#### Hartman Wanzor LLP Certified Public Accountants 6050 Southwest Blvd., Suite 150 Fort Worth, TX 76109

May 13, 2021

The National Leadership Foundation 3149 South University Dr. Fort Worth, TX 76109

Dear Elliot,

Enclosed are the following income tax returns prepared on behalf of The National Leadership Foundation for the year ended December 31, 2020.

2020 990 - Return of Organization Exempt from Income Tax 2020 8879-EO - IRS E-file Signature Authorization Form 2020 Schedule A - Public Charity Status and Public Support 2020 Schedule B - Schedule of Contributors 2020 Schedule D - Supplemental Financial Statements 2020 Schedule G - Supplemental Info. Regarding Fundraising/Gaming 2020 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S. 2020 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.

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

Sincerely,

Nicholas L Wanzor , Partner Hartman Wanzor LLP Certified Public Accountants

**Enclosures** 

 $_{\mathsf{Form}}\,990$ 

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

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X		The 2020 calendar year, or tax year beginning																				
	C Name of organization  THE NATIONAL LEADERSHIP FOUNDATION  Address charges Name changes Number and street (or P.O. box if mail is not delivered to street address) Name changes Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number of to town, state or province, country, and ZIP or foreign postal code Final return terminated Amended Application PROTE WORTH, TX 76109 F Name and address of principal officer: DEBBE SOLOMON 3149 SOUTH UNIVERSITY DR., FORT WORTH, TX 76109 F Name and address of principal officer: DEBBE SOLOMON 3149 SOUTH UNIVERSITY DR., FORT WORTH, TX 76109 F Name and address of principal officer: DEBBE SOLOMON 4947(a)(1) or 527 F Name and subordinates included? F Name and address of principal officer: North organization: X Corporation Trust Association Other Lyear of formation: 2004 M State of legal domic return or subordinates included? Y Summary  1 Briefly describe the organization's mission or most significant activities: Describe the organization's mission or most significant activities: TO PROVIDE EDUCATIONAL OPPORTUNITIES  Number of voting members of the governing body (Part VI, line 1a)  4 Number of individuals employed in calendar year 2020 (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2020 (Part VI, line 2a)  5 Total number of individuals employed in calendar year 2020 (Part VI, line 2a)  6 Total number of individuals employed in calendar year 2020 (Part VI, line 2a)  7 Total number of individuals employed in calendar y																					
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Page 2 Form 990 (2020)

Pa	art III	Statement of Program Ser Check if Schedule O conta		:
	Briefly de	escribe the organization's m		
2			significant program services during the year	
_	If "Yes," o	describe these new services	on Schedule O.	
3	services?	=	ucting, or make significant changes in h	
	Describe expenses	e the organization's progra s. Section 501(c)(3) and 5	m service accomplishments for each of it	ts three largest program services, as measured by ort the amount of grants and allocations to others
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		III ONGANIZATIONS A	WD FITHANTINOFIC EDUCATION FR	OGICAPID.
4b	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$)
	(Expense	ogram services (Describe or	n Schedule O.) ng grants of \$ ) (Revenue	·\$ )

Page 3 Form 990 (2020)

Part	V 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,"	_	3.7	
	complete Schedule A	1	X	
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			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
Э	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
U	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			77
	complete Schedule D, Part VI	11a		Х
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11b		Х
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 21
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
45	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	15		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		21
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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 12 If "Yes," complete Schedule I, Parts I and II	21	X	

Page 4 Form 990 (2020)

Part	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			3.7
	sponsoring organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	0-		
	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			
a				
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of 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	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
_	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
_	stockholders, or persons other than the governing body?			21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	_
b	Each committee with authority to act on behalf of the governing body?			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	<del></del>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
<b>L</b>	with a taxable entity during the year?			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{TX}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	·T (Sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain on Schedule O)	(230		- (0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest n	olicv.
	and financial statements available to the public during the tax year.			- , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation white & Associates, Plic 300 THROCKMORTON ST., SUITE 1400 FORT WORTH, TX 817-840-3220	ds ►		

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the	e organization nor a	ıny related oı	rganization compe	ensated any current	officer, director, of	or trustee.
-------------------------------	----------------------	----------------	-------------------	---------------------	-----------------------	-------------

(A)  Name and title  (B)  Average hours per week (list any hours for related	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
(list any on n O T O T O T O T O T O T O T O T O T		
(list any hours for related organizations below dotted line)  (list any hours for related organizations below dotted line)		organization and related organizations
(1) DEBBE SOLOMON 1.00		
DIRECTOR 1.00 X 0.	0.	0
(2) SEAN ALPERT 0.		
DIRECTOR 1.00 X 0.	0.	0
(3) JAMES O'NEILL 0.		
DIRECTOR 1.00 X 0.	0.	0
(4) PHIL PUREVICH 0.		
DIRECTOR 1.00 X 0.	0.	0
(5) HEATHER GOLDMAN 0.		
DIRECTOR 1.00 X 0.	0.	0
(6) CHRISTINE JONES 0.		
DIRECTOR 30.00 X 33,538.	0.	0
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	ontinue	;d)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe d a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	an	(F) stimated nount of other pensatio	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org and	om the anizatior d related anization	t
			-											
c	Sub-total  Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-			· ·			<b>&gt; &gt;</b>	0. -33,538. 0.		0. 0. 0.			0 0
	Total number of individuals (including but not reportable compensation from the organization	limited to tl		liste				o re	eceived more than	\$100,000	of			
_	Did the organization list any former office		r or	tri	icto	0	kov c	mn	Novoo or highos	compone	atod		Yes	No
3	employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ıal			• •				3		Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for	such	4		Х
5	Did any person listed on line 1a receive or	accrue coi	mpen	sati	on f	fron	n any	un	related organization	on or indiv	dual			X
Se	for services rendered to the organization? If "Yoction B. Independent Contractors											5		
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) compens		
								+						
								ļ						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to		e li	isted above) who	received				

#### Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any	/ line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ខ្ល	1a	Federated campaigns 1a					
an	b	Membership dues 1b					
2 5	c	Fundraising events 1c	72,591.				
rts,	d	Related organizations 1d	,2,3321				
<u>a</u> <u>e</u>		Government grants (contributions) 1e					
in,	e	,					
S	t	All other contributions, gifts, grants,	105 501				
the		and similar amounts not included above . 1f	136,621.				
Ēδ	g	Noncash contributions included in					
Contributions, Girts, Grants and Other Similar Amounts		lines 1a-1f					
	h	Total. Add lines 1a-1f		209,212.			
as a			Business Code				
<u> </u>	2a	WEBSITE CONTRIBUTIONS	511190	180,528.	180,528.		
ue ne	b						
ren Ven	С						
e√ Se\	d						
Program service Revenue	е						
<b>Ի</b>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶  </u>	180,528.			
	3	Investment income (including dividends, inter-	erest, and				
		other similar amounts)	▶	1,076.	1,076.		
	4	Income from investment of tax-exempt bond pro	oceeds . 🕨 📙	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>je</u>	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
sev	С	Gain or (loss) 7c					
	d	Net gain or (loss)	▶	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory		0.			
Sn		<u></u>	Business Code				
ne o	11a						
en	b						
€ çe	С						
Miscellaneous Revenue		All other revenue					
		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	▶	390,816.	181,604.		1

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	164,365.	164,365.		
2	Grants and other assistance to domestic	_			
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	22 520	22 520		
	trustees, and key employees	33,538.	33,538.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	0.	10 040		
	Other employee benefits	10,242.	10,242.		
	Payroll taxes	1,400.	1,400.		
	Fees for services (nonemployees):	0.			
	Management	1,461.	1 461		
	Legal	1,401.	1,461.		
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
	(A) amount, list line 11g expenses on Schedule O.)	4,808.	4,808.		
	Advertising and promotion	11,166.	11,166.		
	Office expenses	0.	11,100.		
	Information technology	0.			
	Royalties	0.			
	Occupancy	405.	405.		
	Travel	1001	100.		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CATALOG PRODUCTION	42,910.	42,910.		
b	COMMUNICATIONS BANNER	14,585.	14,585.		
•	CREDIT CARD/BANK FEES	2,353.	2,353.		
d	CURATION	78,931.	78,931.		
е	All other expenses ATCH 1	108,516.	8,516.	100,000.	
	Total functional expenses. Add lines 1 through 24e	474,680.	374,680.	100,000.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compagn and				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

## Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	<u> </u>			94,148.
2				227,885.
3				0.
4		0.	4	0.
5	•			
		0		0
_		0.	5	0.
6		0		0
_				0.
				0.
-	F			0.
	· · ·	0.	9	0.
10 a	- : :			
L		0	40-	0.
	·			0.
	· · ·		•••	0.
			12	0.
				0.
	-			142,380.
	·			464,413.
				0.
				0.
				0.
-				0.
				0.
		<u> </u>	21	<u> </u>
		0.	22	0.
23		0.		0.
		0.		8,200.
25				
	· · · · · · · · · · · · · · · · · · ·			
	of Schedule D	962.	25	76,879.
26	Total liabilities. Add lines 17 through 25	962.	26	85,079.
	Organizations that follow FASB ASC 958, check here ▶			
27	-		27	
28	<u>-</u>		28	
	Organizations that do not follow FASB ASC 958, check here ▶ X			
29	-	0.	29	0.
30	<del>-</del>	0.		0.
31	Retained earnings, endowment, accumulated income, or other funds.	463,198.	31	379,334.
32	Total net assets or fund balances	463,198.	32	379,334.
	Total liabilities and net assets/fund balances			464,413.
	2 3 4 5 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	2 Savings and temporary cash investments.  3 Pledges and grants receivable, net  4 Accounts receivable, net.  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  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).  7 Notes and loans receivable, net  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D	2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 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. 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). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 1 Investments - publicly traded securities. 1 Investments - publicly traded securities. 1 Investments - program-related. See Part IV, line 11. 1 Invalidation and account liabilities. 1 Total assets. Add lines 1 through 15 (must equal line 33). 1 Accounts payable and accrued expenses. 1 Deferred revenue. 2 Tax-exempt bond liabilities. 2 Escrow or custodial account liability. Complete Part IV of Schedule D. 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 3 Secured mortgages and notes payable to unrelated third parties. 4 Unsecured notes and loans payable to unrelated third parties. 5 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 4 Organizations that follow FASB ASC 958, check here   7 Total assets without donor restrictions. 7 Organizations that do not follow FASB ASC 958, check here  7 Tayled-in or capital surplus, or land, building, or equipment fund. 7 Paid-in or capital surplus, or land, building, or equipment fund. 7 Paid-in or capital surplus, or land, building, or equipment fund. 7 Paid-in or capital surplus, or land, building, or equipment fund. 7 Paid-in or capital surplus, or land, building, or equipment funds	2 Savings and temporary cash investments.

Form **990** (2020)

Part	XI Reconciliation of Net Assets				-	_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			74,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			33,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		46	53,1	.98.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3	79,3	34.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	kplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		
				Form \$	990	(2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inter	nal Re	evenue Service	<b>)</b>	Go to www.irs.go	v/Form990 for instructio	ns and th	ne latest i	information.	Inspection
Nam	e of th	ne organization						Employer identif	cation number
THI	E NZ	ATIONAL LEA	ADERSHIP I	FOUNDATION				80-00159	44
Pa	rt I	Reason for	r Public Cha	rity Status. (All	organizations must o	complet	e this p	art.) See instruction	S.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 through	h 12, ch	eck only	one box.)	
1			-		tion of churches descr		-	•	
2		A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00 or 990	)-EZ).)	
3					rganization described i	•			
4		=	=	=	conjunction with a hos				(iii). Enter the
		hospital's nam	<del>-</del>		, , , , , , , , , , , , , , , , , , , ,				
5					a college or universit	v owned	d or ope	erated by a governme	ental unit described in
				Complete Part II.)	<b>.</b>	,			
6		•			rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7			_	_			-		om the general public
•		=		(1)(A)(vi). (Compl	· ·	<b>PPO.</b>	u ge		om the goneral passe
8					o)(1)(A)(vi). (Complete	Part II )			
9					ed in <b>section 170(b)(1</b>		pperated	I in conjunction with a	land-grant college
•		•	•	-	griculture (see instruct		•	•	•
		university:	n a non lana ;	grant concgo or as	grioditaro (oco motraci	10110). Li	itor trio	name, ony, and otate o	i ino conogo oi
10	X	· · · · · · · · · · · · · · · · · · ·	on that norma	Ily receives (1) mo	ore than 331/3 % of its	sunnort	from cou	ntributions membersh	in fees, and gross
		receipts from	activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from	gross investm	nent income and u	nrelated business taxa	able inco	me (les:	s section 511 tax) from	businesses
11					975. See <b>section 509(</b> usively to test for publi				
12	$\vdash$	•	•	•	•	•			carry out the purposes
12		•	•	•	•				See section 509(a)(3).
				· ·					
		$\neg$		=		-	-	· · · · · · · · · · · · · · · · · · ·	nes 12e, 12f, and 12g.
а				•	, supervised, or contro	•		, ,	
			=		regularly appoint or el		ajority of	the directors or truste	es of the
			=	=	e Part IV, Sections A				
b				•	ed or controlled in co			· · ·	
					rganization vested in	the same	e persor	ns that control or mar	age the supported
		_		=	, Sections A and C.				
С			-		ng organization opera				lly integrated with,
			-		s). You must comple				
d		• •	-		porting organization o	•			• ,
		that is not fu	unctionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		$_{ m  extstyle  extstyle$	(see instructi	ions). <b>You must co</b>	omplete Part IV, Secti	ions A a	nd D, an	d Part V.	
е			•		a written determinatio			•••	I, Type III
					ionally integrated sup		rganizat	tion.	
f				•					
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).	•			
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization	(iv) Is the		(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docur	ar governing nent?	support (see instructions)	other support (see instructions)
					,	Yes	No	,	,
(A)									
(~) 									
(B)									
(5)									

(C) (D) (E) Total

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

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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
_6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		ı	I		T	
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b> .	<u></u>					
Sec	tion C. Computation of Public Supp					T T	
14	Public support percentage for 2020 (lir		•				%_
15	Public support percentage from 2019 S						%
16a	331/3% support test - 2020. If the org						
	box and <b>stop here.</b> The organization qu	-		_			
b	331/3% support test - 2019. If the org						
4	this box and <b>stop here</b> . The organization	-		_			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			<del>-</del>		-	
h	organization						
D	10%-facts-and-circumstances test - 2		=				
	15 is 10% or more, and if the organization mosts					-	-
	in Part VI how the organization meets			_	•		
18	organization						
10							
	instructions						<u> </u>

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	112,089.	285,361.	309,959.	320,504.	389,740.	1,417,653.
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						0.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	112,089.	285,361.	309,959.	320,504.	389,740.	1,417,653.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						1,417,653.
Sec	tion B. Total Support		·			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	112,089.	285,361.	309,959.	320,504.	389,740.	1,417,653.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		290.	733.	932.	1,076.	3,031.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b		290.	733.	932.	1,076.	3,031.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
15	and 12.)	112,089.	285,651.	310,692.	321,436.	390,816.	1,420,684.
14	First 5 years. If the Form 990 is for						
'-	organization, check this box and <b>stop here</b> .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,		•	nn (f))		15	99.79%
16	Public support percentage from 2019 Sche				ŀ	16	99.83%
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2020 (lir			3 column (f))		17	.21%
18	Investment income percentage from 2019 S					18	.17%
	331/3% support tests - 2020. If the or		= = =				
. <b>.</b> a	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2019. If the orga	-	-	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of			•			

Schedule A (Form 990 or 990-EZ) 2020 Page 4

#### 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				

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.
  - 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
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	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

	(A) (1 of the 350 of 350 LE) 2020		-	age <b>C</b>
Part	Supporting Organizations (continued)		V	NI.
4.4	Healtha arganization accounted a gift or contribution from any of the fall-wine account.		res	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 in lines 11b and	110		
h	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11a 11b		_
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	110		<u> </u>
			Yes	No
4	Did the covering heady members of the governing heady officers acting in their official conseits, or membership of one or			
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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Socti	on D. All Type III Supporting Organizations	1		<u> </u>
Secu	on D. All Type III Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	-	
2	Activities Test. Answer lines 2a and 2b below.		res	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	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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			
	<b>Part VI</b> 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	-	20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	. ago e
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in <i>Part VI</i> ). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Secti	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 N	et short-term capital gain	1		
<b>2</b> R	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
g	ortion of operating expenses paid or incurred for production or collection of ross income or for management, conservation, or maintenance of property eld for production of income (see instructions)	6		
<b>7</b> O	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
<b>b</b> A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other factors (explain in detail in Part VI):	1e		
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	ultiply line 5 by 0.035.	6		
<b>7</b> R	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 E	nter 0.85 of line 1.	2		
3 N	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	nter greater of line 2 or line 3.	4		
<b>5</b> In	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	g organization
	(see instructions).			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ed			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	ations	3		
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	6 Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	9 Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	10		
Sact	on F - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions		(iii) Distributable

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020 Page 8

Schedule A (Form 990 or 990-EZ) 202

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

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE 990 IS AVAILABLE TO THE BOARD OF DIRECTORS ONCE IT IS

APPROVED AND THE RETURN IS FILED.

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Name of the organization

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

**Employer identification number** 

THE NATIONAL LEADERSHIP FOUNDATION 80-0015944 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number

			80-0015944
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	COMMUNITY FOUNDATION  306 W. 7TH STREET, SUITE 1045  FORT WORTH, TX 76102	\$ \$ 30,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMON CARTER  201 MAIN STREET # 1945  FORT WORTH, TX 76102	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VALERO TEXAS OPEN PO BOX 696000 SAN ANTONIO, TX 78269	\$\$	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	ROTARY OF FORT WORTH  306 WEST 7TH STREET SUITE 715  FORT WORTH, TX 76102	\$\$,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

	FORT WORTH, TX 76107		(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.)

(c)

**Total contributions** 

5,000.

(d)

Type of contribution

Person **Payroll** 

Noncash

(a)

No.

5

STEELHEAD CAPITAL

1751 RIVER RUN SUITE 400

(b)

Name, address, and ZIP + 4

Name of organization THE NATIONAL LEADERSHIP FOUNDATION

Employer identification number 80-0015944

Part II	Noncash Property	(see instructions)	Lise dunlicate	conies of Part II if	additional snac	hahaan si a
aitii	Noncasii i ropeity	(SEE IIISH UUHUHS).	. Use auplicate	COPICS OF FAIL II II	audilional spac	e is necucu.

(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 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization THE NATIONAL LEADERSHIP FOUNDATION **Employer identification number** 80-0015944 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### **SCHEDULE D** (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	NATIONAL LEADERSHIP FOUNDATION	80-0015944
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	or Accounts.
	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	d in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	Yes No
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).	
		n of a historically important land area
		n of a certified historic structure
•	Preservation of open space	in the form of a consequention
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total careago restricted by conservation easements	2a   2b
b C	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
ŭ	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	
	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, inspec	ction, handling of
	violations, and enforcement of the conservation easements it holds?	Yes 🗀 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing$	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue at balance sheet, and include, if applicable, the text of the footnote to the organization's finan	·
	organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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 reven	ue statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its reven of art, historical treasures, or other similar assets held for public exhibition, education service, provide in Part XIII the text of the footnote to its financial statements that describes	, or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
D	art, historical treasures, or other similar assets held for public exhibition, education, or re provide the following amounts relating to these items:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$ 209,212.
	(i) Revenue included on Form 990, Part VIII, line 1	
2	If the organization received or held works of art, historical treasures, or other similar	assets 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	▶\$ ▶\$142,380.
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histor	ical Tre	asures	, or Other	Similar Assets (	continue	d)
3	Using the organization's acquisition						<u>'</u>		
	collection items (check all that app			-,	,		3		
а	X Public exhibition	.5/.	d X	Loan	r excha	nge progra	m		
b	X Scholarly research		e	Other	or oxona	ingo progra			
C	X Preservation for future gene	rations	•	Other					
_			a and avalai	n how t	hove furt	har tha ar	anization's avemn	t nurnooc	in Dort
4	Provide a description of the organ	nization's collection	s and explai	n now t	ney run	inei ine oi	yanızanon's exemp	t purpose	in Fait
_	XIII.						. ()		
5	During the year, did the organization						_	¬,,	77
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No								
Pa	rt IV Escrow and Custodial A			000 5					
	Complete if the organiza	ation answered "Y	es" on Form	1 990, P	art IV,	line 9, or r	eported an amou	nt on For	m
	990, Part X, line 21.								
1a	Is the organization an agent, trus							_	
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the follo	owing tab	ole:				
							Amount		
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 Form 990,	Part X, line 2	21, for e	scrow o	r custodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the exp	olanation	has bee	en provided	on Part XIII		. 🗖
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Y	es" on Form	n 990, F	Part IV,	line 10.			
		(a) Current year	(b) Prior	year	(c) Two	years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
_	Contributions								
b									
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			(line 1g,	column	(a)) held as	:		
a	Board designated or quasi-endown		_%						
b	Permanent endowment	%							
С	Term endowment ▶	_%							
	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·							
3a	Are there endowment funds not in	the possession of t	the organizat	ion that	are held	l and admir	nistered for the		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•	•			?		3b	
4	Describe in Part XIII the intended		ation's endow	ment fur	nds.				
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	u <b>ipment.</b> ation answered "V	es" on Forn	n aa∩ ⊑	Part I\/	line 11a '	See Form QQA D	art X lino	10
	Description of property			(b) Cost of				d) Book valu	
	1 1 11 2		stment)		ther)		eciation	,	
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column		m 990, Part X	K, columr	n (B), line	e 10c.)			

Schedule D (Form 990) 2020

Part VII	Form 990) 2020			Page 3
<del></del>	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financi	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		"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 valuati	
	(*)	(1)	Cost or end-of-year mark	
(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.			
raitix	Complete if the organization answered	"Yes" on Form 990	). Part IV. line 11d. See Form 990.	Part X. line 15.
	· · · · · · · · · · · · · · · · · · ·	scription	, ,	(b) Book value
(1) HIST	ORICAL ARTIFACTS			
	JILICAH AKLILACID			
(2)	OKICAL AKTIFACID			
(2)	OKICAL AKTIFACIO			
(3)	OKICAL AKTIFACIO			
(3) (4)	OKICAL AKTIFACIO			
(3) (4) (5)	OKTOAL AKTITACID			
(3) (4) (5) (6)	OKTOAL AKTITACIO			
(3) (4) (5) (6) (7)	OKICAL AKTITACIO			
(3) (4) (5) (6) (7) (8)	OKTOAL AKTITACIO			
(3) (4) (5) (6) (7) (8) (9)		no 15 )		142,380
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		142,380
(3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.			142,380
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li.  Other Liabilities.  Complete if the organization answered			142,380
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li.  Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990		142,380 142,380 m 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li.  Other Liabilities.  Complete if the organization answered line 25.  (a) Descript			142,380
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	umn (b) must equal Form 990, Part X, col. (B) li.  Other Liabilities.  Complete if the organization answered line 25.  (a) Descriptival income taxes	"Yes" on Form 990		142,380 142,380 m 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X)  1. (1) Feder (2) PAYR (3) FIXT	umn (b) must equal Form 990, Part X, col. (B) li.  Other Liabilities.  Complete if the organization answered line 25.  (a) Descriptival income taxes	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Cole Part X   1. (1) Feder (2) PAYR (3) FIXT (4)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X  1. (1) Feder (2) PAYR (3) FIXT (4) (5)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X  1. (1) Feder (2) PAYR (3) FIXT (4) (5) (6)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X  1. (1) Feder (2) PAYR (3) FIXT (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Color Part X  1. (1) Feder (2) PAYR (3) FIXT (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990		142,380  142,380  142,380  m 990, Part X,  (b) Book value  1,879
(3) (4) (5) (6) (7) (8) (9) Total. (Cole Part X   1. (1) Feder (2) PAYR (3) FIXT (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered line 25.  (a) Description and Desc	"Yes" on Form 990	), Part IV, line 11e or 11f. See Forn	142,380 142,380 m 990, Part X,

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) 2020

Schedul	le D (Form 990) 2020	Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	
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	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
С 5	Add lines <b>4a</b> and <b>4b</b>	
_	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V	. line 4: Part X. line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	٦.
PART	III, LINE 4:	
THE	ORGANIZATION MAINTAINS A COLLECTION OF HISTORIC ARTIFACTS RELATED TO	
HIST	ORICALLY SIGNIFICANT LEADERS. THE ARTIFACTS ARE USED IN EDUCATION	
PROG:	RAMS AND EDUCATIONAL EXHIBITS TO PROMOTE THE STUDY OF LEADERSHIP AND	
THE I	DEVELOPMENT OF FUTURE LEADERS.	

#### SCHEDULE G (Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number THE NATIONAL LEADERSHIP FOUNDATION 80-0015944 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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.

		events with gross receipts gre				
			(a) Event #1 CATALOG	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ)			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	72,591.			72,591.
Œ		Less: Contributions				
	3	Gross income (line 1 minus	72,591.			72,591.
		line 2)	72,391.			12,391.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line	es 4 through 9 in colur	mn (d)		
	11	Net income summary. Subtract lin	ne 10 from line 3, colu	mn (d)	<u> </u>	72,591.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, lin		Yes" on Form 990,	Part IV, line 19, or	reported more than
<u>e</u>		\$ 10,000 011 0111 000 <u>22,</u> 1111		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %			
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9		Enter the state(s) in which the orga				
k		Is the organization licensed to confit "No," explain:	duct gaming activities		es?	Yes No
l O a		Were any of the organization's gaming			uring the tax year?	Yes No
	•	п 100, едріант.				

#### **SCHEDULE I** (Form 990)

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

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

2020

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE NATIONAL LEADERSHIP FOUNDATION 80-0015944 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) AIRPOWER FOUNDATION PO BOX 8728 FORT WORTH, TX 76124 75-2828493 12.745. TO PROVIDE EDUCATION (2) CATHOLIC CHARITIES 249 W. THORNHILL DR. FORT WORTH, TX 76115 75-0808769 9,649. TO PROVIDE EDUCATION (3) GILL CHILDREN'S 75-1642083 26,317. TO PROVIDE EDUCATION 1020 SUMMIT AVE. FORT WORTH, TX 76102 (4) MEALS ON WHEELS 320 SOUTH FREEWAY FORT WORTH, TX 76104 75-1568798 7.223. TO PROVIDE EDUCATION (5) THE PARENTING CENTER 2928 W. 5TH STREET FORT WORTH, TX 76107 23-7454254 7.975. TO PROVIDE EDUCATION (6) UNION GOSPEL MISSION PO BOX 2144 FORT WORTH, TX 76113 75-6054677 7.384 TO PROVIDE EDUCATION (7) BIG BROTHERS BIG SISTERS 205 W. MAIN STREET ARLINGTON, TX 76010 75-0800632 7.914 TO PROVIDE EDUCATION (8) HELPING RESTORE ABILITY 4300 BELTWAY PL #130 ARLINGTON, TX 76018 75-1562334 10,255. TO PROVIDE EDUCATION (9) LINKED 101 SUMMIT AVE, STE 612 FORT WORTH, TX 76102 75-2905243 5,401 TO PROVIDE EDUCATION (10) BOYS & GIRLS CLUB OF GREATER TARRANT COUNTY 3218 EAST BELKNAP FORT WORTH, TX 76111 75-0808785 7,167. TO PROVIDE EDUCATION (11) DON'T FORGET TO FEED ME 27-4230499 5,430 PO BOX 471277 FORT WORTH, TX 76147 TO PROVIDE EDUCATION (12) RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111 75-6005093 TO PROVIDE EDUCATION

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . .

Schedule I (Form 990) 2020

#### SCHEDULE I (Form 990)

Internal Revenue Service

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

2020

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
THE NATIONAL LEADERSHIP FOUNDATION	ON					80-00159	44
Part I General Information on Grants a	nd Assistance	е				'	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's process.</li> </ol>	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RONALD MCDONALD HOUSE							
1004 7TH AVE FORT WORTH, TX 76104	75-1754490		11,430.				TO PROVIDE EDUCATION
(2) FIRST TEE FORT WORTH							
PO BOX 4767 FORT WORTH, TX 76164	20-5545252		5,618.				TO PROVIDE EDUCATION
(3) HOPE CENTER FOR AUSTIN							
2751 GREEN OAKS RD. FORT WORTH, TX 76116	26-2181427		5,571.				TO PROVIDE EDUCATION
(4) KIDS WHO CARE							
1300 GENDY FORT WORTH, TX 76107	75-2541306		5,365.				TO PROVIDE EDUCATION
(5) PROJECTHANDUP (THE GATEHOUSE)							
670 WESTPORT PKWY. GRAPEVINE, TX 76051	90-0705496		6,460.				TO PROVIDE EDUCATION
_(6)							
(7)							
_(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations li</li></ul>	-	-					17.
2 - Into total name of other organizations		· table I I I					

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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
_1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN(H)

DESCRIPTION FOR COLUMN (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE

EDUCATIONAL OPPORTUNITIES, LEARNING ACTIVIITES AND COMMUNITY SUPPORT

Page 2

#### 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

2020

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.

gov/form990. Inspection
Employer identification number

THE NATIONAL LEADERSHIP FOUNDATION

80-0015944

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIALS AND OTHER DATA ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMEBERS ARE REQUIRED TO INFORM OF ANY CONFLICTS OF INTEREST.

FORM 990 PART VI, SECTION B, LINE 11:

A COPY OF THE 990 IS AVAILABLE FOR REVIEW AFTER THE RETURN IS APPROVED.

		<u> </u>	ATTACHMENT 1	
FORM 990, PART IX - OTHER EXPENSES		_		
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
COMMISSION	6,625.	6,625.		
DUES & SUBSCRIPTIONS	1,891.	1,891.		
MANAGEMENT FEES	100,000.		100,000.	
TOTALS	108,516.	8,516.	100,000.	