	~	~~	Return of Organ	OMB No. 1545-0047				
Form 990 Department of the Treasury			Under section 501(c), 527, or 4947	2022				
			Do not enter social sec	Open to Public				
Interr	al Rever	nue Service		orm990 for instructions and the			Inspection	
				UL 1, 2022 and en	nding J	,)23	
	heck if		organization			D Employer id	entificatio	on number
	Addres change	S LETG	H HS PERFORMING ART	TS PARENTS ASSOCT.	А			
	Name		usiness as LEIGH PAPA			82-081	L2771	
	Initial return		and street (or P.O. box if mail is not del	ivered to street address)	oom/suite	E Telephone nu		
	Final return/		9 UNION AVE STE 123			650-31		23
	termin ated	City or to	own, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$		414,764.
	Ameno	<u>п</u> О2	GATOS, CA 95032			H(a) Is this a gro	oup returr	
	Applic tion pendin	F Name ar	nd address of principal officer: LIS.	A SCHWANTZ		for subordi	nates?	Yes X No
	-	SAME	AS C ABOVE			H(b) Are all subordi		
			X 501(c)(3) 501(c) () LEIGHPAPA.ORG	(insert no.) 4947(a)(1) or	527			See instructions
	Vebsit			sociation Other	L Voor d	H(c) Group exer		mber ate of legal domicile: CA
		Summary						ale of legal dofinitie. CA
			e the organization's mission or most	significant activities PROMO	re pei	RFORMING	ARTS	
JCe			IES AND PROGRAMS AT					•
Governance	2	Check this bo	x if the organization discor	ntinued its operations or disposed	d of more	than 25% of its n	et assets.	
ove	3	Number of vot	ing members of the governing body ((Part VI, line 1a)			3	18
			ependent voting members of the gov				4	18
Activities &			of individuals employed in calendar y				5	0
iviti			of volunteers (estimate if necessary)				6	100
Act			d business revenue from Part VIII, col				7a	0.
	b	Net unrelated	business taxable income from Form	990-1, Part I, line 11	<u> </u>	Prior Year	7b	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			162,42	25.	331,871.
anc						40,23		37,600.
Revenue		•	come (Part VIII, column (A), lines 3, 4,		_ , _ ,	0.		
å			(Part VIII, column (A), lines 5, 6d, 8c,			20,88	33.	34,899.
			- add lines 8 through 11 (must equal			223,54		404,370.
	13	Grants and sin	nilar amounts paid (Part IX, column (A	A), lines 1-3)		77,80		2,000.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)			0.	0.
es	15		compensation, employee benefits (F				0.	0.
ens	16a		undraising fees (Part IX, column (A), li	-			0.	0.
Expense	b		ng expenses (Part IX, column (D), line	/).	185,06	50	378,722.
			es (Part IX, column (A), lines 11a-11d, s. Add lines 13-17 (must equal Part I)			262,86		380,722.
			expenses. Subtract line 18 from line			-39,32		23,648.
or es	10			1 <u> </u>		ginning of Current `		End of Year
Net Assets or Fund Balances	20	Total assets (F	²art X, line 16)			115,62	29.	160,561.
t Ass d Ba	21	Total liabilities	(Part X, line 26)			14,02		89,891.
			fund balances. Subtract line 21 from	line 20		101,60	06.	70,670.
	nrt II	Signature						
			l _b geclare that I have examined this return,				-	wledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer (other than office	r) is based on all information of which	h preparer I	has any knowledge. I		
C :	_	Signature of of				Date		
Sigi Her		LISA SC				2410		
TIET	6	Type or print na						
		Print/Type prep	parer's name	Preparer's signature	D	Date Ch	eck	PTIN
Paid		AUTUMN		AUTUMN ROSSI	1	0/25/24 ^{if} sel	f-employed	P01404602
Prep	arer	Firm's name	CLIFTONLARSONALLE			Firm's El		0746749
Use	Only	Firm's address	1188 PADRE DRIVE,	STE 101				·
			SALINAS, CA 93901			Phone no	o. (831	
			s return with the preparer shown above					X Yes No
2320	01 12-13	3-22 LHA F	or Paperwork Reduction Act Notic	e, see the separate instructions	5.			Form 990 (2022)

** PUBLIC DISCLOSURE COPY **

1	Check if Schedule O contains a response or note to any line in this Part III
	PROMOTE PERFORMING ARTS ACTIVITIES AND PROGRAMS AT LEIGH HIGH SCHOOL
	IN SAN JOSE, CA THROUGH FUNDRAISING ACTIVITIES, RECRUITMENT, AND
	VOLUNTEERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$97,223including grants of \$0) (Revenue \$0 .
	MARCHING BAND: LEIGH PAPA SUPPORTS THROUGH FUNDRAISING, CHARITABLE
	CONTRIBUTIONS AND VOLUNTEERISM THE LEIGH HIGH SCHOOL MARCHING BAND. THE
	BANK CONSISTS OF APPROXIMATELY 140 STUDENTS AND OPERATES PRIMARILY FROM
	AUGUST TO NOVEMBER EACH YEAR. THIS GROUP REQUIRES UNIFORMS, PERFORMANCE
	RIGHTS TO MUSIC, TRANSPORTATION TO AND FROM COMPETITIONS, LODGINGS, MEALS AT COMPETITIONS, MANPOWER TO HELP MOVE INSTRUMENTS AND PROPS, THE
	PURCHASE OF SMALL PROPS, FUNDING FOR OUTSIDE TECHNICAL COACHES AND SHOW
	DESIGN, AS WELL AS OTHER VARIOUS EXPENSES. BETWEEN SEPTEMBER AND
	NOVEMBER OF EACH YEAR, THE GROUP PARTICIPATES AT COMPETITIONS
	THROUGHOUT THE SAN FRANCISCO BAY AREA AND PERIODICALLY IN OTHER PARTS
	OF THE STATE OR COUNTRY. PAPA PROVIDES HUNDREDS OF VOLUNTEER HOURS ANF
	OVER \$100,000 TO MAKE THIS PROGRAM POSSIBLE.
4b	(Code:) (Expenses \$
	DRAMA: LEIGH PAPA SUPPORTS THROUGH FUNDRAISING, CHARITABLE
	CONTRIBUTIONS AND VOLUNTEERISM TO THE DRAMA PROGRAM AT LEIGH HIGH SCHOOL. THE DRAMA PROGRAM STAGES BETWEEN TWO AND THREE PLAYS OR
	MUSICALS EACH SCHOOL YEAR. THIS REQUIRES COSTUMES, PROPS, PERFORMANCE
	RIGHT TO EXISTING WORKS, AND NUMEROUS OTHER COSTS IN ORDER TO BE
	SUCCESSFUL. PAPA COORDINATES VOLUNTEERES TO HELP MAKE ALL OF THIS
	POSSIBLE, AS WELL AS FUNDRAISING TO AUGMENT TICKET SALES TO THE PUBLIC.
	PAPA ALSO HELPS FUNDRAISING AND SUPPORT DRAMA STUDENTS ATTENDING
	CONVENTIONS OF STUDENTS FROM AROUND THE STATE AND COUNTRY.
4c	(Code:) (Expenses \$98,927. including grants of \$0.) (Revenue \$0.
	MUSIC CLASSES: LEIGH PAPA SUPPORTS THE VOCAL AND INSTRUMENTAL MUSIC
	CLASSES AT LEIGH HIGH SCHOOL THROUGH FUNDRAISING AND VOLUNTEER
	PROGRAMS. IN ORDER TO RAISE MONEY FOR SHEET MUSIC, THE PURCHASE OF
	CHOIR OUTFITS, AND THE PURCHASE OF MAINTENANCE OF MUSICAL INSTRUMENTS.
	ONE OR MORE OF THE PROGRAMS MAY TRAVEL TO FESTIVALS DURING THE SCHOOL YEAR AND LEIGH PAPA HELPS WITH FUNDRAISING AND VOLUNTEERS TO MAKE THIS
	POSSIBLE.
	Other program services (Describe on Schedule O.)
<u>۸</u> ط	
4d	(Expenses L J
4d 4e	(Expenses \$ 135,984. including grants of \$ 2,000.) (Revenue \$ 0.) Total program service expenses 370,356.

Form 990 (2022)			PERFORMING	ARTS	PARENTS	ASSOCIA	82-0812771
Part IV Checklist of P	Required So	chec	lules				

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	NU
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-		4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 23
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 23
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 23
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			- 23
11				
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		x
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			w
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	9 12-13-22	Form	990	(2022)

 Form 990 (2022)
 LEIGH HS PERFORMING ARTS PARENTS ASSOCIA
 82-0812771
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)
 (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
24a	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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	LTU		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
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		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	11	1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	4			

Pa	rt 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 0			
b		2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		x
		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		1
7	Organizations that may receive deductible contributions under section 170(c).			
a		7a		x
b		7b		
Ū	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g		7g		
9 h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
а				
b		1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с				
	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		
15	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771

232005 12-13-22

Form 990 (2022)

11151025 131839 B116360

Form **990** (2022)

Page 5

⁵ 2022.06000 LEIGH HS PERFORMING ARTS B1163601

Form 990 (2022)

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771

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			X	
Section A. Governing Body and Management				
	,	Vac	No	

					Vee	NIa	
10	Enter the number of veting members of the governing body at the and of the tax year	1a	18		Yes	No	
Id	Enter the number of voting members of the governing body at the end of the tax year		10				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18				
2							
2	officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the			2		<u> </u>	
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form			3		X X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		x	
6	Did the organization have members or stockholders?			6	Х		
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7a	х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			7b	х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						
а	The governing body?	-	-	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," d	escribe				
	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	37	X	
14				14	X		
15	Did the process for determining compensation of the following persons include a review and approv		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		v	
a	The organization's CEO, Executive Director, or top management official			15a		X X	
Ø	Other officers or key employees of the organization			15b			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	ith a				
108				160		x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			16a		- 23	
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-					
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure			100			
17	List the states with which a copy of this Form 990 is required to be filedCA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-T (section 501(c)(3)s	only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			.,			
	X Own website Another's website X Upon request Other (expla	in on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	financ	cial		

statements available to the	public during the tax year
Statements available to the	public during the tax year.

20	State the name, address, and	telephone number of the person	who possesses the organization's books and records
	LISA SCHWANTZ -	650-314-7823	

15559 UNION AVE, STE 123, LOS GATOS, CA 9	9503	2
---	------	---

232006 12-13-22

.....

6

Page 6

Form 990 (2022)	LEIGH HS	PERFORMING	ARTS	PARENTS	ASSOCIA	82-0812771	Page 1	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if S	chedule O contains a resp	oonse or note to any lin	e in this Pa	art VII				
Section A Officers	Directors Trustees Key	Employees and High	nest Comr	pensated Empl	ovees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	-	1033-1120)		organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) BRYAN ROWAN	10.00				-					
PRESIDENT		x		x				0.	Ο.	0.
(2) GIL GARCIA	10.00									
TREASURER		x		x				0.	0.	0.
(3) NATHALIE GORICANEC	10.00									
ASSISTANT TREASURER		x		x				0.	0.	0.
(4) TONYA SUKER	5.00									
SECRETARY		х		x				0.	0.	0.
(5) JOSH ECKEL	5.00									
COMMUNICATIONS DIRECTOR		x		x				0.	Ο.	0.
(6) MIKE GAMMILL	5.00									
OPERATIONS DIRECTOR		x		x				0.	Ο.	0.
(7) JAMES SAWAYA	5.00									
FUNDRAISING DIRECTOR		Х		X				0.	Ο.	0.
(8) RACHEL BATISH	2.00									
MEMBER AT LARGE		X						0.	0.	0.
(9) NOEL GAYNOR	2.00									
THEATER LIASON		Х						0.	0.	0.
(10) NINA HOKENESS	2.00									
MEMBER		Х						0.	0.	0.
(11) RITA JAWORSKI	2.00									
INSTRUMENTAL MUSIC LIASON		Х						0.	0.	0.
(12) ALYSSA KAY	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) SANDRA LONG	2.00									
PRESIDENT EX-OFFICIO		Х						0.	0.	0.
(14) BETTY MURPHY	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(15) DELIA PEREZ	2.00									
MEMBER		Х						0.	0.	0.
(16) RACHEL QUILES	2.00									
MEMBER		Х						0.	0.	0.
(17) CINDY TA	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

11151025 131839 B116360

2022.06000 LEIGH HS PERFORMING ARTS B1163601

7

Form		2022)	LEIGH	HS	PERFORM	IIN	ſG	AR	TS	5 P	AF	RENTS	ASSOCI	A 82-08	<u>312</u>	<u>771</u>	P	'age 8
Part	: VII	Section A. Officer	s, Directors	s, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensa	ted Employe	es (continued)				
		(A)			(B)			(0	C)				(D)	(E)			(F)	
		Name and titl	е		Average	(-1-		Pos				Re	portable	Reportable		Est	timate	ed
					hours per	box	, unles	ss per	rson i	than d is both	n an		pensation	compensatio		am	nount	of
					week	offi	cer an	ıd a d	irecto	or/trus	tee)	-	from	from related	1		other	
					(list any	ector							the	organization		comp	pensa	ation
					hours for	or dir	e.			ated			anization	(W-2/1099-MIS			om th	
					related organizations	istee	truste		æ	bens			099-MISC/	1099-NEC)	I	i v	anizat	
					below	ual tru	ional		ploye	t com			99-NEC)		I		d relat	
					line)	Individual trustee or director	Institutional trustee	Officer	sy em	Highest compensated employee	Former				ſ	orga	inizati	ons
(18)	TESS	SICA YU			2.00	-	드	5	¥	포핑	F							
MEMBE		ien io			2.00	х							0.		0.			0.
	510											+			••			
						1									ſ			
															I			
												+						
						•									ſ			
						1									I	1		
						1									I			
						ł									ſ			
						ł									ſ			
						1									I			
1b	Subt	otal								-			0.		0.			0.
		from continuation											0.		0.			0.
		(add lines 1b and											0.		0.			0.
		number of individua										eceived m	-	000 of reportable				
		ensation from the c		,						,				,000 01100000				0
			J														Yes	No
3	Did th	ne organization list a	anv former o	officer.	director. truste	ee. k	ev e	Iame	ove	e. or	hia	hest com	pensated emr	olovee on	l			
		a? If "Yes," complet	2		-		•	•	-		Ŭ				ſ	3		X
		ny individual listed o																
		elated organizations													I	4		X
5	Did a	ny person listed on	line 1a recei	ve or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organiz	ation or indivi	dual for services				
		ered to the organization														5		X
		. Independent Con								011						· · · ·		<u> </u>
1	Comp	plete this table for y	our five high	est cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	nat receive	ed more than	\$100,000 of comp	bensa	tion fro	m	
	the o	rganization. Report	compensatio	on for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the orgar	nization's tax y	/ear.				
			(A)									(B)			(C	;)	
		N	ame and bu	siness	address	NC	ONE	6				C	escription of	services	C	Compen	nsatio	n
2	Total	number of indepen	dent contrac	ctors (ir	ncluding but no	ot lin	nitec	d to t	thos	se lis	ted	above) wl	ho received m	ore than				
	\$100	,000 of compensatio	on from the	organiz	zation				0)								
																- (200	

Form **990** (2022)

232008 12-13-22

		(2022) LEIGH HS PERF	ORMING A	RTS PARENTS	S ASSOCIA	82-0812	771 Page 9
Pa	rt V						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d d Related organizations 1d d Related organizations 1d All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ m Total. Add lines 1a-1f 1g \$	2,106. 329,765. Business Code 711110	<u>331,871.</u> 34,306.	34,306.		
Program Service Revenue		SNACK AND BEVERAGE BAR	722213	3,294.	3,294.		
Ā		All other program service revenue		37,600.			
	3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds				
	l	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)					
venue	I	a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses 7a c Gain or (loss) 7c	(ii) Other				
Other Re	8 8	A Net gain or (loss) Gross income from fundraising events (not including \$ 2,106. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b	42,436.				
		 Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 		34,688.			34,688.
	10 a	D Less: direct expenses 9b C Net income or (loss) from gaming activities 9b Gross sales of inventory, less returns and allowances 10a D Less: cost of goods sold 10b	1,862.				
sno		Net income or (loss) from sales of inventory OTHER INCOME	Business Code 900099	-784. 995.			-784. 995.
Miscellaneous Revenue	(All other revenue		995.			
23200	12 9 12-1	Total revenue. See instructions		404,370.	37,600.	0.	34,899. Form 990 (2022)

11151025 131839 B116360

9

Form 990 (2022) LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 10 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).

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	2,000.	2,000.		
~	individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
с	· · · · ·	1,426.		1,426.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	81,655.	81,655.		
12	Advertising and promotion	3,209.		3,209.	
13	Office expenses	4,540.		4,540.	
14	Information technology				
15	Royalties				
16	Occupancy	151 060	151 000		
17	Travel	151,260.	151,260.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	. Γ	465.		465.	
23 24	Other expenses. Itemize expenses not covered				
24	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 0.)	0.0.000	0.0.000		
а	PRODUCTION COSTS	92,239.	92,239.		
b	OTHER EXPENSES	18,758.	18,032.	726.	
С	UNIFORMS AND COSTUMES	15,309.	15,309.		
d	CONVENTIONS/COMPETITION	<u>9,319.</u> 542.	<u>9,319</u> . 542.		
	All other expenses	<u>542</u> . 380,722.	<u> </u>	10,366.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	500,122.	570,550.	TO,300.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
2320.10	0 12-13-22				Form 990 (2022)

10

232010 12-13-22

Form 990 (2022)

11151025 131839 B116360

11151025 131839 B116360

LEIGH	HS	PERFORMING	ARTS	PARENTS	ASSOCIA	82-0812771	Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	115,629.	1	160,561.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	160,561.
	17	Accounts payable and accrued expenses		17	8,454.
	18	Grants payable		18	
	19	Deferred revenue	14,023.	19	81,437.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	14,023.	26	89,891.
		Organizations that follow FASB ASC 958, check here			
Ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
٣		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	70,670.
Net Assets or Fund Balances	32	Total net assets or fund balances	101,606.	32	70,670.
_	33	Total liabilities and net assets/fund balances	115,629.	33	<u>160,561.</u> Form 990 (2022)

Form 990 (2022)

Form	n 990 (20)	22)	LEIGH	HS	PERFO	RMING	ARTS	PARENTS	ASSOCIA	82-08	12771	Page 1	12
Pa	rt XI F	Reconciliatior	of Net A	ssets									_
	С	heck if Schedule	O contains a	a respo	onse or note	e to any line	e in this P	art XI		<u></u>			
1	Total re	venue (must equa	al Part VIII, c	olumn	(A), line 12)					1		,370	
2	Total ex	penses (must eq	ual Part IX, c	column	(A), line 25)				2		,722	_
3	Revenu	e less expenses.	Subtract line	e 2 fror	n line 1					3		,648	
4	Net ass	ets or fund balan	ces at begin	ning of	year (must	equal Part	t X, line 32	2, column (A))		4	101	,606	•
5	Net unr	ealized gains (los	ses) on inve	stment	s					5			
6	Donate	d services and us	e of facilities	s						6			_
7										7			
8	Prior pe	riod adjustments								8	-54	,584	
9	Other c	hanges in net ass	ets or fund l	balance	es (explain o	on Schedu	le O)			9		0	•
10	Net ass	ets or fund balan	ces at end o	f year.	Combine lii	nes 3 throu	ıgh 9 (mu	st equal Part X,	line 32,				
	column	(B))								10	70	,670	•
Pa	rt XII F	inancial State	ements a	nd Re	eporting								_
	С	heck if Schedule	O contains a	a respo	onse or note	e to any line	e in this P	art XII					
					-							Yes No	<u> </u>
1		ting method used							Other		-		
					-	-	-		explain on Schedule	e O.			
2a		e organization's			-		-	-			2a	X	<u> </u>
	If "Yes,	" check a box bel	ow to indica	te whe	ther the fina	ancial state	ements for	the year were	compiled or reviewed	l on a			
		e basis, consolida	ated basis, c	or both:									
		eparate basis			ed basis			idated and sep	arate basis				
b		e organization's									2 b	<u> </u>	<u> </u>
				te whe	ther the fina	ancial state	ements for	the year were	audited on a separate	e basis,			
		dated basis, or bo											
		eparate basis			ed basis			idated and sep					
с								•	ity for oversight of the	-			
		-					-		ant?		<u>2</u> c	_	_
							-	-	year, explain on Sch	edule O.			
3a						uired to ur	ndergo an	audit or audits	as set forth in the				
		Guidance, 2 C.F		•							3 a	<u> </u>	<u> </u>
b		-	-		-			-	not undergo the requi	red audit			
	or audit	s, explain why or	Schedule C) and d	escribe any	steps take	en to unde	ergo such audit	S		3b	200 /	

Form **990** (2022)

SCHEDULE A (Form 990)		OMB No. 1545-0047											
Internal Revenue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection					
Name of the organizati	on	-					Employer	identification number					
			RMING ARTS PA					2-0812771					
Part I Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	าร.						
The organization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)								
1 🔄 A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	I)(A)(i).							
2 A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)									
3 A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).							
4 A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,					
city, and stat	e:												
	-		llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in					
section 170	(b)(1)(A)(iv). (C	Complete Part II.)											
		•	nental unit described in			.,							
•		•	ntial part of its support fr	om a gove	ernmental	unit or from t	he general	oublic described in					
		omplete Part II.)											
			(1)(A)(vi). (Complete Par										
			in section 170(b)(1)(A)(· ·			•	•					
	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or					
university:	on that norma		than 33 1/3% of its supp	ort from o	ontributior	no momborol	in food on	d aroon ronginto from					
•		• • • •	t to certain exceptions; a				-	•					
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
		-	ively to test for public sat	fetv. See	section 50)9(a)(4).							
	-	-	d in section 509(a)(1) o	-			-						
			f supporting organizatior										
	•	• ·	upervised, or controlled				-	giving					
the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting					
organizatio	n. You must c	complete Part IV, Se	ections A and B.										
b 🗌 Type II. A :	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ving					
control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported					
organizatio	n(s). You mus	t complete Part IV,	Sections A and C.										
c 🔄 Type III fu	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	Ily integrate	ed with,					
its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.							
	-	• •	porting organization oper				•						
		0	ation generally must sat				d an attentiv	/eness					
			nplete Part IV, Sections										
	•		written determination fro			Type I, Type	II, Type III						
			nally integrated supporti										
f Enter the number		about the supporte	nd organization(s)										
(i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other					
organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)					
-													
<u>Total</u>						<u> </u>							

Schedule A (Form 990) 2022 LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi				12	
13		-		fourth or fifth tax			
10	organization, check this box and sto	-			•		
See	ction C. Computation of Publi						
	Public support percentage for 2022 (column (f))		14	%
15	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					· · · ·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-	-				
	meets the facts-and-circumstances te			-	-	withow the organ	
۲	10% -facts-and-circumstances test	-			•		
i.	more, and if the organization meets the	-	-				1070 01
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
							(Form 990) 2022

232022 12-09-22

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total							
1	Gifts, grants, contributions, and													
	membership fees received. (Do not													
	include any "unusual grants.")	426,758.	386,413.	62,919.	162,425.	331,871.	1370386.							
2	Gross receipts from admissions,	-	-	-		-								
	merchandise sold or services per-													
	formed, or facilities furnished in													
	any activity that is related to the	86,763.	47,457.	8,375.	64,111.	37 600	244,306.							
-	organization's tax-exempt purpose	00,703.	4/,45/.	0,575.	04,111.	57,000.	244,300.							
3	Gross receipts from activities that													
	are not an unrelated trade or bus-													
	iness under section 513													
4	Tax revenues levied for the organ-													
	ization's benefit and either paid to													
	or expended on its behalf													
5	The value of services or facilities													
	furnished by a governmental unit to													
	the organization without charge													
~	• • …	513 521	433,870.	71 201	226,536.	369 171	1614692.							
	Total. Add lines 1 through 5	515,521.	455,070.	/1,294.	220,330.	509,471.	1014092.							
78	Amounts included on lines 1, 2, and						0							
_	3 received from disqualified persons						0.							
k	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.							
c	Add lines 7a and 7b						0.							
	Public support. (Subtract line 7c from line 6.)						1614692.							
	Section B. Total Support													
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total							
	Amounts from line 6	513,521.	433,870.	71,294.	226,536.	369,471.	(f) Total 1614692.							
	Gross income from interest,	510,0110	10070707	, _ , _ , _ , _ ,	,									
102	dividends, payments received on													
	securities loans, rents, royalties,													
	and income from similar sources													
b	Unrelated business taxable income													
	(less section 511 taxes) from businesses													
	acquired after June 30, 1975													
c	Add lines 10a and 10b													
11	Net income from unrelated business													
	activities not included on line 10b, whether or not the business is													
	regularly carried on					34,688.	34,688.							
12	Other income. Do not include gain					,	,							
	or loss from the sale of capital					995.	995.							
10	assets (Explain in Part VI.)	513,521.	433,870.	71,294.	226,536.	405,154.	1650375.							
	Total support. (Add lines 9, 10c, 11, and 12.)			-										
14	First 5 years. If the Form 990 is for th	le organization's fil	rst, secona, thira, t	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,							
<u> </u>	check this box and stop here ction C. Computation of Publi		oontogo				·····							
	•						07.04							
	Public support percentage for 2022 (I		-			15	<u>97.84</u> % 100.00%							
	Public support percentage from 2021 ction D. Computation of Invest					16	100.00 %							
	•			- 10 I ([*])		47	.00 %							
	Investment income percentage for 20					17								
	Investment income percentage from					18	•00 %							
19a	33 1/3% support tests - 2022. If the	-												
	more than 33 1/3%, check this box ar	-					X							
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd							
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization								
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	ı, or 19b, check th	is box and see ins	tructions								
2320	23 12-09-22					Schedule A	(Form 990) 2022							

Schedule A (Form 990) 2022 LEIGH HS PERFORMI

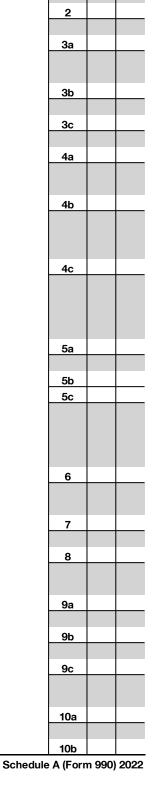
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Yes No

1

16

Schedule A (Form 990) 2022 LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 5

Pa	πīν	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
4	Did #	a governing body, members of the governing body, officers acting in their official canacity, or membership of one or			

more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2 Did the organization operate for the benefit of any supported organization other than the supported	
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Section C. T	ype II Supporting Organizations	5

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the

Section D.	All Type	e III Supporting	Organizations	
				_

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- 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.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

2

No

Yes No

11151025 131839 B116360

Sche	dule A (Form 990) 2022 LEIGH HS PERFORMING AR			2-0812771 Page 6
Pa		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	-		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u> i </u>	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	LEIGH HS	PERFORMIN	IG ARTS	PARENTS	ASSOCIA	82-0812771	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanations r , 5a, 6, 9a, 9b, 9c, 1 t IV, Section E, lines	equired by Pa 1a, 11b, and ⁻ 1c, 2a, 2b, 3a	rt II, line 10; Part I1c; Part IV, Sec a, and 3b; Part V	II, line 17a or 17 tion B, lines 1 ar , line 1; Part V, S	7b; Part III, line 12; nd 2; Part IV, Sectior Section B, line 1e; Pa	۱C,
	(See Instructions.)							
232028 12-09-2	2			20			Schedule A (Form 9	990) 2022

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

Employer identification number

82-0812771

organization type (check of	noj.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA

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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

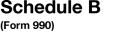
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

223451 11-15-22

Schedule B (Form 990) (2022)



Department of the Treasury

Schedule B (Form 990) (2022)

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$13,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-0812771

223452 11-15-22

11151025 131839 B116360

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

23

Name of organization

Employer identification number

82-0812771

Schedule B (Form 990) (2022)

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA

223453 11-15-22

	B (Form 990) (2022)			Page 4		
Name of or	rganization			Employer identification number		
	HS PERFORMING ARTS PAR			82-0812771		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	·	(e) Transfer of gif	 t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-		(e) Transfer of gif	l			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee		
23454 11-15	5-22			Schedule B (Form 990) (2022		

SCHEDULE G	Suppleme	ntal Information Re	garding	j Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)	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.								2022	
Department of the Treasury Attach to Form 990 or Form 990-EZ.									Open to Public	
Inspection Inspection Main and the latest information. Inspection									Inspection	
							Employer i 82-081	r identification number		
Part I Fundrais							line 17			
Part I 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.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants										
d 🚺 In-person so	licitations									
U U		r oral agreement with any		•	Ũ		stees, o		TT	
, , ,		art VII) or entity in connec viduals or entities (fundrai	•			°	ho fun		es X No	
compensated at le			sers) purse		agreer				De	
				(iii)	Did	<i>"</i>	(v) A	Amount paic	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity		have c	raiser ustody ntrol of	(iv) Gross receipts from activity		r retained by undraiser	/) to (or retained by)	
	,			contrib	utions?		list	ed in col. (i)	organization	
				Yes	No					
				_						
Total 3 3 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.										

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

Schedule G (Form 990) 2022

232081 10-27-22

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-0812771 Page 2

Part II 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.

		of fundraising event contributions and gro	r	· · · · · · · · · · · · · · · · · · ·	e 1	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			CRAB FEED	RUMMAGE SALE	6	(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
nue								
Revenue	1	Gross receipts	18,673.	13,900.	11,969.	44,542.		
	2	Less: Contributions	2,106.			2,106.		
	3	Gross income (line 1 minus line 2)	16,567.	13,900.	11,969.	42,436.		
	4	Cash prizes						
	•							
s	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Ct EX	7	Food and beverages	3,023.			3,023.		
Dire								
	8	Entertainment				4 505		
	9	Other direct expenses		579.	3,753.	4,725.		
	10	Direct expense summary. Add lines 4 through	.,			7,748. 34,688.		
22	<u>11</u> rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		000 Det N/ Kee 40		54,000		
		\$15,000 on Form 990-EZ, line 6a.			eported more than			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)		
Revenue				anigo, progressive anige				
æ	1	Gross revenue						
1	<u> </u>							
s	2	Cash prizes						
sus								
ğ	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
-	5	Other direct expenses						
	<u> </u>		Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
a Is the organization licensed to conduct gaming activities in each of these states?								
b If "No," explain:								
		ere any of the organization's gaming licenses re				Yes No		
b	It "	Yes," explain:						
23208	2 10)-27-22			Sche	dı		

Sch	edule G (Form 990) 2022	LEIGH HS	PERFORMING	ARTS PARENTS	ASSOCIA 82-0	0812771	Page 3
11	Does the organization conduct g	aming activities wi	th nonmembers?			Yes	No No
12	Is the organization a grantor, ben	eficiary or trustee	of a trust, or a member	of a partnership or other e	entity formed		
	to administer charitable gaming?					Yes	🗌 No
13	Indicate the percentage of gamin						
а	The organization's facility					13a	%
b	An outside facility					13b	%
14	Enter the name and address of th	ne person who pre	pares the organization's	gaming/special events b	ooks and records:		
	Name						
	Address						
							<u> </u>
15a	Does the organization have a cor	itract with a third p	party from whom the org	anization receives gamin	g revenue?	 Yes	└── No
				¢			
D	If "Yes," enter the amount of gam	-		\$	and the amount		
-	of gaming revenue retained by th						
С	If "Yes," enter name and address	of the third party:					
	Nome						
	Name						
	Address						
	Address						
16	Coming monogor information:						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	daming manager compensation	Ψ					
	Description of services provided						
	Director/officer	Employee		ndent contractor			
17	Mandatory distributions:						
а	Is the organization required unde	r state law to make	e charitable distribution	s from the gaming procee	ds to		
	retain the state gaming license?					Yes	No No
b	Enter the amount of distributions						
	organization's own exempt activi						
Pa	rt IV Supplemental Infor	mation. Provide	e the explanations requi	red by Part I, line 2b, colu	ımns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also j	provide any additional ir	nformation. See instructio	ns.		
23208	33 10-27-22		27		Sched	lule G (Form	990) 2022
			4/				

11151025 131839 B116360

Schedule G (Form 990) Part IV Supplemental Int	LEIGH HS	PERFORMING	ARTS	PARENTS	ASSOCIA	82-0812771	Page 4
Part IV Supplemental In	formation (continue	d)					
						Schedule G (F	orm 990)

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LEIGH HS PERFORMING ARTS PARENTS ASSOCIA 82-

Employer identification number 82 - 0812771

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WINTER PERCUSSION: LEIGH PAPA SUPPORTS THROUGH FUNDRAISING, CHARITABLE

CONTRIBUTIONS AND VOLUNTEERISM AND INDOOR MARCHING AND PERCCUSSION

MUSICAL GROUP OF APPROXIMATELY THIRTY STUDENTS EACH WINTER AT LEIGH

HIGH SCHOOL. THIS GROUP REQUIRES CONSTUMES, PERFORMANCE RIGHTS TO

MUSIC, TRANSPORTATION TO AND FROM CONPETITIONS, LODGING, MEALS AT

COMPETITIONS, MANPOWER TO HELP MOVE PERCUSSION INSTRUMENTS AND PROPS,

THE PURCHASE OF SMALL PROPS, FUNDINGFOR OUTSIDE TECHNICAL COACHES AND

SHOW DESIGN, AS WELL AS VARIOUS OTHER EXPENSES. BETWEEN JANUARY AND

APRIL OF EACH YEAR, THE GROUP PARTICIPATES AT COMPETITIONS THROUGHOUT

THE SAN FRANCISCO BAY AREA AND PERIODICALLY IN OTHER PARTS OF THE STATE

AND COUNTRY. PAPA PROVIDES HUNDREDS OF VOLUNTEER HOURS AND TENS OF

THOUSANDS OF DOLLARS IN ORDER TO MAKE THIS PROGRAM POSSIBLE.

EXPENSES \$ 82,184. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WINTER GUARD: LEIGH PAPA SUPPORTS THROUGH FUNDRAISING, CHARITABLE

CONTRIBUTIONS AND VOLUNTEERISM AN INDOOR DANCE GROUP THAT CONSISTS OF

APPROXIMATELY THIRTY STUDENTS EACH WINTER AT LEIGH HIGH SCHOOL. THIS

GROUP REQUIRES UNIFORMS, PERFORMANCE RIGHTS TO MUSIC, TRANSPORTATION TO

AND FROM COMPETITIONS, LODGINGS, MEALS AT COMPETITIONS, MANPOWER TO

HELP MOVE PROPS, THE PURCHASE OF SMALL PROPS, FUNDING FOR OUTSIDE

TECHNICAL COACHES AND SHOW DESIGN, AS WELL AS OTHER VARIOUS EXPENSES.

BETWEEN JANUARY AND APRIL OF EACH YEAR, THE GROUP PARTICIPATES AT

COMPETITIONS THROUGHOUT SAN FRANCISCO BAY AREA AND PERIODICALLY IN

OTHER PARTS OF THE STATE AND COUNTRY.

EXPENSES \$ 16,116. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

29

Name of the organization

82-0812771

LEIGH HS PERFORMING ARTS PARENTS ASSOCIA

OTHER : LEIGH PAPA ANNUALLY AWARDS FOUR ONE-TIME SCHOLARSHIPS OF \$500 EACH TO GRADUATING SENIORS THAT HAVE PARTICIPATED IN THE PERFORMING ARTS FOR AT LEAST THREE OF THEIR FOUR YEARS AT LEIGH HIGH SCHOOL. LEIGH PAPA IS ALSO THE HOME OF MICHALE BROOKS \$1,000-\$2,000 SCHOLARSHIP FOR GRADUATING SENIORS THAT HAVED PARTICIPATED IN THE PERFORMING ARTS. THE REMAINDER OFLEIGH PAPA ACTIVITIES CONSIST OF FUNDRIAISNG TO HELP THE AMERICAN RED CROSS PROVIDE RELIEF TO CALIFORNIA WILDFIRE VICTIMS AND TO ORGANIZAE ONE OR MORE COMMUNITY OUTREACH EVENTS TO ENCOURAGE MIDDLE SCHOOL STUDENTS PARTICIPATE IN THE PERFORMING ARTS WHEN THEY ENROLL AT LEIGH HIGH SCHOOL.

EXPENSES \$ 37,684. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF LEIGH PAPA CONSISTS OF THE PARENTS AND GUARDIANS OF LEIGH HIGH SCHOOL STUDENTS THAT ARE CURRENTLY ENROLLED IN ONE OR MORE OF THE PERFORMING ARTS PROGRAMS TAKING PLAVE DURING THAT SCHOOL YEAR. ALUMNI AND PARENTS OF ALUMNI OF THE PERFORMING ARTS PROGRAMS ARE ALSO ELIGABLE TO BE MEMBERS. MEMBERS ALSO VOTE OF RATIFICATION OF THE ANNUAL BUDGET, AND VOTE TO APPROVE OR REJECT AMENDMENTS TO THE ORGANIZATIONS BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS OF LEIGH PAPA MAY VOTE TO ELECT THE EXECUTIVE BOARD EACH

SPRING, AS WELL AS ANY SPECIAL ELECTIONS FOR VACANCIES,

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OF LEIGH PAPA VOTE TO ELECT THE ENTIRE EXECUTIVE BOARD EACH SPRING,

AS WELL AS ANY SPECIAL ELECTIONS FOR VACANCIES. MEMBERS ALSO VOTE OF
232212 10-28-22
30

11151025 131839 B116360

TO THE ORGANIZATIONS BYLAWS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM, WITH INFORMATION PROVIDED BY THE GOVERNING BODY. PRIOR TO FILING, THE FORM 990 WILL BE REVIEWED BY THE PRESIDENT, TREASURER, AND OTHER MEMBERS OF THE EXECUTIVE BOARD.

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

ALL EXECUTIVE BOARD MEMBERS MUST SIGN AN ANNUAL CERTIFICATION THAT THEY HAVE BEEN PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY, WILL ABIDE BY IT, AND WILL IMMEDIATELY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. AN EXECUTIVE BOARD MEMBER WITH A POTENTIAL CONFLICT OF INTEREST MAY NOT PARTICIPATE IN THE DISCUSSION OR APPROVAL OF ITEMS RELATED TO THE CONFLICT.

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

AC OPY OF THE ORGANIZATIONS BYLAWS AND CONFLICT OF INTEREST POLICY IS

POSTED TO THE ORGANIZATIONS WEBSITE, AS WELL AS THE MOST RECENT COPIES OF

THE FORM 990. REQUESTS FOR FINANCIAL INFORMATION CAN BE MADE BY CONTACTING

31

THE LEIGH PAPA ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
LEIGH HS PERFORMING ARTS PARENTS ASSOCIA	82-0812771
PROGRAM SERVICE EXPENSES	81,655.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,655.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	81,655.
232212 10-28-22 32	Schedule O (Form 990) 2022

11151025 131839 B116360