

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C LEANDER EDUCATIONAL EXCELLENCE FOUNDATION
 PO BOX 218
 LEANDER, TX 78646-0218

D Employer identification number 20-5464545

E Telephone number (512) 570-0027

F Name and address of principal officer: SEAN STARR Crystal Smith
Same As C Above

G Gross receipts \$ 632,472.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.LEEFTX.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2007 **M** State of legal domicile: TX

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>LEEF IS DEDICATED TO ENRICHING THE EDUCATIONAL EXPERIENCE BY PROVIDING OPPORTUNITIES, CULTIVATING SUCCESS, AND BUILDING COMMUNITY WITHIN THE LEANDER INDEPENDENT SCHOOL DISTRICT.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5	1
	6 Total number of volunteers (estimate if necessary).....	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	232,155.	141,542.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	253,246.	408,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	485,401.	550,110.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	293,773.	282,187.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	60,588.	57,694.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....	41,707.	39,846.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>39,846.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	23,016.	33,247.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	419,084.	412,974.
19 Revenue less expenses. Subtract line 18 from line 12.....	66,317.	137,136.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 295,515.	End of Year 430,670.
	21 Total liabilities (Part X, line 26).....	0.	-1,981.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	295,515.	432,651.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: CRYSTAL SMITH Date: _____
 Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: Aaron W Games, CPA Preparer's signature: [Signature] Date: 8/20/21
 Check if self-employed PTIN: P01495907
 Firm's name: AWG Hudson & Associates, PLLC
 Firm's address: 3508 Far West Blvd Ste 150 Austin, TX 78731
 Firm's EIN: 05-0619581
 Phone no.: 512-328-2046

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

LEEF IS DEDICATED TO ENRICHING THE EDUCATIONAL EXPERIENCE BY PROVIDING OPPORTUNITIES, CULTIVATING SUCCESS, AND BUILDING COMMUNITY WITHIN THE LEANDER INDEPENDENT SCHOOL DISTRICT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 231,890. including grants of \$) (Revenue \$)

FUNDING FOR VARIOUS DIRECT PROGRAMS LIKE COLLEGE COACHES, DUAL CREDIT TEXTBOOKS, SRP READING GRANTS, INCUBATOREDU, ~~LEEF STRONG VOLUNTEER PROGRAM~~, EARLY LITERACY SUPPORT, ~~STAR BANQUET~~, STUDENT AND FAMILY SUPPORT SERVICES, AND VARIOUS DESIGNATED DONATIONS.

4b (Code:) (Expenses \$ 103,232. including grants of \$) (Revenue \$)

FUNDING OF INNOVATIVE CLASSROOM EXCELLENCE GRANTS TO TEACHERS WITHIN THE LEANDER INDEPENDENT SCHOOL DISTRICT.

Land-staff

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **335,122.**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KRISTEN HUGULEY Executive Dir.	50 0	X					0.	0.	0.
(2) COLEEN BRIGHTON OPERATIONS AND	15 0	X					0.	0.	0.
(3) DR. BRUCE GEARING EX-OFFICIO	0.1 0	X					0.	0.	0.
(4) JENNIFER WILLIAMS Director	0.5 0	X		X			0.	0.	0.
(5) SARA JIHADI Director	0.5 0	X		X			0.	0.	0.
(6) JAMIE BLANKINSHIP Director	0.5 0	X		X			0.	0.	0.
(7) SHANNON DARBY VP EMP GIVING	0.5 0	X		X			0.	0.	0.
(8) DENISE SEILER Director	0.5 0	X					0.	0.	0.
(9) CRYSTAL SMITH President	0.5 0	X		X			0.	0.	0.
(10) JANA PICKETT Director	0 0	X					0.	0.	0.
(11) KARA DOWNING Director	0.5 0	X					0.	0.	0.
(12) SEAN CONNOR Director	0.5 0	X					0.	0.	0.
(13) RICHARD FOWLER Director	0.5 0	X					0.	0.	0.
(14) KEVIN HODGES Director	0.5 0	X					0.	0.	0.

BAA

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Form 990 (2021)

ADD
 Joshua Massingill
 @shelly Wiegand
 Belinda Santolucito
 Devin Williamson

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KATIE PERKINS Director	0.5 0	X					0.	0.	0.
(16) JEFF KIKEL VP FINANCE	0.5 0	X					0.	0.	0.
(17) MILLY HARRIS Director	0.5 0	X					0.	0.	0.
(18) LUCAS JANDA Director	0.5 0	X					0.	0.	0.
(19) NIKKI CASE Director	0.5 0	X					0.	0.	0.
(20) RACHELLE GROSSMAN Director	0.5 0	X					0.	0.	0.
(21) ROMAN ESCAMILLA Director	0 0	X					0.	0.	0.
(22) ERIC BOYCE Director	0 0	X					0.	0.	0.
(23) JOE CICCARELLI Director	0 0	X					0.	0.	0.
(24) MARISA JARMON Director	0 0	X					0.	0.	0.
(25) MARY DALE Director	0 0	X					0.	0.	0.
1 b Subtotal							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**