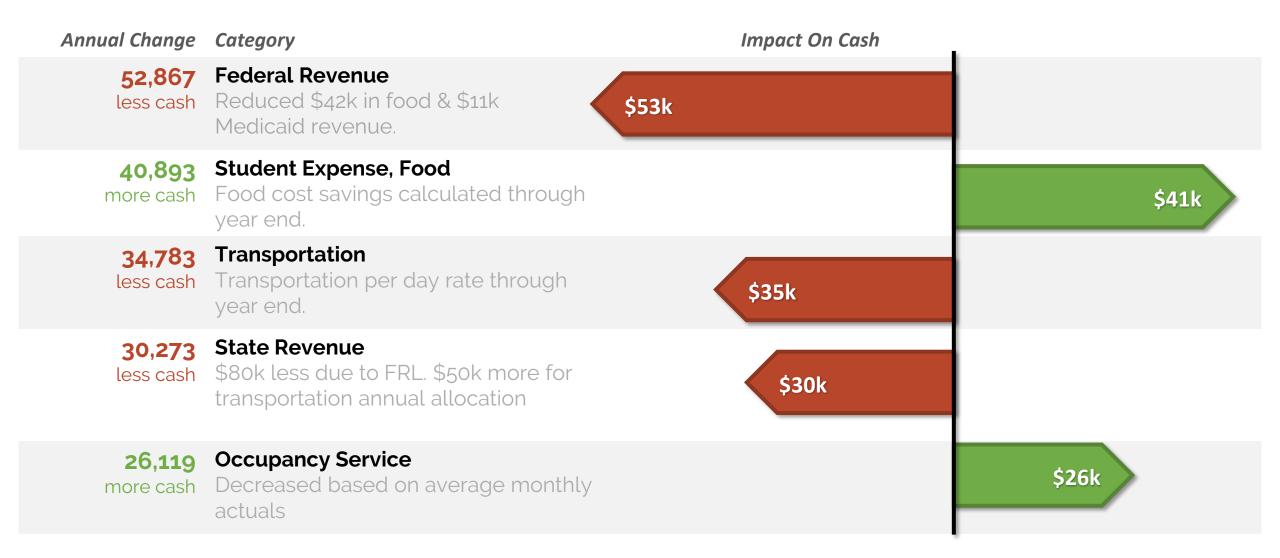
We forecast the school's year ending cash balance as **\$82k**, **\$65k** below budget.



Key Forecast Changes This Month The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM



The February forecast decreased the year-end cash expectation by \$41k. Key changes:





QUESTIONS?

Please contact your EdOps Finance Team:
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816-985-5144

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The Leadership School - TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM Year-To-Date Annual Forecast

	Actual	Budget	Variance	Forecast	Budget	Variance	Remaining
Revenue							
Local Revenue	-	_	_	-	-	_	_
State Revenue	499,790	538,074	(38,284)	820,200	867,861	(47,661)	320,410
Federal Revenue	89,829	166,716	(76,887)	236,857	286,956	(50,098)	147,029
Private Grants and Donations	823,739	692,070	131,669	823,739	814,200	9,539	-
Earned Fees	13,203	-	13,203	13,203	-	13,203	-
Total Revenue	1,426,560	1,396,860	29,701	1,893,999	1,969,017	(75,018)	1 467,439
Expenses							
Salaries	413,567	426,092	12,525	624,075	639,138	15,063	210,508
Benefits and Taxes	91,527	108,383	16,856	135,217	162,575	27,357	43,690
Staff-Related Costs	6,226	8,583	2,357	10,499	12,500	2,001	4,273
Rent	112,090	104,937	(7,153)	172,522	157,406	(15,117)	60,432
Occupancy Service	78,881	99,333	20,452	122,881	149,000	26,119	44,000
Student Expense, Direct	201,751	141,195	(60,556)	239,815	212,543	(27,272)	38,064
Student Expense, Food	35,918	66,700	30,782	59,157	100,050	40,893	23,239
Office & Business Expense	305,794	221,700	(84,094)	349,217	324,847	(24,370)	43.423
Transportation	71,361	73,333	1,972	144,782	110,000	(34,782)	73,421
Total Ordinary Expenses	1,317,115	1,250,257	(66,858)	1,858,166	1,868,058	9,892	541,051
Total Expenses	1,317,115	1,250,257	(66,858)	1,858,166	1,868,058	9,892	2 541,051
Net Income	109,445	146,602	(37,157)	35,833	100,958	(65,125)	(73,612)
Cash Flow Adjustments	(2,532)	-	(2,532)	0	-	0	2,532
Change in Cash	106,914	146,602	(39,689)	Powered by Boar	dOnTrack	(65,125)	(71,081)

- REVENUE: \$75K BEHIND
- **2** EXPENSES: \$10K AHEAD
- 3 NET INCOME: \$65K behind

The Leadership School	- TLS March 28, 2023 Board Meeting - Agenda - Tuesday March 28, 2023 at 6:00 PM	
Actual		Forecast

	Actual								Forecast				1
Income Statement	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	TOTAL
Revenue													
State Revenue	0	0	0	372,550	52,151	62,118	0	12,971	80,103	80,103	80,103	80,103	820,200
Federal Revenue	0	0	0	0	16,146	47,674	18,887	7,122	36,757	36,757	36,757	36,757	236,857
Private Grants and Donations	514,200	2,500	600	150,000	152,619	0	0	3,819	0	0	0	0	823,739
Earned Fees	0	2,906	2,275	2,730	413	794	1,130	2,955	0	0	0	0	13,203
Total Revenue	514,200	5,406	2,875	525,280	221,330	110,586	20,017	26,868	116,860	116,860	116,860	116,860	1,893,999
Expenses													
Salaries	25,710	48,460	51,556	56,196	57,880	65,049	56,427	52,289	51,456	51,406	51,406	56,239	624,075
Benefits and Taxes	4,652	9,979	12,244	11,277	15,930	13,790	12,432	11,223	10,647	10,617	10,617	11,809	135,217
Staff-Related Costs	2,126	0	1,190	311	1,969	350	50	231	1,068	1,068	1,068	1,068	10,499
Rent	0	0	36,551	15,108	15,108	15,108	15,108	15,108	15,108	15,108	15,108	15,108	172,522
Occupancy Service	1,160	19,962	2,904	9,006	14,953	7,425	10,873	12,598	11,000	11,000	11,000	11,000	122,881
Student Expense, Direct	3,000	63,963	36,721	15,627	43,022	10,242	23,322	5,855	9,516	9,516	9,516	9,516	239,815
Student Expense, Food	0	0	0	0	18,654	6,883	4,265	6,116	5,810	5,810	5,810	5,810	59,157
Office & Business Expense	20,888	138,767	26,385	12,143	36,653	11,388	34,254	25,316	11,231	10,731	10,731	10,731	349,217
Transportation	501	0	0	0	40,126	16,221	0	14,514	18,355	18,355	18,355	18,355	144,782
Total Ordinary Expenses	58,035	281,131	167,551	119,668	244,294	146,456	156,731	143,250	134,192	133,612	133,612	139,636	1,858,166
Total Expenses	58,035	281,131	167,551	119,668	244,294	146,456	156,731	143,250	134,192	133,612	133,612	139,636	1,858,166
Net Income	456,165	-275,726	-164,676	405,612	-22,964	-35,870	-136,714	-116,382	-17,332	-16,752	-16,752	-22,777	35,833
Cash Flow Adjustments	1,096	-2,331	-1,184	4,842	-5,023	41	113	-85	633	633	633	633	0
Change in Cash	457,261	-278,056	-165.861 Powere	410.454 ed by BoardO	-27.988 nTrack	-35,829	-136,601	-116,467	-16,699	-16,119	-16,119	-22,144	35,833 PAGE 18 of 45

Previous Year End	Current	Year End
6/30/2022	2/28/2023	6/30/2023

Assets

Total Assets	46,366	153,280	82,199
Total Current Assets	46,366	153,280	82,199
Cash	46,366	153,280	82,199
Current Assets			

Liabilities and Equity

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Current Liabilities			
Other Current Liabilities	0	-2,532	0
Total Current Liabilities	0	-2,532	0
Total Long-Term Liabilities	0	0	
Total Liabilities	0	-2,532	

Total Equity	46,366	155.811	82.199
Net Income	0	109,445	35,833
Unrestricted Net Assets	46,366	46,366	46,366
Equity			

Dashboard

The Leadership School
July 2022 through February 2023

Key Performance Indicators

Days of Cash (At Year End)

16

Target > 45 days

Gross Margin Margin

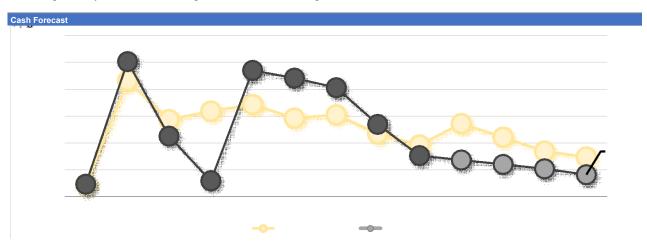
2%

Target > -5.0%

Fund Balance (At Year End)

4%

Target > 0,00



Financial Snapshot	Year-	To-Date Financia	ls	A	nnual Forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance	Remaining
Revenue							
Local Revenue	-	-	-	-	-	-	-
State Revenue	499,790	538,074	(38,284)	820,200	867,861	(47,661)	320,410
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Private Grants and Donations	823,739	692,070	131,669	823,739	814,200	9,539	-
Earned Fees	13,203	-	13,203	13,203	-	13,203	-
Total Revenue	1,426,560	1,396,860	29,701	1,893,999	1,969,017	(75,018)	467,439
Expenses							
Salaries	413,567	426,092	12,525	624,075	639,138	15,063	210,508
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Student Expense, Food	35,918	66,700	30,782	59,157	100,050	40,893	23,239
Office & Business Expense	305,794	221,700	(84,094)	349,217	324,847	(24,370)	43,423
Transportation	71,361	73,333	1,972	144,782	110,000	(34,782)	73,421
Total Ordinary Expenses	1,317,115	1,250,257	(66,858)	1,858,166	1,868,058	9,892	541,051
Net Operating Income	109,445	146,602	(37,157)	35,833	100,958	(65,125)	(73,612
Extraordinary Expenses							
Depreciation and Amortization	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-
Facility Improvements	-	-	-	-	-	-	-
Total Extraordinary Expenses	-	-	-	-	-	-	-
Total Expenses	1,317,115	1,250,257	(66,858)	1,858,166	1,868,058	9,892	541,051
Net Income	109,445	146,602	(37,157)	35,833	100,958	(65,125)	(73,612
Cash Flow Adjustments	(2,532)	-	(2,532)	0	-	0	2,532
Change in Cash	106,914	146,602	(39,689)	35,833	100,958	(65,125)	(71,081

Revenue Drivers

	Normandy	Forecast	Budgeted	Change	Gain/(Loss)
Start of Year Enrollment		125	125	0	0
Attrition		28%	28.00%	0	0
End of Year Enrollment		82	90	-8	0
Attendance %		92.0%	92.0%	0.0%	0

ADA					
Regular Term ADA					
K-12	75.0	75.4	82.8	(7.4)	0
Subtotal Regular Term	75.0	75.4	82.8	(7.4)	
Total ADA	75.0	75.4	82.8	(7.4)	0

Special Populations Weigh	ts					
Free and Reduced Lunch (FRL)					
% of ADA		0.0%	47.1%	90.0%	-42.9%	0
Count		-	35.53	74.52	(38.99)	-1
Weight		-	3.0	12.6	(9.6)	-1
Limited English Proficiency	(LEP)					
% of ADA			2.0%	2%	0%	0
Count			1.51	1.66	0	0
Weight		-	-	-	-	#DIV/0!
Total WADA		75.0	78.5	95.4	(16.9)	-17.74%
Per Wada Payment	\$	9,642	\$ 9,642	\$ 9,235	\$ 407	4.40%
State Aid Projection	\$	712,274	\$ 745,379	\$ 867,861	\$ (122,482)	-14.11%
Prior Year Adjustment				\$ -	\$ -	#DIV/0!
Net State Rev Projection	\$	712,274	\$ 745,379	\$ 867,861	\$ (122,482)	-14.11%
Classroom Trust Fund	\$	-	\$ -	\$ -	\$ -	#DIV/0!
Basic Formula	\$	712,274	\$ 745,379	\$ 867,861	\$ (122,482)	-14.11%

The Leadership S	School			Check Register	ру Туре			Page: 1
03/10/2023 10:41	I AM							User ID: SAS
Payee Type: V	endor	C	heck Type: Au	tomatic Payment	C	Checking Acc	ount ID: 1	
Check Number	Check Date	Cleared	<u>Void Date</u>	Entity ID	Entity Name			Check Amount
149	02/09/2023	Χ		BAMBOOHR	Bamboo HR			175.00
150	02/05/2023	X		CRICKET	Cricket Wirele	ess		90.00
151	02/27/2023	Χ		ZOOM	Zoom			14.99
152	02/03/2023	Х		GSUITE	Google Suite			3,660.25
153	02/17/2023	Х		NEXTIVA				448.78
154	02/01/2023	X		SCCHARTER	SC Charter -			15,107.80
155	02/16/2023	X		SELECTIVE	Selective Insu			0.00
156	02/17/2023	X		WELLSFARGO	Wells Fargo \			137.98
157	02/13/2023	X		REPUBLIC	Republic Serv			411.55
159	02/23/2023	X		LEVEL3		nunications, L	LC	1,710.70
172	02/24/2023	X	4	MIDWESTBNK	Midwest Bank		Tatal with and Vaida.	5,889.71
	Checking A		1		id Total:	0.00	Total without Voids:	27,646.76
	Check Type	e Total:	Automatic Pay	ment Vo	id Total:	0.00	Total without Voids:	27,646.76
Payee Type: V	endor	C	heck Type: Ch	eck	C	Checking Acc	ount ID: 1	
Check Number	Check Date	Cleared	<u>Void Date</u>	Entity ID	Entity Name			Check Amount
79892241	02/03/2023	Χ		FREECLEAN	Freedom Clea	an LLC		3,200.00
79892242	02/03/2023	X		SLYMANBROS	Slyman Broth	ers		940.00
79899352	02/07/2023	X		CINTAS	Cintas Corp			72.66
79905156	02/09/2023	Χ		RICOH	Ricoh USA, Ir			11.50
79905157	02/09/2023	X		CLEANSTRAT	Cleaning Stra	-		3,900.00
79905158	02/09/2023	X		MARYVILLE	Maryville University			50.00 194.30
79905494	02/09/2023	X		PAYPOOL		Paypool LLC		
79905495	02/09/2023	X		BOXWOOD	Boxwood Lan			450.00
79912014	02/10/2023	X		BOXWOOD	Boxwood Lan			750.00
80043260	02/23/2023	X		LITETECH		gy Solutions, I	LLC	500.00
80043261	02/23/2023	X X		EDOPS	EdOps			5,000.00
80050627 80050790	02/24/2023 02/24/2023	X		CINTAS SORLBRA	Cintas Corp Brandon Sorli	io		263.88 9,411.36
80050790	02/24/2023	X		FIRSTSTUDE	First Student			14,513.58
80050791	02/24/2023	X		SAVVAS		ning Company	II C	967.50
80050793	02/24/2023	X		MANDYSON	Imani Dyson	iing Company	LLO	1,500.00
80051082	02/24/2023	X		CSD	CSD Insurance	CA Trust		5,239.95
80051083	02/24/2023	X		WARFORDS			& Food Service	6,116.14
80066831	02/28/2023	X		CINTAS	Cintas Corp	oolo Odtoring	a i ood ocivioo	72.66
80066962	02/28/2023	X		DEACONESS	Deaconess N	urse Ministry		3,638.44
80070508	03/01/2023	X		OFFICEESSE	Office Essent	•		497.50
00010000	Checking A		1		id Total:	0.00	Total without Voids:	57,289.47
	Check Type	Total:	Check	Vo	id Total:	0.00	Total without Voids:	57,289.47
	Payee Type	Total:	Vendor	Vo	id Total:	0.00	Total without Voids:	84,936.23
			Grand Total:	Vo	id Total:	0.00	Total without Voids:	84,936.23



Accounts Payable Aging Summary

As of 2/28/2023

The Leadership School

Total:	\$60,865.38	\$0.00	\$0.00	\$0.00	\$979.79	\$61,845.17
Warford's Classic Catering & Dood Service	\$7,085.64	\$0.00	\$0.00	\$0.00	\$0.00	\$7,085.64
School Specialty LLC	\$0.00	\$0.00	\$0.00	\$0.00	\$39.82	\$39.82
Lite Technology Solutions, LLC	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00
First Student, Inc	\$16,221.06	\$0.00	\$0.00	\$0.00	\$0.00	\$16,221.06
EdOps	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
Deaconess Nurse Ministry	\$3,942.04	\$0.00	\$0.00	\$0.00	\$939.97	\$4,882.01
CSD Insurance Trust	\$5,239.95	\$0.00	\$0.00	\$0.00	\$0.00	\$5,239.95
COCA - Center of Creative Arts	\$19,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,950.00
Cintas Corp	\$314.69	\$0.00	\$0.00	\$0.00	\$0.00	\$314.69
Boxwood Landscape, LLC	\$1,642.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,642.00
Association of Missouri Charter Schools	\$470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.00
Payee	Current	1-30	31-60	61-90	>90	Total
CLIENT: The Leadership School	REPOR	T DATE: 3/14/2023	6:05:47 PM ET			

Coversheet

Approve FY22 (July 1, 2021 - June 30, 2023) Form 990

Section: III. Action Items

Item: C. Approve FY22 (July 1, 2021 - June 30, 2023) Form 990

Purpose: Vote

Submitted by:

Related Material: 2021 990 Draft The Leadership School (1).pdf

8879 - The Leadership School.pdf

Form **990-EZ**

EXTENDED TO MAY 15, 2023

Short 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)

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2021 calendar year, or tax year beginning JUL 1 2021 and ending JUN 30, 2022 Check if applicable: C Name of organization D Employer identification number Address change **-***2466 THE LEADERSHIP SCHOOL Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 314-409-2308 1785 PENNSYLVANIA AVE terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption LOUIS, MO 63133-1301 Number > Application pending X Cash Accrual Other (specify) **G** Accounting Method: H Check if the organization is Website: ▶HTTPS://WWW.THELEADERSHIPSCHOOLSTL.ORG/ not required to attach Schedule B **Tax-exempt status** (check only one) - X 501(c)(3) 501(c) ()**◄**(insert no.) 4947(a)(1) or (Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 185,757. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 4 Investment income 4 **5a** Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d **7a** Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule O) 8 185,757. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 169,583. 12 12 62,531. 13 Professional fees and other payments to independent contractors 13 23,299. Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 20,755. 16 Other expenses (describe in Schedule 0) 16 276,168. 17 17 Total expenses. Add lines 10 through 16 -90,411. Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 136.777. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 46,366. Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

Forn	n 990-EZ (2	021) THE LEADERSHIP SCHOOL		*	* _	***24	66	Page 2
Pa	art II B	alance Sheets (see the instructions for Part II)						
	C	heck if the organization used Schedule O to res	spond to any question	in this Part II				
			(A) Beginning of year		(B) E	nd of year	
22	Cash, sav	rings, and investments		136,777.	22		46,3	66.
23		buildings			23			
24		sets (describe in Schedule O)			24			
25		ets		136,777.	25		46,3	66.
26	Total liab	pilities (describe in Schedule O)		0.	26			0.
27	Net asse	ts or fund balances (line 27 of column (B) must agree with line 21)	136,777.	27		46,3	<u>66.</u>
Pa		tatement of Program Service Accomplishme	,	•			penses	
		heck if the organization used Schedule O to res	· · · · · · · · · · · · · · · · · · ·	in this Part III	X		for section and 501(c)(4)
Wha	at is the orga	anization's primary exempt purpose? SEE SCHEDULE (0			organizatio	ons; optiona	
		ization's program service accomplishments for each of its three largest program		In a clear and concise		others.)		
		ne services provided, the number of persons benefited, and other relevant inform	nation for each program title.					
28	SEE S	CHEDULE O			_			
					_			
				. [_,			
	(Grants \$) If this amount includes foreign	grants, check here	> [28a		
29					_			
					_			
	<u> </u>	\			_			
•	(Grants \$) If this amount includes foreign	grants, check here	► L		29a		
30					_			
					_			
	(Cronto ¢	\ If this amount includes foreign	grants should have	<u> </u>	_	200		
21	(Grants \$) If this amount includes foreign				30a		
31		gram services (describe in Schedule O)	granta, abady bara			31a		
22	(Grants \$) if this amount includes foreign gram service expenses (add lines 28a through 31a)	grants, check here		┪	32		0.
P	art IV L	ist of Officers, Directors, Trustees, and Key I	mplovees (list each one e	even if not compensated - se	e the i		r Part IV/	<u> </u>
		heck if the organization used Schedule O to res					,	
			(b) Average hours	1	d) He	alth benefits,	(e) Estim	ated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	ćontr	ributions to byee benefit	amount of	
		(4) (1111)	position	1099-NEC) (if not paid, enter -0-)		and deferred pensation	compens	ation
LE	NNEL	HUNTER						
BC	ARD C	HAIRMAN	1.00	0.		0.		0.
BR	OOKE	BLACK						
	ARD M		1.00	0.		0.		0.
DE	ANNE	HENDERSON						
BC	ARD M	EMBER	1.00	0.		0.		0.
	RRAN :							
	ARD M		1.00	0.		0.		0.
		RIDGON						
	ARD M		1.00	0.		0.		0.
		ILLIAMS						
	ARD M		1.00	0.		0.		0.
		Y TOWNSEND, ED.D.						_
EX	ECUTI	VE DIRECTOR	40.00	47,500.		0.		0.
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Form **990-EZ** (2021)

22060312 352540 06061

		<u> </u>		Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	۱		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a		•		
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			l
	of its prior Forms 990 or 990-EZ ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacksquare$	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40		v
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► KIMBERLY TOWNSEND, E.D.D. Telephone no. ► 314-4	00-2	3 U 8	
42 a	Located at > 1785 PENNSYLVANIA AVE, ST. LOUIS, MO			301
		0313	<u> </u>	<u> </u>
U	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		Yes	No
		42b	. 55	X
	account)? If "Yes," enter the name of the foreign country	720		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
•	If "Yes," enter the name of the foreign country	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-	▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	•	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	. 44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	. 45b		
		Form 9	90-EZ	(2021)

132173 12-08-21

	2021) THE LEADERSHIP	SCHOOL				**_:				age
V D:	unanimatina anno alivoato, ou indinatio, in na	listaal aanaanima aasi istaa	on babalf of outin			bl:a_aff:	Г	,	Yes	No
	rganization engage, directly or indirectly, in po complete Schedule C, Part I	ontical campaign activities (on benail of or in	oppositio	n to candidates to	r public offi		46		X
	Section 501(c)(3) Organization	s Only						,	-	
	All section 501(c)(3) organizations must	answer questions 47-49	b and 52, and	complete	the tables for li	nes 50 an	d 51.			
	Check if the organization used Schedule	O to respond to any qu	uestion in this I	Part VI						NI-
7 Did the e		a acetica FO1/b) alaetica	- ifft -li		0		Г		Yes	No
	rganization engage in lobbying activities or ha complete Sch. C, Part II	` '	-					47		Х
	ganization a school as described in section 170							48		X
	rganization make any transfers to an exempt r							49a		Х
	vas the related organization a section 527 orga							49b		
=	e this table for the organization's five highest c			s, directors	, trustees, and ke	y employee:	s) who eac	h rece	ived m	ore
than \$10	0,000 of compensation from the organization.			<u> </u>	(-)	(4)		(-)	F. Minn	
	(a) Name and title of each employee		(b) Average I per week devo		(C) Reportable compensation (For	ms contril	Ith benefits, butions to yee benefit		Estima unt of	
	NOI	ie	position		W-2/1099-MISC 1099-NEC)	plans, a	nd deferred ensation		npensa	
	1401	,				33111	70110411011			
					,					
				<u>`</u>						
f Total nur	nber of other employees paid over \$100,000					_				
-	e this table for the organization's five highest o		contractors who	each receiv	ved more than \$1	00,000 of co	ompensatio	on fror	n the	
	ion. If there is none, enter "None." NOI			/h)	Tuna of comica	Т	(2) (2)			
(a) I	Name and business address of each independent	ent contractor		(0)	Type of service		(c) 0	omper	isation	
d Total nur	nber of other independent contractors each re	ceiving over \$100,000			▶					
	nber of other independent contractors each re rganization complete Schedule A? Note ; All so		ons must attach	a	▶					
2 Did the o complete	rganization complete Schedule A? Note: All so d Schedule A	ection 501(c)(3) organization			>			. Yes		
2 Did the o complete nder penalties	rganization complete Schedule A ? Note: All so d Schedule A s of perjury, I declare that I have examined this	ection 501(c)(3) organization	anying schedules	s and state		-				
2 Did the o complete nder penalties	rganization complete Schedule A? Note: All so d Schedule A	ection 501(c)(3) organization	anying schedules	s and state		-				
2 Did the o complete nder penaltie: ue, correct, a	rganization complete Schedule A ? Note: All so d Schedule A s of perjury, I declare that I have examined this	ection 501(c)(3) organization	anying schedules	s and state		-				
2 Did the o complete nder penaltie: ue, correct, a ign	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer	ection 501(c)(3) organizations s return, including accompa an officer) is based on all i	anying schedules	s and state	er has any knowl	edge.				
2 Did the o complete nder penalties	rganization complete Schedule A? Note: All so d Schedule A so perjury, I declare that I have examined this nd complete. Declaration of preparer (other th	ection 501(c)(3) organizations s return, including accompa an officer) is based on all i	anying schedules	s and state	rer has any knowl	edge. Date	knowledge			
2 Did the o complete nder penaltie: ue, correct, a ign	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND,	ection 501(c)(3) organizations s return, including accompa an officer) is based on all i	anying schedules	s and state	FOR Check	Date if				
Did the o complete der penaltie: ie, correct, a ign ere	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND, Type or print name and title Print/Type preparer's name	s return, including accompan officer) is based on all in E.D.D., EXEC	anying schedules nformation of wh	s and state nich prepar DIRECT	FOR Check self- en	Date if	knowledge	e and t	pelief, i	
2 Did the o complete nder penalties ue, correct, a ign lere	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND, Type or print name and title Print/Type preparer's name JASON D. LOUK	s return, including accompan officer) is based on all in E.D.D., EXECTION OF THE Preparer's signature JASON D. LOI	anying schedules nformation of wh	s and state	FOR Check self- en	Date if inployed	PTIN P005	414	elief, i	
2 Did the o complete nder penaltie: ue, correct, a ign lere	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND, Type or print name and title Print/Type preparer's name JASON D. LOUK Firm's name MARR AND COM	ection 501(c)(3) organizations of the section 501(c)(3) organizations or extern, including accompan officer) is based on all in E.D.D., EXECTION D., EXECTION D. LOWER DANY, P.C.	anying schedules information of whe	s and state nich prepar DIRECT Date 03/12	Check self- en	Date Date Date Date	PTIN P005 *-**	414 003	.86	t is
2 Did the o complete nder penalties ue, correct, a ign ere	rganization complete Schedule A? Note: All so d Schedule A sof perjury, I declare that I have examined this not complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND, Type or print name and title Print/Type preparer's name JASON D. LOUK Firm's name MARR AND COM Firm's address 1401 EAST 1	ection 501(c)(3) organizations seturn, including accompany an officer) is based on all in E.D.D., EXECT Preparer's signature JASON D. LOIDANY, P.C. 104TH STREET	anying schedules information of whe	s and state nich prepar DIRECT Date 03/12	FOR Check self- en	Date Date Date Date	PTIN P005 *-**	414	.86	t is
2 Did the o complete nder penaltie: ue, correct, a ign ere aid reparer se Only	rganization complete Schedule A? Note: All so d Schedule A s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other the Signature of officer KIMBERLY TOWNSEND, Type or print name and title Print/Type preparer's name JASON D. LOUK Firm's name MARR AND COM	ection 501(c)(3) organizations of the stretch section 501(c)(3) organizations or section 501(c)(3) organization or section 501(c)(3) organization or section 501(c)(3) organization or section of the sec	anying schedules information of whe	s and state nich prepar DIRECT Date 03/12	Check self- en	Date Date Date Date	PTIN P005 *-** 16) 3	414 003	86 9	t is

SCHEDULE A (Form 990)

(....,

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*2466

THE LEADERSHIP SCHOOL

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions

. u		ricuson for r upilo (onanty Otatas.	(All Organizations must c	omplete ti	iis part.) S	ee iristructions.					
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in				
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or				
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.	·							
С		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness				
		requirement (see instructi	-	* .	-		='					
е		Check this box if the orga	•	-								
		functionally integrated, or					31 / 31 / 31					
f	Ente	er the number of supported o	organizations									
g		vide the following information						•				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				

THE LEADERSHIP SCHOOL

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D - 1 11	A	t Schedule for Org		D		470/L\/4\/A\/:\ -	I 470/I.\/4\/A\/ '\
DOPT II I	SIINNA	T SCHOOLIIA TOR LIR	TANITATIONE I	I DOCCHINGA IN 9	SACTIONS	7 //WMW7W/WW/\ 2	AA 7 /!!!A!!7!!/\!\!!!
ганы	JUDDUI	LOCHEGUE TOLOT	uai iiza iivi is i	Described III 4	3666013	I / Ulbil I ilmiliyi a	.14 170101111111111111

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2011	(3) 2010	(6) 23 13	(4) 2020	(0) 2321	(i) rotal
8	Gross income from interest.		_				
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. /5						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	nne)			12	_
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax			
10	organization, check this box and stop			·		. , . ,	ightharpoonup
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			column (fl)		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		-				
~	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the facts						
	meets the facts-and-circumstances te			•		villew the organiz	`
h	10% -facts-and-circumstances test	-	-	*	-		
,	more, and if the organization meets th	_					. 5,0 01
	organization meets the facts-and-circu				•	ration	
12							
10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

THE LEADERSHIP SCHOOL

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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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4)	(1)	(2, = 3.2	(1)=1=1	(-,	(7)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(I) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	 501(c)(3) organization	<u> </u> on,
	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						>
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

THE LEADERSHIP SCHOOL

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
2		
За		
Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ile A (Forn	n 990)	2021

132024 01-04-21

Sche	dule A (Form 990) 2021 THE LEADERSHIP SCHOOL	**-***246	6 Ра	age 5
	rt IV Supporting Organizations (continued)			.g. c
	(commission)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
h	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? If "Yes" to line 11a, 11b, or 11c, provide	115		
ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	oorted	163	140
	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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? 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			
	•	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			l
		turrations)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>	, , , , ,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tity (see instruction	,	·
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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

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Sche	dule A (Form 990) 2021 THE LEADERSHIP SCHOOL			**-***2466 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	*
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		· ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ited Type III supporting or	rganization (see
	instructions).			

-*2466 Page 7 THE LEADERSHIP SCHOOL Schedule A (Form 990) 2021 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	THE	LEADERSHIP	SCHOOL	**-***2466 Page 8
	Supplemental Infor	mation.	Provide the explana	tions required by Part	I, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1	, 2, 3b, 3c	, 4b, 4c, 5a, 6, 9a, 9b), 9c, 11a, 11b, and 11	c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and	8; and Pai	rt V, Section E, lines 2	2, 5, and 6. Also comp	ete this part for any additional information.
	(See instructions.)				
					<u> </u>
				,	

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

-*2466

	THE LEADERSHIP SCHOOL **-**2466						
Organization	Organization type (check one):						
Filers of:	Section:						
Form 990 or	90-EZ X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your	organization is covered by the General Rule or a Special Rule.						
Note: Only a	section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	ule. See instructions.					
General Rule							
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rule							
	n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support						
con	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (Form 990-EZ, line 1. Complete Parts I and II.						
For	on organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	n any one					
	ributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, in The ry, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I						
	" in column (b) instead of the contributor name and address), II, and III.	(entering					
year is ch purp	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 \ \rightarrow \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \sigma_{\text{contributions}} \ \rightarrow \ \sigma_{\text{contributions}} \ \rightarrow \sigma_{contribu						
answer "No"	organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-F meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021) Page 2

Concadio B (Form Coo) (ESET)	1 ago
Name of organization	Employer identification number
THE LEADERSHIP SCHOOL	**-***2466

	DIDERDITI DELICOL		2400
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	THE OPPORTUNITY TRUST 5501 DELMAR BLVD ST LOUIS, MO 63112	\$160,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021) Page 3

Name of organization

Employer identification number

-*2466

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional 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
		\$	

123453 11-11-21

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** **-***2466 THE LEADERSHIP SCHOOL Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE LEADERSHIP SCHOOL

Employer identification number **-***2466

THE LEADERSHIP SCHOOL	**-**2466
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSE	3,750.
PAYROLL TAX	12,973.
INSURANCE	4,032.
TOTAL TO FORM 990-EZ, LINE 16	20,755.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE LEADER	
EXISTS TO GROW OUR STUDENTS' LEADERSHIP CAPACITY THROUGH I	
ENGAGEMENT IN AN ACADEMICALLY RIGOROUS, CULTURALLY RELEVAN	NT, AND
RELATIONSHIP-ORIENTED ENVIRONMENT.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISE	HMENTS:
THE LEADERSHIP SCHOOL PROPOSE TO SERVE ELEMENTARY AND	
MIDDLE SCHOOL STUDENTS RESIDING WITHIN THE BOUNDARIES OF	?
THE NORMAND SCHOOLS COLLABORATIVE. OUR SCHOOL COUPLES A	
SENSE OF BELONGING WITH A RIGOROUS ACADEMIC EXPERIENCE TO	LAY THE
FOUNDATION FOR AUTHENTIC STUDENT LEADERSHIP. WE WILL LAU	UNCH IN FALL
2021 WITH KINDERGARTEN, FIRST AND SECOND GRADE STUDENTS	, ADDING A
GRADE EACH YEAR TO SERVE STUDENTS IN KINDERGARTEN THROUGH	GH EIGHTH
GRADE AT FULL GROWTH (2026-27 SCHOOL YEAR).	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTI	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule 0 (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization THE LEADERSHIP SCHOOL	Employer identification number **-**2466
	==
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	_
	_

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30 , 20 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

83-3692466

THE LEADERSHIP SCHOOL

KIMBERLY TOWNSEND EDD Name and title of officer or person subject to tax EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

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.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	
2 a	Form 990-EZ check here ► X	b	Total revenue, if any (Form 990-EZ, line 9)		185,757.
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	. 3b _	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b _	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	. 5b _	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	. 7b _	
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 _	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and Signati	ure	Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare that X] I an	n an officer of the above entity or I am a person subject to tax with re	spect to ((name
of entit	y)		, (EIN) and that I have	ve examir	ned a copy of the
2021 e	lectronic return and accompanying sch	nedul	es and statements, and, to the best of my knowledge and belief, they are t	rue, corre	ect, and

2021 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	ΡI	N:	check	one	box	only
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🔼 I auth	norize MAF	KR AND	COMPANY,	P.C.	
V 1	MTX T	רודאוג סו	COMDXMV	D C	

to enter my PIN

92466 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2021 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 2021 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.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43041236387

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 MARR AND COMPANY, P.C.

Date > 03/12/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Coversheet

Approve 2023-2024 School Calendar

Section: III. Action Items

Item: D. Approve 2023-2024 School Calendar

Purpose: Vote

Submitted by:

Related Material: 2023-2024 School Calendar.pdf



2023-24 School Year Calendar

DRAFT March 2023

	July 202								
	Su	Мо	Tu	We	Th	Fr	Sa		
							1		
4: Independence Day/School Closed	2	3	4	5	6	7	8		
	9	10	11	12	13	14	15		
	16	17	18	19	20	21	22		
	23	24	25	26	27	28	29		
	30	31							

	Ja	nu	ary	202	23								
Su	Мо	Tu	We	Th	Fr	Sa	1: Winter Break/School Closed						
	1	2	3	4	5	6	6 2: Staff PD/No School for Students						
7	8	9	10	11	12	13	3: Classes Resume						
14	15	16	17	18	19	20	11: Q2 Ends; 16: Q3 Begins						
21	22	23	24	25	26	27	26: Staff PD/No School for Students						
28	29	30	31				15: MLK Day/School Closed						
							T - 21; S - 19						

	August 2023								
	Su	Мо	Tu	We	Th	Fr	Sa		
1-2: New Hire Orientation			1	2	3	4	5		
1-18: Staff PD & Teacher Work Days	6	7	8	9	10	11	12		
15: Meet the Teacher Night 6pm	13	14	15	16	17	18	19		
21: First Day of School/Q1 Begins	20	21	22	23	24	25	26		
	27	28	29	30	31				
T - 23; S - 9									

	Fe	bru	ary	20	24		
Su	Мо	Tu	We	Th	Fr	Sa	
				1	2	3	2: Staff PD/No School for Students
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	16: Staff PD/No School for Students
18	19	20	21	22	23	24	19: Presidents' Day/School Closed
25	26	27	28	29			
							T - 20; S - 18

	September 2023							
	Su	Мо	Tu	We	Th	Fr	Sa	
						1	2	
4: Labor Day/School Closed	3	4	5	6	7	8	9	
22: Staff PD/No School for Students	10	11	12	13	14	15	16	
	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	
T - 20; S - 19								

	M	1ar	ch 2	202	4		
Su	Мо	Tu	We	Th	Fr	Sa	14: Q3 Ends
					1	2	15: Staff PD/No School for Students
3	4	5	6	7	8	9	18-22: Spring Break/School Closed
10	11	12	13	14	15	16	25: Q4 Begins
17	18	19	20	21	22	23	28: Parent-Teacher Conferences (Evening)
24	25	26	27	28	29	30	29: Parent-Teacher Conferences (No School)
31							T - 18; S - 16

	October 2023									
	Su	Мо	Tu	We	Th	Fr	Sa			
20: Staff PD/No School for Students	1	2	3	4	5	6	7			
19: Q1 Ends; 23: Q2 Begins	8	9	10	11	12	13	14			
26: Parent Conferences (Evening)	15	16	17	18	19	20	21			
27: No School/Parent Conferences (Morning)	22	23	24	25	26	27	28			
	29	30	31							
T - 21; S - 20										

	-	Apr	il 2	024											
Su	Мо	Tu	We	Th	Fr	Sa									
	1	2	3	4	5	6									
7	8	9	10	11	12	13	12: Staff PD/No School for Students								
14	15	16	17	18	19	20									
21	22	23	24	25	26	27									
28	29	30													
							T - 22; S - 20								

	November 2023										
		Мо	Tu	We	Th	Fr	Sa				
				1	2	3	4				
	5	6	7	8	9	10	11				
	12	13	14	15	16	17	18				
20-24: Thanksgiving Break/School Closed	19	20	21	22	23	24	25				
	26	27	28	29	30						
T - 17; S - 17											

		Ma	y 20)24			
Su	Мо	Tu	We	Th	Fr	Sa	
			-1	2	3	4	
5	6	7	8	9	10	11	23: Q4 Ends/Last Day of School
12	13	14	15	16	17	18	24: Teacher Work Day
19	20	21	22	23	24	25	27: Memorial Day/School Closed
26	27	28)	29	30)	31		
							T - 18; S - 17

	December 2023						
	Su	Мо	Tu	We	Th	Fr	Sa
						1	2
8: Staff PD/No School for Students	3	4	5	6	7	8	9
18-19: Staff PD/No School for Students	10	11	12	13	14	15	16
20-29: Winter Break/School Closed	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
T - 13; S - 10	31						

	;	Jun	e 2	024			
Su	Мо	Tu	We	Th	Fr	Sa	
						1	
2	(3)	4	5	6	7	8	3-28: Summer Leadersh
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	19 - Juneteenth/School C
23	24	25	26	27	28	29	
30							

No School for Students							
School Closed							
First/Last Day of School							
Snow	Days						
Summer School							

Aug PD: 14 days	
	Ql: 42 days
	Q2: 39 days
	Q3 : 40 days
	Q4 : 42 days
Total Teacher Days: 188 days	Total Student Days: 163 day/1100.25 hours