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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs gov/form990.

Open to Public Inspection

Charmo of organization   LaRP AGILITY CLUB OF CENTRAL   MASSACHUSETTS, INC.	A F	or the 2	2013 calendar year, or tax year beginning MAY $1$ , $2013$ and end	ding A	PR 30, 2014			
DEAP AGINITY CLUB OF CENTRAL   Mass SACHUSETTS , INC.	Вс	heck if	C Name of organization		D Employer identifie	cation number		
MASSACHUSETTS   TMC.     Comparison   MASSACHUSETTS   TMC.     Compa	aţ	-	LEAP AGILITY CLUB OF CENTRAL					
Description		_ichange	MASSACHUSETTS, INC.					
Number and street (of 1) cold if mails in of delevered to street address)   Secondarians   Cold in the cold in t		jchange	Doing Business As		04-3492257			
City or town, state or province, country, and ZIP or foreign postal code   G   G   Gross incered s   T   106, 959.			Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	•		
Contributions and grants (Part VIII, Ine 1s)   Solicity   Total number of independent volunteers (setimate if necessary)   Solicity   Total number of independent volunteers (setimate if necessary)   Solicity   Total number of volunteers (setimate if necessary)   Solicity			235 AMES ROAD		413-	566-5733		
Final Post   Fi		Amended return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	106,959.		
F Name and address of principal officer. MAUKEEN MCLARCHY   17 TOBBY HWY, GREENVILLE, NH 03048   Http://www.new.new.new.new.new.new.new.new.new.		⊒tiộn	HAMPDEN, MA 01036		H(a) Is this a group re	turn		
Taxe-empt status   S01(c)(3)   S01(c)		pending	F Name and address of principal officer. MAUREEN MCLATCHY		for subordinates	? ☐ Yes ☒ No		
Website:			194 TOBEY HWY, GREENVILLE, NH 03048		H(b) Are all subordinates in	cluded? Yes No		
Form of organization:   Corporation   Tiust   Association   Other   Lyear of formation:   2001   M State of legal domicile:   MAPPERT   Summary	<u> 1 T</u>	ax-exen	npt status: X 501(c)(3) 501(c) ( )	527	If "No," attach a	list. (see instructions)		
Part I   Summary    Part I   Summary					H(c) Group exemption	n number 🕨		
1 Binefly describe the organization's mission or most significant activities   TO PROMOTE AND DISSEMINATE				L Year o	of formation. 2001 N	State of legal domicile: MA		
KNOWLEDGE REGARDING AGLITTY TRAINING FOR PUREBRED DOGS.  2 Check this box	Pa	rt I	Summary					
Box   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	ايو		- · · · · · · · · · · · · · · · · · · ·			INATE		
Book tunnelated business taxable income from Form 990-T, line 34   To   O .	auc	_						
Book tunnelated business taxable income from Form 990-T, line 34   To   O .	ern		- · · · · · · · · · · · · · · · · · · ·	of more	than 25% of its net as	sets		
Box   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	<u>۾</u>				3	<u>-</u> _		
Box   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	8							
Box   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	ies				<del>                                     </del>			
Book tunnelated business taxable income from Form 990-T, line 34   To   O .	Ĭ.				<del>                                     </del>			
Revenue   Sease   Section   Sectio	Ac				<del>}  </del>			
8   Contributions and grants (Part VIII, line 1h)   946.   742.	$\dashv$	b N	et unrelated business taxable income from Form 990-1, line 34	<del>-  </del>	1			
9 Program service revenue (Part VIII, line 2g) 1 128,308. 106,217. 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1 Benefits paid to or for membrate (Part VIII) (Part VIII, column (A), lines 13) 1 Column (A), lines 15 1 Column (A),				-				
1   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   1.2   Total revenue - add lines 8 through 11 (must 6 qual Part VIII, column (A), line 12)   1.29, 2.54   1.06, 9.59   7.0   1.06, 9.59   1.06, 9.	e e							
1   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   1.2   Total revenue - add lines 8 through 11 (must 6 qual Part VIII, column (A), line 12)   1.29, 2.54   1.06, 9.59   7.0   1.06, 9.59   1.06, 9.	l e				<del></del>			
12   Total revenue   add lines 8 through   11   (must equal Patr VIII, column (A), line 12)   129, 254   106, 959   13   Grants and similar amounts patr (Fatr Nothers 1.3)   1, 997   70   14   Benefits paid to or for membrate (Fatr Nothers 1.3)   1, 997   70   0   0   0   0   0   0   0   0	Re							
13 Grants and similar amounts and (Fat Volume (A) these 1.3) 14 Benefits paid to or for members (Pat IX column (A) these 1.3) 15 Salaries, other compensation, employee benefits (Pat IX column (A), lines 5.10) 16 Professional fundraising flees (Part IX, column (A), lines flee) 17 Other expenses (Part IX, column (A), line flee) 18 Total expenses Add lines 13 Organis equal Part IX, column (A), line 25) 19 Revenue less expenses softract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block 24 Despiration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Type or print name and title  26 Prim's pare BAZZANO ROSENBLOOM, LLC Firm's address 650 FARMINGTON AVENUE  Firm's address 650 FARMINGTON AVENUE  Firm's address 650 FARMINGTON AVENUE  Phone no. (860) 756-0929				-				
14 Benefits paid to or for member (Part X: Column (A) file 4) 15 Salaries, other compensation, employee benefits (Part X: column (A), lines 5-10) 16 Professional fundraising repeates (Part X: column (A), lines 5-10) 16 Professional fundraising expenses (Part IX: column (A), lines 5-10) 17 Other expenses (Part IX: column (B), lines 5-10) 18 Total expenses Add lines 13 (Indias Figure 1) 19 Revenue less expenses softract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block 24 Index 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 rue, correct, and comprete. Operation of preparer (other than officer) is based on all information of which preparer has any knowledge.    Print								
15 Salaries, other compensation, employee benefits (Part M column (A), lines 5-10)  16a Professional fundraising expenses (Part IX, column (A), line) (A), lines 5-10)  17 Other expenses (Part IX, column (A), line) (B)  18 Total expenses Add lines 13 (Analytic files)  19 Revenue less expenses Softract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Let assets or fund balances Subtract line 21 from line 20  25 Signature Block  26 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  28 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 John Compete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  21 John Compete Declaration of ficer Date Date Date Date Date Date Date Date				<del> </del>				
16a Professional fundraising reas (Rafit X, column (A), line 16b b Total fundraising expenses (Part IX, column (B), line 25)   1.7 Other expenses (Part IX) dought (A) flips (Part IX, column (A), line 25)   1.8 Total expenses Add lines 13 Other equal Part IX, column (A), line 25)   1.22, 487.   1.00, 541.   1.8 Total expenses Add lines 13 Other equal Part IX, column (A), line 25)   1.22, 487.   1.00, 611.   1.00, 541	6							
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19 Revenue less expenses Sobtract line 18 from line 12  19 Revenue less expenses Sobtract line 18 from line 12  19 Revenue less expenses Sobtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Net assets or fund balances Subtract line 21 from line 20  24 Part II Signature Block  25 Onder 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 frue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Signature of officer  27 DEBRA LOOMIS, TREASURER  28 Type or print name and title  29 Print/Type preparer's name  29 JACQUELINE R. BAZZANO  20 Total assets (Part X, line 16)  30 73, 763.  30, 111.  30 73, 763.  30, 111.  30 73, 706.  30 705.  30								
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  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.  Signature of officer  DEBRA LOOMIS, TREASURER Type or print name and title  Print/Type preparer's name  JACQUELINE R. BAZZANO  Firm's name  BAZZANO & ROSENBLOOM, LLC  Firm's lin  Ode 1  Firm's lin  Ode 2  PTIN  Sell+employed  PO0279969  Firm's lin  Ode 1592562  Phone no. (860) 756-0929								
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 Signature of officer  Date  DEBRA LOOMIS, TREASURER Type or print name and title  Print/Type preparer's name JACQUELINE R. BAZZANO  Prim's name BAZZANO & ROSENBLOOM, LLC  Firm's name BAZZANO & ROSENBLOOM, LLC  Firm's address 650 FARMINGTON AVENUE  HARTFORD, CT 06105  Phone no. (860) 756-0929	Sor		****	Beg	1			
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 Signature of officer  Date  DEBRA LOOMIS, TREASURER Type or print name and title  Print/Type preparer's name JACQUELINE R. BAZZANO  Prim's name BAZZANO & ROSENBLOOM, LLC  Firm's name BAZZANO & ROSENBLOOM, LLC  Firm's address 650 FARMINGTON AVENUE  HARTFORD, CT 06105  Phone no. (860) 756-0929	sets	<b>20</b> To	otal assets (Part X, line 16)		73,763.	80,111.		
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 irrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer  Date  DEBRA LOOMIS, TREASURER Type or print name and title  Print/Type preparer's name JACQUELINE R. BAZZANO  Firm's name BAZZANO & ROSENBLOOM, LLC  Firm's rame BAZZANO & ROSENBLOOM, LLC  Firm's address 650 FARMINGTON AVENUE  HARTFORD, CT 06105  Phone no. (860) 756-0929	£60	<b>21</b> To	otal liabilities (Part X, line 26)		57.	57.		
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 strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  DEBRA LOOMIS, TREASURER  Type or print name and title  Print/Type preparer's name  JACQUELINE R. BAZZANO  Firm's name  BAZZANO & ROSENBLOOM, LLC  Firm's address  650 FARMINGTON AVENUE  HARTFORD, CT 06105  Phone no. (860) 756-0929	記	22 N	et assets or fund balances Subtract line 21 from line 20		73,706.	80,054.		
Sign Signature of officer Date  DEBRA LOOMIS, TREASURER Type or print name and title  Print/Type preparer's name JACQUELINE R. BAZZANO  Firm's name BAZZANO & ROSENBLOOM, LLC  Firm's address 650 FARMINGTON AVENUE  HARTFORD, CT 06105  Possed on all information of which preparer has any knowledge.  91/3/14  Check PTIN  Self-employed P00279969  Firm's EIN 06-1592562  Phone no. (860) 756-0929	`Pa	rt II	Signature Block					
Sign    DEBRA LOOMIS, TREASURER   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   PTIN	Ŋnde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	y knowledge and belief, it is		
Sign   Signature of officer   Date	true,	correct,		preparer	has any knowledge.			
Firm's name   BAZZANO & ROSENBLOOM, /LLC   Firm's EIN   06-1592562					1 91/31	<u>19</u>		
Firm's name   BAZZANO & ROSENBLOOM, /LLC   Firm's EIN   06-1592562	Sign	• ا			Date			
Firm's name   BAZZANO & ROSENBLOOM, /LLC   Firm's EIN   06-1592562	Hère	₽   ]						
Firm's name   BAZZANO & ROSENBLOOM, /LLC   Firm's EIN   06-1592562	<u>2.</u>	<u>  '</u>			late Check C	DTIN		
Firm's name   BAZZANO & ROSENBLOOM, /LLC   Firm's EIN   06-1592562	<b>3</b>	P		'ا۔ر۔	/	<b></b>		
Use Only Firm's address 650 FARMINGTON AVENUE HARTFORD, 07 06105 Phone no. (860) 756-0929				55+	+ - <del>/ - / -   </del>			
HARTFORD, 000 06105 Phone no. (860) 756-0929		_			FIRM S EIN	00-1334304		
	J36 1	·			Dhone no / Q	60) 756-0020		
	Mav	the IRS	discuss this return with the preparer shown above? (see instructions)		LE HOUSE HO. \ O	X Yes No		

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LEAP AGILITY CLUB OF CENTRAL

LEAP AGILITY CLUB OF CENTRAL

Form 990 (2013) MASSACHUSETTS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			- 22
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	· · · · · · · · · · · · · · · · · · ·	_		Х
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			••
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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### LEAP AGILITY CLUB OF CENTRAL MASSACHUSETTS, INC.

Form 990 (2013) MASSACHUSETTS, INC
Part IV Checklist of Required Schedules (continued)

	Circolates of Legalica Correlates (Continues)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u>X</u>
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			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		<u>X</u>
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		<u>X</u>
35a	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-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

	990 (2013) MASSACHUSETTS, INC. 04-34923	<u> 257</u>	Pa	<u>age 5</u>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	, 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			
þ	Enter the number of Forms W-2G included in line 1a Enter -O- if not applicable 1b 0		İ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ì		
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Ī		
	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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		_X_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders		-	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		ł	
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	1		

14b Form **990** (2013)

14a

X

13b

13c

**b** Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

## LEAP AGILITY CLUB OF CENTRAL

MASSACHUSETTS, INC. Form 990 (2013)

04-3492257

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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	. 2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	·					
	ın Schedule O how this was done .	12c					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finar	icial				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨					
	DEBRA LOOMIS - 413-566-5733						
	235 AMES ROAD, HAMPDEN, MA 01036						
33200	10-29-13	Form	990	20131			

# 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

X Check this box if neither the organization		orga	ınıza	tion	COI	nper	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)		(C)			_		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than o		one	Reportable	Reportable	Estimated		
	hours per week	box	, unle	ss pe	rson	s bot x/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	į						the	organizations	compensation
	hours for	dre				ted		organization	(W-2/1099-MISC)	from the
	related	stee 0	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	aftru	nal t		loye	coming se			i.	and related
	below	IMI	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	5.00	를	Ĕ	통	\$	五章	æ			
(1) CHERYL BREWER	3.00	х						•	0	_
DIRECTOR	5.00	Α		-				0.	0.	0.
(2) PAT SANDILLO	3.00	X						0.	^	_
DIRECTOR	5.00	Λ						0.	0.	0.
(3) LINDA PATENAUDE	3.00	X						0.	0.	_
DIRECTOR	5.00	Λ			-	-		U•	· · ·	0.
(4) CHRISTINE MARINELLI	3.00	X						0.	0.	0.
DIRECTOR	20.00	Λ						0.	0.	<b></b>
(5) MAUREEN MCLATCHY PRESIDENT	20.00			X				0.	0.	0.
(6) MONICA STATHERS	10.00		<del></del>					0.	0.	•
VICE PRESIDENT	10.00			X				0.	0.	0.
(7) JOCELYN KURDZIONAK	10.00									•
SECRETARY	20.00			X				0.	0.	0.
(8) DEBRA LOOMIS	10.00		_	-		<b>-</b>				
TREASURER				Х				0.	0.	0.
(9) SALLY KING	10.00							-		
MEMBERSHIP SECRETARY			1	X				0.	0.	0.
			ļ							
	_	L.								
			1							
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rait	Section A. Officers, Directors, Trus		ploy	ees/	, an	d Hi	ghe	st C	compensated Employe	es (continued)					
	· (A)	(B)				C)			(D)	(E)	(F)				
	Name and title	Average	Position (do not check more than one					оле	Reportable Reportable			Estimated			
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount			
		week (list any	⊢	a		a.	, ous		from	from related		other			
		hours for	Irect				L		the	organizations		compens			
		related	60.0	ige			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	'	from the organization			
		organizations	truste	al trus		eg.	mper		(11 27 1000 111100)			and rela			
		below	Individual trustee or director	Institutional trustee	<b>a</b>	Key employee	est co	<u>=</u>				organizat			
		line)	ğ	Insti	Officer	Keye	Highest compensated employee	<b>Former</b>				_			
	·														
								ŀ							
	-									-					
			]												
						İ					$\exists$	-			
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											$\top$				
											1				
1b	Sub-total	•						<b>▶</b>	0.	C	١.		0.		
C	Total from continuation sheets to Part VI	I, Section A						<b>•</b>	0.	C			0.		
d '	Total (add lines 1b and 1c)							<b>•</b>	0.	C			0.		
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable					
	compensation from the organization												0		
										<del>-</del>		Yes	No		
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on					
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X		
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d otl	her compensation from	the organization					
1	and related organizations greater than \$150	0,000 <i>? If "Yes</i> ,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х		
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services					
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	on					5	X		
	on B. Independent Contractors														
	Complete this table for your five highest co										nsat	ion from			
	the organization Report compensation for	the calendar y	ear e	endı	ng v	vith	or w	ithir	the organization's tax	/ear		- <u></u> -			
	(A)							ŀ	(B)		_	(C)			
	Name and business	address	N	INC	<u> </u>				Description of s	ervices	Cor	mpensatio	n		
		<del></del> .						_							
										1					
								$\dashv$							
								4							
								_	<del></del> . <del>_</del>						
										1					
	Total number of independent contractors (i		ot lii	mite	d to		_	sted	l above) who received m	ore than					
	\$100,000 of compensation from the organi	zation >				(	<u>)                                    </u>					<del></del>			
											F	orm <b>990</b> (	(2013)		

MASSACHUSETTS, INC.

rant viii   Statement of Revenue	Part VIII	<ul> <li>Statement of Revenue</li> </ul>
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		Check if Schedule O conf	tains a response	or note to any line	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
ıts	1 a	Federated campaigns	1a					3.2 3.1
ran	b		1b	742.				
S, G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, C	е	Government grants (contribut						
Sign		All other contributions, gifts, gran	· —			}		
the		similar amounts not included abo	. 1 1			İ		;
50	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	742.			
				Business Code				
9	2 a	CLUSTER INCOME	- TRIAL	900099	52,661.	52,661.		
و څ	b	MEMORIAL DAY -	TRIALS	900099	25,296.	25,296.		
Sco	С	MOUNT HOLYOKE -	TRIALS	900099	18,144.	18,144.		
Program Service Revenue		COURSING ABILIT	Y TEST	900099	7,470.	7,470.		
<u> </u>	е	SEMINARS		900099	2,646.	2,646.		
₫	f	All other program service reve	enue					
$\rightarrow$	g	Total. Add lines 2a-2f			106,217.			
	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				ļ
	5	Royalties		<b>•</b>			<del></del>	ļ <u></u>
			(ı) Real	(II) Personal				
	6 a							
ŀ		Less. rental expenses	ļ					
		Rental income or (loss)	L.					
1		Net rental income or (loss)	<u></u>	<b>D</b>				
l	7 a	Gross amount from sales of	(i) Securities	(II) Other				
i		assets other than inventory						
	Þ	Less cost or other basis						
	_	and sales expenses						
		Gain or (loss)	L					
ı		Net gain or (loss)  Gross income from fundraising	a ovente /net					-
ے ا	Оа	including \$	-					
ě		contributions reported on line	O'					
ığ		Part IV, line 18	-					
Other Reve	h	Less. direct expenses	a b					
Ò		Net income or (loss) from fund						
		Gross income from gaming ac	•					-
!	-	Part IV, line 19	а					
I	b	Less direct expenses	b					
İ	С	Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less	-					
1		and allowances	а					
İ	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	<b>•</b>				
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
	С							
ı	d	All other revenue .						
	е	Total. Add lines 11a-11d	•	▶ _				
22222	12	Total revenue. See instructions.		<b>▶</b>	106,959.	106,217.	0.	
332009 10-29-	13							Form <b>990</b> (2013)

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### Form 990 (2013) Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	70.	70.		
2	Grants and other assistance to individuals in	·			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	1 1		. <del></del>	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				, .
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<u>.</u>			
8	Pension plan accruals and contributions (include		_ <del></del>		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management .	-			
b	Legal				
С	Accounting	750.		750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		-	-	
12	Advertising and promotion	240		2.40	
13	Office expenses	342.		342.	
14	Information technology				
15	Royalties				
16	Occupancy .				
17	··-·-				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	425.		425.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CLUSTER TRIAL EXPENSES	46,443.	46,443.		
b	MEMORIAL DAY TRIAL EXPE	23,217.	23,217.		
С	MOUNT HOLYOKE TRIAL EXP	15,938.	15,938.		
d	COURSING ABILITY TEST	6,110.	6,110.		
е	All other expenses	7,316.	35.	7,281.	
25	Total functional expenses. Add lines 1 through 24e	100,611.	91,813.	8,798.	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 here if following SOP 98-2 (ASC 958-720)				- 000

### LEAP AGILITY CLUB OF CENTRAL MASSACHUSETTS, INC.

Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
	•	Order in Confedure C Contains a response of note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	73,163.	1	80,111.
	2	Savings and temporary cash investments	•	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	600.	4	
	5	Loans and other receivables from current and former officers, directors,			
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined up	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib			
		employers and sponsoring organizations of section 501(c)(9) voluntary	, , , , , , , , , , , , , , , , , , , ,		
m		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	7	Inventories for sale or use		8	<del></del>
	8			9	
	9	Prepaid expenses and deferred charges		9	
	lua	Land, buildings, and equipment cost or other	84.		
		basis Complete Part VI of Schedule D 10a 1,5	0.	40-	0.
	l		0.	·	
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 11		11	
	12	·		12	
	13	Investments - program-related See Part IV, line 11		13	·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	73,763.	15	80,111.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	57.	16	57.
	17	Accounts payable and accrued expenses	57.	17	3/•
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustee	· ·		
Ē		key employees, highest compensated employees, and disqualified person	IS		
Liabilities		Complete Part II of Schedule L		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	or		
		Schedule D	57.	25	E7
	26	Total liabilities. Add lines 17 through 25		26	57.
		, , , , ,	and		
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ը	29	Permanently restricted net assets	ਹ	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	<b>▲</b>		
S		and complete lines 30 through 34.		_	^
set	30	Capital stock or trust principal, or current funds	0.		<u> </u>
As	31	Paid-in or capital surplus, or land, building, or equipment fund	73.706	31	0.
Net V	32	Retained earnings, endowment, accumulated income, or other funds	73,706.		80,054.
_	33	Total net assets or fund balances	73,706.		80,054.
	34	Total liabilities and net assets/fund balances	73,763.	34	80,111.

LEAP AGILITY CLUB OF CENTRAL

Form	990 (2013) MASSACHUSETTS, INC.	04-349	<u> 2257</u>	Page 12
Pa	rt XI Rèconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,959</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		611.
3	Revenue less expenses Subtract line 2 from line 1	3		5,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	3,706.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1		
	column (B))	10	8(	0,054.
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		-
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		}
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		
	Act and OMB Circular A:133?		3a	X

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

LEAP AGILITY CLUB OF CENTRAL

MASSACHUSETTS, INC.

Employer identification number 04-3492257

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part !| ) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ь \_\_\_ Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col (described on lines 1-9 in col. (i) listed in your organization in col. organization (i) organized in the support governing document? (i) of your support? above or IRC section

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

Schedule A (Form 990 or 990-EZ) 2013

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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	į					
	or expended on its behalf						
3	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			ļ			<u> </u>
5	The portion of total contributions					}	
	by each person (other than a						
	governmental unit or publicly		İ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>		
	• • • • • • • • • • • • • • • • • • • •	(-) 0000	<b>#</b> \ 2010	4-> 0044	(-0.0010	(-) 0010	(D. T-4-1
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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						
40	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	<u>.l </u>	1	12	
	First five years, If the Form 990 is for	•	•	rd. fourth. or fifth t	ax vear as a section		
	organization, check this box and stor	J	,,	, ,		· (-)(-)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n .			▶□
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check ti	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	janization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	this box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		•
	organization meets the "facts-and-circ		_			•	. ▶⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s •
					Scho	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 MASSACHUSETTS, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	olete i art ii j				<del></del>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	, ,	**			
	membership fees received (Do not		٠				
	include any "unusual grants ")	738.	1,038.	1,043.	946.	742.	4,507.
2	Gross receipts from admissions,						
_	merchandise sold or services per						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	142,965.	144.846.	144.318.	128.309.	106,726.	667,164.
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-	i			;		
	iness under section 513						
4	Tax revenues levied for the organ-					٠-,	
•	ızatıon'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	ı					
6	Total, Add lines 1 through 5	143,703.	145,884.	145 361	129,255.	107,468.	671,671.
	Amounts included on lines 1, 2, and	143,703.	143,004.	140,001.	125,255.	107,400.	0/1/0/11
, ,	3 received from disqualified persons			'			0.
ŀ	Amounts included on lines 2 and 3 received		<del></del>				
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year Add lines 7a and 7b			<del></del>		-	0.
	Public support (Subtract line 7c from line 6)						671,671.
	etion B. Total Support						0/1,0/1.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6	143,703.	145,884.	145,361.	129,255.	107,468.	671,671.
_	Gross income from interest,	1 43 / / 03 .	143,004.	113/301.	123,233.	107,1001	0/1/0/11
	dividends, payments received on	ļ					
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included in line 10b,				:		
	whether or not the business is						
12	regularly carried on Other income Do not include gain		<del></del>				<del></del>
	or loss from the sale of capital						
12	assets (Explain in Part IV)	1/3 703	1/5 88/	1/15 361	129,255.	107,468.	671,671.
	Total support. (Add lines 9, 10c, 11, and 12)   First five years. If the Form 990 is for						
14	check this box and stop here	trie organization s	s iirst, second, triir	a, lourin, or milit to	ax year as a section	n 50 i (C)(S) diganiz	.ation,
Se	ction C. Computation of Publ	ic Support Pe	rcentage			·	
	Public support percentage for 2013 (I			column (fl)		15	100.00 %
	Public support percentage from 2012		•	Joidinin (i))			$\frac{100.00}{100.00}$ %
	ction D. Computation of Inves					101	200:00 _ 70
	Investment income percentage for 20			ne 13 column (fl)		17	.00 %
	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	ie 13, coldinis (1))		18	
	33 1/3% support tests - 2013. If the			on line 14, and line	a 15 is more than 3		
.50	more than 33 1/3%, check this box as	•					<b>▶ X</b>
	33 1/3% support tests - 2012. If the						
•	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		-	
	iounidation ii the organizatio	o.oo. o.look a	200 OIT 1110 17, 13	a, 5, 100, 01100K ti	OON GING 300 II IS		

. . . . .

# LEAP AGILITY CLUB OF CENTRAL 04-3492257 Page 4 Schedule A (Form 990 or 990-EZ) 2013 MASSACHUSETTS, INC. Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

Schedule A (Form 990 or 990-EZ) 2013

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

OMB No 1545-0047 Open to Public

Inspection

LEAP AGILITY CLUB OF CENTRAL Name of the organization

Employer identification number 04-3492257

	MASSACHUSETTS, IN	C	04-3492257
Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV,	line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
	Aggregate contributors to (during year)  Aggregate grants from (during year)		<del></del>
3		,	
4	Aggregate value at end of year	un writing that the assets hold in depart advis	ad funds
5	Did the organization inform all donors and donor advisors	_	Yes No
_	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dono		
6			
	for chantable purposes and not for the benefit of the dono	or donor advisor, or for any other purpose	
Par	impermissible private benefit?  t II Conservation Easements. Complete if the	ergenization enguared "Ven" to Form 000. P	Yes No
			art IV, line I
1	Purpose(s) of conservation easements held by the organiz	البيسا	Annually was askered land area
	Preservation of land for public use (e.g., recreation o	<del></del>	torically important land area
	Protection of natural habitat	Preservation of a certi	med historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic		2c
d	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a historic structu	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation	easement is located	
5	Does the organization have a written policy regarding the j	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easement		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, ar	nd enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) at	pove satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conserv	ration easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organi	zation's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to For	rm 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (	(ASC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that des		
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	, education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical	treasures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		. • \$
_			

LEAP AGILITY CLUB OF CENTRAL

		USETTS, IN						<u>04-34</u>			age 2
Pai	rt III   Organizations Maintaining C								<del></del>		
3	Using the organization's acquisition, accessi	on, and other record	ts, chec	k any of the	following that	at are a s	ignificant i	use of its	collection	ı ıtem	s
	(check all that apply)										
а	Public exhibition	c	ı 🖂	Loan or exc	change progra	ams					
b	Scholarly research	e	$\Box$	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	asures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma								Yes		] No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete ıf the	organizatio	on answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa			_							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				······
	on Form 990, Part X?		,						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:	•						
_	, , , , , , , , , , , , , , , , , , ,	and complete the							Amount		
С	Beginning balance						1c		74110dill	-	
d	Additions during the year			•	•		1d				
e	Distributions during the year				•		1e				
•	Ending balance								<del></del>		
2a	Did the organization include an amount on Fe	orm 990 Part Y line	. 212				[ 1f ]		Yes	$\overline{}$	7
	If "Yes," explain the arrangement in Part XIII.			on hae boon	n provided in l	Dort VIII			_ res	$\vdash$	J No ∃
Pai							<u> </u>		<del>-</del> · .		
	Complete				(c) Two year	ľ		anra bank	1-3 Faur		hool.
4	Paginning of year balance	(a) Current year	(0) -	rior year	(c) I wo year	IS DACK	(d) Three y	ears Dack	(e) Four	years	Dack
_	Beginning of year balance				<u> </u>						
b	Contributions										
C	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·									
đ	Grants or scholarships	<del></del>									
е	Other expenditures for facilities					İ					
	and programs				<del> </del>						
f	Administrative expenses				ļ						
g	End of year balance				l						
2	Provide the estimated percentage of the curi	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne organız	ation	_		
	by <sup>.</sup>									Yes	No
	(i) unrelated organizations	-							3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	•							3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value	Э
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land .										
b	Buildings										
С	Leasehold improvements										
	Equipment							- ,	•		
	Other .				1,584.		1,58	34.			0.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X, colun	nn (B). line				<b></b>			0.
								Schedule	D (Form	9901	
							•	Gult	- 1. O. III	,	20.0

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Schedule D	(FOIIII	990)	2013

MASSACHUSETTS. INC	
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Part VII Investments - Other Securities.				
<ul> <li>Complete if the organization answered "Yes"</li> </ul>				
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end	d-of-year market value
(1) Financial derivatives			·, ·	
(2) Closely-held equity interests				
(3) Other				
(A)			<u> </u>	·
(B)				<u></u>
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990 Part IV I	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				<del></del>
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d See Form 990,	Part X, line 15	(h) Dook value
·	Description			(b) Book value
(1)				
(2)				
(3)	<del></del>			
<u>(4)</u> (5)				<u>.</u> .
(6)				
(7)		•		
(8)				
(9)	_			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		<b>•</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	line 11e or 11f. See Form	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			_	
(2)				
(3)				
(4)				
(5)			_	
(6)			_	
(7)			4	
(8)			4	
(9)			4	
Total. (Column (b) must equal Form 990, Part X, col (B) lin				
2. Liability for uncertain tax positions. In Part XIII, provide		<del>-</del>		
organization's liability for uncertain tax positions under	FIN 48 (ASC /40) Ch	neck nere it the text of th		•
			Sch	iedule D (Form 990) 2013

LEAP AGILITY CLUB OF CENTRAL MASSACHUSETTS, INC.

Sche	dule D (Form 990) 2013 MASSACHUSETTS, INC.		04-3492257 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities .	2b	
С	Recoveries of prior year grants .	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
_ 5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses .	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	ļ <b>j</b>
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII)	. 4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	rt XIII Supplemental Information.		<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;		Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information.	
			· · · · · · · · · · · · · · · · · · ·
	·		
33205	4		
09-25			Schedule D (Form 990) 2013

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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

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

LEAP AGILITY CLUB OF CENTRAL MASSACHUSETTS, INC.

Employer identification number 04-3492257

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: IRS FROM 990 IS GIVEN TO THE PRESIDENT WHO REVIEWS THE RETURN
WITH THE TREASURER AND OTHER MEMBERS OF THE GOVERNING BODY AS NEEDED.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION DOES MAKE ITS GOVERNING DOCUMENTS AVAILABLE
TO THE PUBLIC THROUGH ITS OWN WEBSITE.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
MAUREEN MCLATCHY - 194 TOBEY HIGHWAY, GREENVILLE, NH 03048
MONICA STATHERS - 7 EAST CIDER MILL ROAD, ELLINGTON, CT 06029
JOCELYN KURDZIONAK - 677 EAST STREET, LENOX, MA 01240
DEBRA LOOMIS - 235 AMES ROAD, HAMPDEN, MA 01036
SALLY KING - 168 DAY STREET, GRANBY, CT 06035