Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		ue Service	► Go to www.ii	rs.gov/Form990 for i	instructions and t	he latest i	nformati	on.   🖔	U Ins	spection
A	For the	2018 cale	endar year, or tax year beginn	ning Jan 01	, 2018,	and endin	g De	cember 3	, 20 1	В
В		applicable	C Name of organization Leah's I					D Emp	loyer identifica	ation number
	Address		Doing business as			-			82-1602	287
$\bar{\sqcap}$	Name ch	-	Number and street (or P O box	if mail is not delivered to	street address)	Room/sui	te	E Telep	phone number	
ñ	Initial ret	-	417 Mid America Blvd						800-369-	1404
$\overline{\Box}$		rn/terminated	<del></del>	country, and ZIP or fore	an postal code					
$\overline{\Box}$	Amende		Midwest City, OK 73135	•	•			<b>G</b> Gros	s receipts \$	57654
$\overline{\Box}$			F Name and address of principal of	officer Tristam M F	lardy, Board Pres	ident	H(a) Is th			Yes No
'. —		paag	13520 SE 89th St , Oklahoma		<b>J</b> .	5	<b>1</b>		_	☐ Yeş 🗹 No
<u> </u>	Tax-exer	mpt status	501(c)(3) 501		o) 4947(a)(1) or	□ 5/2/ <del>-</del>			ch a list (see in	
ٽر_	Website		hshope org	7 - 11100/11	o , == +0+1 (u)(1) 01		H(c) G	roup exempt	ion number >	
K				sociation ☐ Other ►	L Ye	ar of formati			ate of legal don	nicile OK
	art I	Summ							<u> g :</u>	
	1		escribe the organization's m	nission or most sign	nificant activities	:				
ø	`		nal Housing and Life Skills C				 е			
and	İ									
Governance	2	Check th	ns box ▶ ☐ if the organizati	on discontinued its	operations or d	isposed o	f more t	han 25%	of its net as	sets.
ò	3		of voting members of the go		•	•			. 1	5
	4		of independent voting mem		·					5
ies	5		mber of individuals employe	-				. 5	;	3
Activities &	6		mber of volunteers (estimate	-			<del>.</del>	. 6	;	20
Act	7a		elated business revenue fro		CRIEG2FI	/ED:	31	. 7	a	0
	b		lated business taxable incoi		1.6	`	ပ	. 71	_	0
				5	-1	2010	O Pric	r Year	_+	rent Year
4)	8	Contribut	tions and grants (Part VIII, li	ine 1h)	NOV 1 9	2013 H	छ	276	32	57654
ğ	9		service revenue (Part VIII, II	ine 2a)	ŭ		=		0	0
Revenue	10	-	ent income (Part VIII, column		70GDEN	LU∏⊤	1		0	0
Œ	11		venue (Part VIII, column (A),					_	0	(993)
	12		enue-add lines 8 through 1			ne 12)		276	32	56661
	13		nd similar amounts paid (Pa					3(	00	1904
	14		paid to or for members (Par	• •	•	<u> </u>			0	0
é	15		other compensation, employe	• •	-	_		89	94	17719
Expenses	16a		onal fundraising fees (Part IX	•					0	
ē	b		draising expenses (Part IX,	• •	•	7945				
û	17		penses (Part IX, column (A),			····		73	86	12595
	18		penses. Add lines 13-17 (mu			5) .		166	80	32218
	19	Revenue	less expenses. Subtract lin	ne 18 from line 12		· [		109	52	24443
es or		-				E	Beginning o	of Current Ye	ar End	d of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)			[		109!	52	-35395
t Asi	21	Total liab	oilities (Part X, line 26) .			[			0	0
캶	22	Net asset	ts or fund balances. Subtra	ct line 21 from line	20	[		109!	52	35395
Pa	art II	Signat	ture Block		<del>-</del>					
			ry, I declare that I have examined to						of my knowled	ge and belief, it is
tru	e, correct	, and comple	lete Declaration of preparer (other t	than officer) is based on	all information of whi	ich preparer	has any kr	nowledge		
		Ma	britis Milton	la/				1	1/14/20	018
Sig		Signa	ature of officer					Date	, ,	
He	re	I I	ristan 14. 1-	tarde Pr	resident	Buar	10F	Direct	us	
		Туре	e or print name and title		·					
Pa	id	Print/Typ	pe preparer's name	Preparer's signatur	e	Da	te	Chec	k 🔲 if PTIN	1
	epare	r <u> </u>						self-e	employed	
	e Onl		ame ►		·			Firm's EIN	<b>-</b>	
		Fifthe's a	ddress ►					Phone no		
Ma	y the IP	S discuss	s this return with the prepare	er shown above? (	see instructions)				<u> </u>	☐ Yes ☐ No
For	Paperw	ork Redu	ction Act Notice, see the sep	arate instructions.		Cat No	11282Y			Form <b>990</b> (2018)

Part	<u></u>
1	Check if Schedule O contains a response or note to any line in this Part III
•	The mission of this organization is empowering failies to change their future by providing transitional housing and life skills classes
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 \$1386 26 including grants of \$1625 00 ) (Revenue \$0)
	Boundaries Programs - This is a series of study programs, using DVD presentations, and study guides, and workbooks, that explain
	the process of setting boundaries in everyday activities and relationships. During this year, Leah's Hope presented
	Boundaries for Living (First course, basic principals and practices )
	Boundaries with Kids
	Boundaries in Marriage  Boundaries in Dating (Class materials purchaed for presentation in 2019)
	Boundaries in Dating (Class materials purchaed for presentation in 2019)
	These classes are offered to program recipients, partnering churches and nonprofits, and the general public
	The programs will be continued in a cycle as need for each title presents
4b	(Code:) (Expenses \$ 376 95 including grants of \$ 0 ) (Revenue \$ 0 )
	Life Skills Classes - These classes are presented once a month  Each session lasts about three-four hour and often include a guest
	speaker
	••••••
	Life Skills are abilities and behaviors that help all of us effectively deal with the events and challenges of everyday life They are also
	the skills that allow us to handle everything from interactions with with others to identifying and processing emotions
	Classes for included. Cetting the Most from your True to the Crossey Store. Cet Moune. From Ways to Mars Activity.
	Classes for included: Getting the Most from your Trip to the Grocery Store Get Moving, Easy Ways to More Activity,  Nutrition - Eating the Right Thing; Yoga - Using a Worry Stone, Healthy Parent - Healthy Child,
	Budgeting - Heing the Envelopes to Manage Vous Budget
	Budgeting - Using the Envelopes to Manage 10th Budget
	•••••••••••••••••••••••••••••••••••••••
4c	(Code. ) (Expenses \$ 140 85 including grants of \$ 0 ) (Revenue \$ 0)
	Meal Ministries - This was a short term program aimed at identifiying community persons who could benefit from Leah's Hope
	Noon meals were delivered to these persons once a week, intending to develop relationships and develop candidates for further
	benefits Unfortunately, the clients were in need of services the Leah's Hope did not offer. The charity referred these clients to
	agencies that could help them, and even though the Meal Ministries were discontinued, Leah's Hope continues to field calls
	from families in need and works with our partner nonprofits and agencies to help resolve their issues.
	······
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ► \$1904 06



Part IV	Checklist	of Re	quired	Schedules
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			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
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		_
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		~
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	!	~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>&gt;</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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, Part VI	11a		>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		>
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		>
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		,
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?	14a		~
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		•
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		,
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		,
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 (see instructions)	17		~
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		,
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		,
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
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	-	,
			200	

Part	Checklist of Requirea Schedules (continuea)			
			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		,
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_		_
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></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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		~
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 "Yes," complete Schedule L, Part II	26		~
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		v
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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
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		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
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		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	
Part			- 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 1a 0			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	·	

Part	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	$\vdash$	~
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_	igwdapprox	
4a	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		~
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
	gifts were not tax deductible?	6b		1
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		V
ь	and services provided to the payor?	7b		<b> </b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		<del> </del>
v	required to file Form 8282?	7c		<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<del></del>		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		i	`
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		ļd
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
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
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		. 1	ĺ
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\longrightarrow$	~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
	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		<u>,                                    </u>
	If "Yes," see instructions and file Form 4720, Schedule N.	<del></del>		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
	11 103, Complete Form 4720, Schedule O.	Fore	n <b>990</b>	(2018)
		. 0.11		()

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	•	<u> </u>
Jecti	on 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 5	;	1.00	1.10
	If there are material differences in voting rights among members of the governing body, or	1		
	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 5	<u>,                                     </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			لنـا
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			٠,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	-
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V V
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b>–</b>	_	Ť
	one or more members of the governing body?	7a		<b>,</b>
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		<b>'</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	<b>'</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	-	
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		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l	<u> </u>
	The content of the co	40 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	~	<del></del> ,
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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>,</b>	
13	Did the organization have a written whistleblower policy?	13	-	~
14	Did the organization have a written document retention and destruction policy?	14		~
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	~	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لب
	with a taxable entity during the year?	16a		<u> </u>
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		
Section	on C. Disclosure	00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	ſ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		<b>\-/</b>
	☐ Own website ☐ Another's website ☑ 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 int	erest i	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Laura Kerr Leah's Hone Inc. 804 M Curtis Drive, Midwest City, OK, 73110, (405) 647-5814			

Part VII	Compensation of Officers, Directors	s, Trustees, Key Emplo	yees, Highest Compensate	d Employees, and
	Independent Contractors			

### . 🛣

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

☐ Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles er an	Pos neck ss pe	rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tristam M Hardy  Board President	20	,		,				0	0	0
(2) John Bizzell	20			-						0
Vice President	5	,		_				0	o	0
(3) Brittany Byers	<del>                                     </del>	_		Ť						
Secretary/Treasurer	5	~		,				0	o	0
(4) Carol Scott	<del>                                     </del>	,		È			┝	•		
	5	~						0	o	0
(5) Fred Quinn	5	~						0	0	0
(6) Denise Snyder	+ -				┢			<u>*</u>		
Executive Director	20				<b>,</b>			2800	o	0
(7) Laura Kerr				_	H	-				
Executive Director	20				<b>/</b>			5460	o	0
(8) Denise Herrera					$\vdash$					
Program Director	20				~	~		8200	o	0
(9)				_						
(10)		_	-						****	
(11)		_								
(12)										
(13)										
(14)								<u> </u>		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees	(contin	ued)		
	(A) Name and title	(B) Average hours per	(B) Position (D)  Average box, unless person is both an ours per officer and a director/trustee) (D)  Reportable compensation con		(E)  Reportable compensation from related									
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-f	ons	comp fro orga and	ensatio m the nization related nizations	1
(15)								_						
(16)												_		
(17)								-					-	
(18)								. <u>-</u>						
(19)														
(20)														
(21)			_											
(22)								!					<del>-</del> ·	
(23)														
(24)								<u>-</u>						
(25)														
1b c d	Sub-total	VII, Sectio	n A				•	<b>&gt;</b>	16460		0			0
2	Total (add lines 1b and 1c)	not limited					above	e) w	ho received mo	ore than \$1		0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direc							loyee, or high			d	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Ye	s, "		edule J fo	r suci			
5	Did any person listed on line 1a receive of for services rendered to the organization?										dıvidua 	al		<u></u>
Section	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													ax ——
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
									<u> </u>					0
	Total number of independent assessment	ro (m.sll				.ma!#	od 4-	44-	ooo lieted sha	avol vebo	-		- · · ·	i
2	Total number of independent contractor received more than \$100,000 of compensations.							) IN	ose listed abo	ovej wno				ļ

Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
	1	Check if Schedule (	o contains a re	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts	1a	Federated campaign	s 1a	0						
ra Ž	b	Membership dues .								
, Ē	င	Fundraising events .								
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		<del></del>						
S, G	e	Government grants (cor		<del>                                     </del>						
ig is	f	All other contributions, g								
but the		and similar amounts not inc		53460						
<u> </u>	g	Noncash contributions include		507	•					
anc	h	Total. Add lines 1a-1		•	57654					
			· · · · · · · · · · · · · · · · · · ·	Business Code						
en en	2a				0	0	0			
ě				-	0	0	0			
9	c	•••••			0	0	0			
ΘŽ	ď	***************************************			0	ol	0			
Program Service Revenue	e				0	0	0	<u>`</u>		
Jrai	f	All other program ser						<u></u>		
õ	g	Total. Add lines 2a-2			0					
	3	Investment income			<del></del>					
		and other similar amo		•	0	o	o	(		
	4	Income from investmen	•	1	0	0	0	<u>`</u>		
	5		•	· .	0	0	0			
	"	noyalles	(i) Real	(II) Personal	4	· · · · · · · · · · · · · · · · · · ·				
	6a	Gross rents	1	0 0						
				<del>]                                    </del>						
	b	Less. rental expenses								
	ر. د	Rental income or (loss)	(1)	-						
	_d	Net rental income or	(IOSS)	▶ (ii) Other	0	0	0			
	7a	Gross amount from sales of	.,	<del>+                                    </del>		,				
	_	assets other than inventory		0 0						
	b	Less cost or other basis and sales expenses .		0 0						
	C	Gain or (loss)			_					
	ď	Net gain or (loss) .		<u></u> ▶	0	0	0			
Other Revenue	8a	Gross income from fu events (not including \$	4194							
er Re		of contributions reported See Part IV, line 18 .		a o			-			
¥	b	Less: direct expenses		993						
0		Net income or (loss) f		events . >	(993)			(993)		
	9a	Gross income from ga	aming activities.							
		See Part IV, line 19 .		a 0						
	b	Less: direct expenses								
		Net income or (loss) f			0	0	0			
		Gross sales of in		1111103		<del></del> _				
		returns and allowance		اه		İ				
	<b>L</b>					į				
		Less: cost of goods s		·						
	С	Net income or (loss) f		<del></del>	0	0	0			
	44	Miscellaneous F	revenue	Business Code	_		-			
	11a			0						
	b			0						
	С			0						
	d	All other revenue .		0		<u>.</u>				
	е	Total. Add lines 11a-			56661					
	12	Total revenue. See II	nstructions .	▶ [	56661	0	0	(993)		

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		1			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1904	1904	-				
3	Grants and other assistance to foreign				,			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o	i				
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors,							
	trustees, and key employees	16460	7386	4404	4670			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				0			
7	Other salaries and wages	0	0	0	0			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	0	o	0:	0			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	1259	564	337	358			
11	Fees for services (non-employees):	- ""			**			
а	Management	0	0	0	0			
b	Legal	0	0	0	0			
C	Accounting	2335	0	2335	0			
d e	Lobbying	0	0	0	0			
f	Investment management fees	0	0	0	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) .	o	o	o	0			
12	Advertising and promotion	2380	0	0	2380			
13	Office expenses	3342	334	2674	334			
14	Information technology	1128	0	1128	0			
15	Royalties	0	0	0	0			
16 17	Occupancy	0	0	0	0			
17 18	Travel	0	0	0	0			
	for any federal, state, or local public officials	ار	o	٥	n			
19	Conferences, conventions, and meetings	93	0	93				
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	0	0	0	0			
23	Insurance	998	0	998	0			
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	TRAINING	1781	800	981				
b	CONTRIBUTION FEES	203	0	0	203			
c	DUES & SUBSCRIPTIONS	335	0	335	0			
d								
е	All other expenses	0	0	0	0			
25_	Total functional expenses. Add lines 1 through 24e	32218	10988	13285	7945			
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 ŠOP 98-2 (ASC 958-720)	0	0	0	0			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10952	1	35395
	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 current and former officers, directors,			1
		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 under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	<del>.</del> .	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		,		-	
	b	Less: accumulated depreciation		10c	
	11 12	Investments—publicly traded securities		12	
	13	Investments—other securities. 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 34)	10952	16	35395
	17	Accounts payable and accrued expenses		17	
	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	-
S	22	Loans and other payables to current and former officers, directors,			
∄		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. 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 Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0,
Sa		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		1	
ğ	27	Unrestricted net assets	10952	27	35395
ala	28	Temporarily restricted net assets	10732	28	33373
8 P	29	Permanently restricted net assets		<b>729</b> \	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ - ând □	(1	<del>/                                    </del>	-
ř		complete lines 30 through 34.		M I	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund $130$	<del></del>	311	
Ä	32	Retained earnings, endowment, accumulated income, or other funds 3/		32	
Sel	33	Total net assets or fund balances	10952	33	35395
	34	Total liabilities and net assets/fund balances	10952	34/	35395
		$\Theta$		$\sim$	Earm <b>QQ</b> () (2018)

_	4	_
Page	- 1	"

J	(20.0)				uge
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56661
2	Total expenses (must equal Part IX, column (A), line 25)	2			32218
3	Revenue less expenses. Subtract line 2 from line 1	3			24443
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10952
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6_			0
7	Investment expenses	7			0
8	Prior period adjustments	8	_		0
9	Other changes in net assets or fund balances (explain 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, column (B))	10			35395
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990. 🗹 Cash 🔲 Accrual 🔲 Other		_   _	7 1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in 🏥		٠.
	Schedule O.			-	3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>'</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (	or '-	۳.	<u>.</u>
	reviewed on a separate basis, consolidated basis, or both:		-  -		,
	Separate basis  Consolidated basis  Both consolidated and separate basis		<u> </u>	4	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	ļ	~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a [ 🚉,	, 📂 🖈	
	separate basis, consolidated basis, or both.			' '	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			V	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 📗	ار ک	, 4
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?		. 3a	$\perp$	~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	ليل	L
			For	rm <b>990</b>	(2018)

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

# **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

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

Inspection

Name	Name of the organization Employer identification number										
	s Hope, Inc.						602287				
Pai						<del></del>	ons				
The d	organization is not a private founda		•		-	•	_				
1	1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
2			•			• •	$\cup$ $\ell$				
3 4											
•	hospital's name, city, and state										
5											
6	☐ A federal, state, or local gover	nment or govern	nmental unit described	ın secti	on 170(b	)(1)(A)(v).					
7	An organization that normally						n the general public				
	described in section 170(b)(1)	<b>)(A)(vi).</b> (Comple	te Part II.)								
8	A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II.)							
9	An agricultural research organ										
	or university or a non-land-gra	ant college of agi	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or				
10	university:  An organization that normally		o than 221 mov. of the o	innort fr		hutiana mambarahi	n food and arosa				
10	receipts from activities related	to its exempt fu	inctions—subject to c	ertain exi	ceptions.	and (2) no more that	in 331/3% of its				
	support from gross investmen	t income and un	related business taxa	ble incom	ne (less s	ection 511 tax) from	businesses				
11	acquired by the organization a  An organization organized and										
	☐ An organization organized and	-	•	•			rry out the purposes				
	of one or more publicly support										
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sup	porting o	organizati	on and complete line	es 12e, 12f, and 12g.				
а	☐ <b>Type I.</b> A supporting organ	nization operated	d, supervised, or conti	olled by	its suppo	rted organization(s),	typically by giving				
	the supported organization					the directors or trust	tees of the				
	supporting organization. Y	-	•								
b	Type II. A supporting orga										
	control or management of organization(s). You must				e persons	that control or man	age the supported				
С	☐ Type III functionally integ	•	•		onnectio	n with and function	ally integrated with				
Ū	its supported organization						any integrated with,				
d	☐ Type III non-functionally	. , .	· -		-	• •	orted organization(s)				
	that is not functionally inte										
	requirement (see instruction	ns). <b>You must c</b>	complete Part IV, Sec	tions A	and D, ar	nd Part V.					
е	☐ Check this box if the organ						e II, Type III				
	functionally integrated, or	-			organızat	ion					
f	Enter the number of supported of										
g	Provide the following information		<del>,                                     </del>	T		I					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
			above (see instructions))	docu	ment?	instructions)	instructions)				
				Yes	No						
/A\											
(A)			L _								
(B)											
(C)					•						
(D)											
		-									
(E)											
Total					-						

18

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				27632	57654	85286
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	•	0
4	Total. Add lines 1 through 3				27632	57654	85286
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						85286
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				27632	57654	85286
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				o	0	0
11	Total support. Add lines 7 through 10		_				85286
12	Gross receipts from related activities, etc.	•	•			12	85286
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her				<u> </u>		<b>&gt;</b> 🗸
<u>Secti</u>	on C. Computation of Public Suppor				,		
14	Public support percentage for 2018 (line 6					14	%
15	Public support percentage from 2017 Sch		•		L.	15	<u>%</u>
16a	331/3% support test—2018. If the organization gual						
b	box and <b>stop here.</b> The organization qual <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2017.</b> If the organization this box and <b>stop here.</b> The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	s 331/3% or mo	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts facts-and-circ	-and-circumsta :umstances" te	ances" test, chest. The organi	neck this box a zation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m	<b>017.</b> If the org	anızatıon dıd n ie "facts-and-c	ot check a bo	x on line 13, 1 " test, check t	his box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu	le A (Form 990 or 990-EZ) 2018						Page 3
Part	Support Schedule for Organiza	tions Descr	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	nization failed	d to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	on A. Public Support		-				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					_	/_
_	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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				/		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						i
	received from other than disqualified				/		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· •		-		[		
	Add lines 7a and 7b	,		/			
8	Public support. (Subtract line 7c from	•			*		
Secti	on B. Total Support						1
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	/(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2014	(1) 2013	(6) 2010	(u) 2017	(6) 2018	(i) Total
10a	Gross income from interest, dividends,						
.00	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						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10¢, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
Section	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2018 (line 8	, column (f), d	livided by line	13, column (fl)		15	%
16	Public support percentage from 2017 Sch	edule A, Part	III, line 15			16	%
	on D. Computation of Investment Inc	ome Perce	ntage			1	
17	Investment income percentage for 2018 (I			by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2017	Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests-2018. If the organi						

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33½% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

### Part IV

### **Supporting Organizations**

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

٤	ò	ection	A.	All	Supp	ortina	Ora	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> 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 (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
5а	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	4c		
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?	5a		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		تــــ
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 10b below	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<u>i</u>
	determine whether the organization had excess business holdings)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	_		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
<del></del>	on or type it dapporting digunizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type 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 <b>Part VI</b> how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	notru	otions	-1
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below	iisti u	Juons	•/
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 <b>Part VI</b> how you supported a government entity (	see in:	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	
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 <b>Part VI identify</b>			
	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	2a		
b	Did the activities described in (a) 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	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			]
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section 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>b</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		
e 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 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<del></del>
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	y int	egrated Type III supporti	ng organization (see
instructions).	-		

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted	· -	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8 	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6		<u> </u>	
10_	Line 8 amount divided by line 9 amount	_		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
<u>e</u>	From 2017			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>    i                                </u>	Carryover from 2013 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7.			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount  Remainder. Subtract lines 4a and 4b from 4.			
<u>c</u>				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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	J .
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Lean's Hope, Inc	82-1602287
PART VI - Section B, Policies 11b 990 Review Policy	
The complete copies of all 990 forms and schedules are electronically sent to the Board of	Directors, Executive Director, and
Program Director for review and questions If questions or concerned are noted, the Execu	tive Director and Accountant review
the reported information and determine whether is is correct as stated or must be revised.	All revisions are sent out again for
review by the group.	
PART VI - Section B Policies 12c - Compliance and Enforcement Conflict of Interest Policy	
At the beginning of the year, new Conflict of Interest Forms were distributed to the Board for	or compliance verification and
signatures Mid-Year, as a point of business on the agenda, the Board we polled to determine	ne if any information had changed
and a new policy statement was required. New board members were vetted and signed con	npliance agreements upon acceptance
of the board election	
PART VI - Section B Policies 15a	
When the new Executive Director was hired, the entire Board and Program Director researc	hed pay scales for a part-time
director They used resources including, but not limited to, other similar non profits, The O	klahoma Center for NonProfits,
Form 990 information of public offerings, and job vacancy listings with employment agenci	es The Board approved the pay rate
Part IV - Section B Policies 15b	
The above process is used with the compensation decisions for all other paid persons by t	he nonprofit, as applicable All hiring
and payment rate decisions are approved by the Board	
PART VI - Section C Disclosure 19	
Information is provided on the website, Leahshope org, to contact the organization with qu	estions and requests for public
inspection of allowed documents Requestors can review the documents in the Office Anne	x, or receive copies if requested
PART VII - b - Reportable compensation from related organizations	
When a person is first considered as a member of the board, they are vetted to determine w	hat, if any, conflict of interest,
connection or compensation from a related organization, and general fitness to serve. At the	ne present time, there are no
board members who have an affiliation, but all members are cognizant of the need to disclo	se the needed information should
there be a change in status	