

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax**Form 990**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning _____ and ending _____**

B Check if applicable:	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	WINTRISS TECHNICAL SCHOOLS INC		20-4744610
<input type="checkbox"/> Name change	Doing business as THE LEAGUE OF AMAZING PROGRAMMER		E Telephone number
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address)		858-284-0481
<input type="checkbox"/> Final return/terminated	12625 HIGH BLUFF DRIVE #113		G Gross receipts \$
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		808,817
<input type="checkbox"/> Application pending	SAN DIEGO, CA 92130-2053		H(a) Is this a group return for subordinates? _____
F Name and address of principal officer: ERIC BUSBOOM SAME AS C ABOVE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? _____
J Website: JOINTHELEAGUE.ORG			If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
			L Year of formation: 2006 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TEACH KIDS COMPUTER PROGRAMMING TO PREPARE THEM FOR SCIENCE AND TECHNOLOGY CAREERS OF THE 21ST			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 9		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 46		
	6 Total number of volunteers (estimate if necessary)	6 14		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)			
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200. 154.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,539. 808,817.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	566,929. 481,993.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.		
	b Total fundraising expenses (Part IX, column (D), line 25)	315,432. 371,085.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	882,361. 853,078.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,178. -44,261.		
	19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)		289,059.	421,634.
	21 Total liabilities (Part X, line 26)	181,886.	348,829.	
	22 Net assets or fund balances. Subtract line 21 from line 20	107,173.	72,805.	

Part II Signature Block

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

Sign Here	Signature of officer ERIC BUSBOOM, PRESIDENT		Date	
	Type or print name and title			
Paid	Print/Type preparer's name JORDAN KELLER	Preparer's signature JORDAN KELLER	Date Check <input type="checkbox"/> if self-employed	PTIN P01353255
Preparer	Firm's name DARK HORSE CPAS		Firm's EIN 82-3330297	
Use Only	Firm's address 2033 SAN ELIJO AVE #148 CARDIFF BY THE SEA, CA 92007		Phone no. 619-736-1404	

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