

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

73-1301631

LEADERSHIP OKLAHOMA INC

Net Asset / Fund Balance at Beginning of Year 3,074,713

Revenue

Contributions	366,818
Program service revenue	185,495
Investment income	73,418
Capital gain / loss	32,338

Fundraising / Gaming:

Gross revenue 153,992

Direct expenses 76,914

Net income **77,078**

Other income **2,127**

Total revenue

737,274

Expenses

Program services **559,963**

Management and general **137,469**

Fundraising **13,090**

Total expenses

710,522

Excess / (deficit)

26,752

Changes

46,582

Net Asset / Fund Balance at End of Year

3,148,047

Reconciliation of Revenue

Total revenue per financial statements **909,474**

Less:

Unrealized gains **45,475**

Donated services **49,811**

Recoveries **_____**

Other **76,914**

Plus:

Investment expenses **_____**

Other **_____**

Total revenue per return **737,274**

Reconciliation of Expenses

Total expenses per financial statements **837,247**

Less:

Donated services **49,811**

Prior year adjustments **_____**

Losses **_____**

Other **76,914**

Plus:

Investment expenses **_____**

Other **_____**

Total expenses per return **710,522**

Balance Sheet

	Beginning	Ending	Differences
Assets	3,289,880	3,393,235	
Liabilities	215,167	245,188	
Net assets	3,074,713	3,148,047	73,334

Miscellaneous Information

Amended return

Return / extended due date **05/15/20**

Failure to file penalty **_____**

Filing Instructions

Leadership Oklahoma Inc

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2019

Federal Filing Instructions

Your Form 990 for the year ended 6/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

WEDEL RAHILL & ASSOCIATES, CPA's, PLC
1200 Northwest 63rd Street, 2nd Floor
Oklahoma City, OK 73116-5719

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 2019**2018**Department of the Treasury
Internal Revenue Servicex **Do not send to the IRS. Keep for your records.**
x **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631

Name and title of officer

**MARION PADEN
PRESIDENT/CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>737,274</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WEDEL RAHILL & ASSOCIATES, CPA'S, P to enter my PIN 73116 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date 05/11/20**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73475973116

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ARTHUR C. RAHILL, JR., CPADate 05/11/20

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Employer identification number 73-1301631	
C Name of organization LEADERSHIP OKLAHOMA INC	
Doing business as	
Number and street (or P.O. box if mail is not delivered to street address) 3037 NW 63RD ST STE W104	
Room/suite	E Telephone number 405-848-0001
City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY OK 73116	
F Name and address of principal officer: MARION PADEN 3037 NORTHWEST 63RD ST., SUITE W104 OKLAHOMA CITY OK 73116	
G Jurisdiction 1,537,121	
H(a) Is the organization a religious organization? <input type="checkbox"/> \hv <input checked="" type="checkbox"/> Qr	
H(b) Are all subordinates included? <input type="checkbox"/> \hv <input type="checkbox"/> Qr If "No," attach a list. (see instructions)	
H(c) Group exemption number X	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () w (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: x WWW.LEADERSHIPOKLAHOMA.COM	
K <input checked="" type="checkbox"/> Preparer <input type="checkbox"/> Wxkw <input type="checkbox"/> Dvrfrbkrg <input type="checkbox"/> RkduX	
L \hdu rinp dktg= 1986	
M Vdth rldrdcrrp lftb= OK	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZED TO DEVELOP, EDUCATE, AND NURTURE A STATEWIDE NETWORK OF PROACTIVE LEADERS FOR OKLAHOMA.		
	2 Check this box x <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	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Sulru \hdu	Fxuhgw \hdu
	9 Program service revenue (Part VIII, line 2g)	428,246	366,818
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,280	185,495
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,289	105,756
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,045	79,205
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	350,343	374,729
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) x 13,090		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	383,572	335,793
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	733,915	710,522
19 Revenue less expenses. Subtract line 18 from line 12	52,945	26,752	
Other Assets and Liabilities	20 Total assets (Part X, line 16)	Ehj hqbj ri Fxuhgw \hdu	Hgg ri \hdu
	21 Total liabilities (Part X, line 26)	3,289,880	3,393,235
	22 Net assets or fund balances. Subtract line 21 from line 20	215,167	245,188
		3,074,713	3,148,047

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		Date		
	MARION PADEN Type or print name and title		PRESIDENT/CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	ARTHUR C. RAHILL, JR., CPA	ARTHUR C. RAHILL, JR., CPA	05/11/20		P00172703
Firm's name WEDEL RAHILL & ASSOCIATES, CPA'S, PLC			Firm's EIN 73-1502599		
Firm's address 1200 NORTHWEST 63RD STREET, 2ND FLOOR OKLAHOMA CITY, OK 73116-5719			Phone no. 405-842-3662		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
LEADERSHIP OKLAHOMA WAS ORGANIZED TO CREATE, INSPIRE, AND SUPPORT A DYNAMIC NETWORK OF LEADERS WHOSE INCREASED AWARENESS AND COMMITMENT TO SERVICE WILL ENERGIZE OKLAHOMANS TO SHAPE OKLAHOMA'S FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **559,963** including grants of \$) (Revenue \$ **185,495**)
LEADERSHIP OKLAHOMA CLASS PARTICIPANTS ENGAGE IN DIRECT INVOLVEMENT IN MEETING STATE LEADERS AND EXPLORING THE STATE'S PRESENT AND FUTURE OPPORTUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses x **559,963**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		X
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		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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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 (see instructions)		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country: x 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	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	X

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARION PADEN	40.00									
PRESIDENT/CEO	0.00					X	140,382	0	28,634	
(2) GREG WHEELER	5.00									
CHAIRMAN	0.00			X			0	0	0	
(3) SAMMYE CRAVENS	3.00									
CHAIRMAN ELECT - MEM	0.00			X			0	0	0	
(4) TOM EVANS	3.00									
CHAIRMAN - FINANCE	0.00			X			0	0	0	
(5) MICHELLE CAMPBELL HOCKERSMITH	3.00									
CHAIRMAN - YOUTH PRO	0.00			X			0	0	0	
(6) BRENT KISLING	3.00									
CHAIRMAN - NOMINATIO	0.00			X			0	0	0	
(7) JODI LEWIS	3.00									
CHAIRMAN - DEVELOPME	0.00			X			0	0	0	
(8) LANCE MCDANIEL	3.00									
CHAIRMAN - MARKETING	0.00			X			0	0	0	
(9) LANA REYNOLDS	3.00									
CHAIRMAN - MEMBERSHI	0.00			X			0	0	0	
(10) JASON SIMEROTH	3.00									
CHAIRMAN - YOUTH PRO	0.00			X			0	0	0	
(11) STEPHEN SMITH	3.00									
CHAIRMAN - ADULT PRO	0.00			X			0	0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SCOTT STIDHAM, MARK WILLIAMS, JOE ABSHERE, CHRISTOPHER ANOATUBBY, ALISON ANTHONY, KATHY BANKS-MONROE, JESSE BOUDIETTE, MELISSA BOWERS, and sub-totals.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization x 1

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: Name, Compensation, and other details. Five rows for independent contractors.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 149,718				
	c Fundraising events	1c				
	d Related organizations	1d				
	e J r y h u p h q w j u d g w f r q w l e x w l r q v	1e				
	f D o n k h u f r q w l e x w l r q v / j l i w / j u d g w / d g g v i p l i l u d p n x q w q r w l y f o g h g d e r y h	1f 217,100				
	g Q r a f o b k f r q w l e x w l r q v h y f o g h g l y d i h v 4 d 0 4 i = \$					
	h Total. Add lines 1a-1f	x 366,818				
Surplus	2a CLASS TUITION	Busn. Code 611600	157,100	157,100		
	b FALL FORUM REGISTRATION FEES	900099	13,275	13,275		
	c GALA REGISTRATION FEES	900099	6,125	6,125		
	d EDUCATION PROGRAM FEES	900099	5,310	5,310		
	e CLASS APPLICATION FEES	900099	3,685	3,685		
	f All other program service revenue					
	g Total. Add lines 2a-2f	x 185,495				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	x 73,418			73,418	
	4 Income from investment of tax-exempt bond proceeds	x				
	5 Royalties	x				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b O n w = h q w d c h (s v l					
	c U h q w d o l f i r u = a r w v					
	d Net rental income or (loss)	x				
	7a J u r w d p n x q w i p v d h v r i d w h w n k h u w d g l y h q u n j	(i) Securities	746,967	8,304		
		(ii) Other				
	b O n w = f r w z u r u k h u e d v r) v d h v h (s v l	722,933				
	c Gain or (loss)	24,034	8,304			
	d Net gain or (loss)	x 32,338	24,034		8,304	
	8a J u r w l y f i p h i r p i k a g u l v l j h y h q w q r w l y f o g h g l j \$ r i f r q w l e x w l r q v u h s r u w h g r q d i h 4 f , 1 V h h S d w Y / d i h 4 ;	a 153,992				
		b Less: direct expenses	76,914			
c Net income or (loss) from fundraising events		x 77,078				
9a J u r w l y f i p h i r p j d p l j d f w l v l V h h S d w Y / d i h 4 <	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	x				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	x				
Miscellaneous Revenue	Busn. Code					
11a MISCELLANEOUS	900099	2,127	2,127			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	x 2,127					
12 Total revenue. See instructions	x 737,274	211,656	0	81,722		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Judgmental and other assistance to domestic individuals. See Part IV, line 22				
2 Judgmental and other assistance to domestic individuals. See Part IV, line 22				
3 Benefits paid to or for members				
4 Compensation of current officers, directors, trustees, and key employees				
5 Other salaries and wages	329,935	258,507	61,734	9,694
6 Other employee benefits	18,113	14,491	3,079	543
7 Payroll taxes	26,681	21,345	4,536	800
8 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,481		12,481	
d Lobbying				
e Investment management fees	19,616		19,616	
9 Advertising and promotion	23,997	23,997		
10 Office expenses	18,752	14,999	3,190	563
11 Information technology	7,090	5,951	1,139	
12 Royalties				
13 Occupancy	23,045	18,436	3,918	691
14 Travel	3,095	2,476	526	93
15 Payments of travel or entertainment expenses for any federal, state, or local public officials				
16 Conferences, conventions, and meetings	177,552	176,600	952	
17 Interest				
18 Payments to affiliates				
19 Depreciation, depletion, and amortization	10,669	8,535	1,814	320
20 Insurance	6,776	5,421	1,152	203
21 CONTRACTS LOK	10,821		10,821	
22 MISCELLANEOUS	6,331		6,331	
23 PAYPAL FEES	6,085	4,868	1,034	183
24 HELPING OK CONTEST	4,200	4,200		
25 All other expenses	5,283	137	5,146	
26 Total	710,522	559,963	137,469	13,090

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	465,690	1	598,697
	2 Savings and temporary cash investments	50,000	2	50,000
	3 Pledges and grants receivable, net	114,500	3	74,000
	4 Accounts receivable, net	12,105	4	10,500
	5 Loans and other receivables from current and former officers, directors, 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,917	9	2,330
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 172,520		
	b Less: accumulated depreciation	10b 58,883	10c	113,637
	11 Investments—publicly traded securities	2,619,213	11	2,536,927
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,856	15	7,144
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,289,880	16	3,393,235	
Liabilities	17 Accounts payable and accrued expenses	23,567	17	68,463
	18 Grants payable		18	
	19 Deferred revenue	191,600	19	176,725
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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	215,167	26	245,188
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,958,213	27	3,066,047
	28 Temporarily restricted net assets	116,500	28	82,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,074,713	33	3,148,047	
34 Total liabilities and net assets/fund balances	3,289,880	34	3,393,235	

Part XI Reconciliation 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	737,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	710,522
3	Revenue less expenses. Subtract line 2 from line 1	3	26,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,074,713
5	Net unrealized gains (losses) on investments	5	46,582
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,148,047

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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.		

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include BRIAN BYRNES, STEPHANIE CAMERON, KENT CARTER, ALAN CASE, GREG ELLIOTT, DEENA FISHER, AMY ANNE FORD, and CODY HODGDEN.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table for independent contractors with columns for Name, Compensation, and Yes/No.

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include KYLE HUGHBANKS, JANE JENKINS, PHILIP KAISER, JOHN KILLAM, BENJAMIN KIMBRO, ADAM LEAMING, DWAYNE MARTIN, and JENNIFER MEASON.

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

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

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

Table for independent contractors with columns for Name, EIN, and FIC. The table is currently empty.

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include DAVID NIMMO, SUSAN PADDACK, KRISTA ROBERTS, JIM ROBERTSON, T.W. SHANNON, KIMBER SHOOP, TED STREULI, and DAVID UNDERWOOD.

1b Sub-total x
1c Total from continuation sheets to Part VII, Section A x
1d Total (add lines 1b and 1c) x

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

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

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

Table for independent contractors with columns for Name, Compensation, and Other Compensation.

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for DAVID WAGNER, BOARD MEMBER.

1b Sub-total x
1c Total from continuation sheets to Part VII, Section A x
1d Total (add lines 1b and 1c) x

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table for independent contractors with columns for Name, Compensation, and Other Compensation.

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

SCHEDULE A

Public Charity Status and Public Support

OMB No. 1545-0047

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.

2018

× **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631

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 12, check only one box.)

- 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization a supporting organization?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	589,741	385,286	389,175	428,236	366,818	2,159,256
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	589,741	385,286	389,175	428,236	366,818	2,159,256
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 Schedule A, Part II, line 4						2,159,256

Section B. Total Support

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	589,741	385,286	389,175	428,236	366,818	2,159,256
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,310	69,059	67,167	64,983	73,418	330,937
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,490,193
12 Gross receipts from related activities, etc. (see instructions)					12	669,520

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.71%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	90.13%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1. J liw/judqw/irgqilexirgq/dag p hp ehukls... 2. Jurwuhfnlsw irp dgp lwirgq/p hufkdqg/vh... 3. Jurwuhfnlsw irp dflwlv wkdwdh qrwddq... 4. Tax revenues levied for the organization's benefit... 5. The value of services or facilities furnished by a governmental unit... 6. Total. Add lines 1 through 5... 7a. Amounts included on lines 1, 2, and 3 received from disqualified persons... 7b. Dp rxqwr hfoqhg rq dghv 5 dgg 6... 7c. Add lines 7a and 7b... 8. Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9. Amounts from line 6... 10a. Jurw hfrp h irp hwhw/gly/hogv/... 10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... 10c. Add lines 10a and 10b... 11. Qhw hfrp h irp xqhdhg exvghw... 12. Other income. Do not include gain or loss from the sale of capital assets... 13. Total support. (Add lines 9, 10c, 11, and 12.)

14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) and Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) and Investment income percentage from 2017 Schedule A, Part III, line 17.

19a. 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b. 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	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, 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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section 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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
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 Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018x **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
x **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

LEADERSHIP OKLAHOMA INC**73-1301631**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CHICKASAW NATION PO BOX 1548 ADA OK 74821	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHEROKEE NATION BUSINESS 777 W CHEROKEE STREET CATOOSA OK 74015	\$ 16,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHOCTAW NATION PO BOX 1210 DURANT OK 74702	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BLUE CROSS & BLUE SHIELD OF OKLAHOMA 3817 NW EXPRESSWAY, SUITE 300 OKLAHOMA CITY OK 73112	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMERICAN FIDELITY CORPORATION PO BOX 25523 OKLAHOMA CITY OK 73125	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AT&T 405 N BROADWAY OKLAHOMA CITY OK 73102	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COX COMMUNICATIONS 6301 WATERFORD BOULEVARD OKLAHOMA CITY OK 73118	\$ 14,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HARDESTY FAMILY FOUNDATION, INC. 4141 NORTH MEMORIAL DRIVE TULSA OK 74115	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE STOCK EXCHANGE BANK POST OFFICE BOX 1008 WOODWARD OK 73802	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CITY OF GUYMON 424 NORTH MAIN STREET OKLAHOMA CITY OK 73942	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INASMUCH FOUNDATION 210 PARK AVE., SUITE 3150 OKLAHOMA CITY OK 73102	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	TOM RUSSELL CHARITABLE FOUNDATION C/O FOUNDATION SOURCE 55 WALLS DRIVE, 3RD FLOOR FAIRFIELD CT 06824-5163	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

LEADERSHIP OKLAHOMA INC

73-1301631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,747,721	2,616,516	2,354,751	2,416,647	2,383,596
b Contributions	75,557	87,770	89,900	72,425	96,300
c Net investment earnings, gains, and losses	149,453	168,372	288,030	-30,760	22,056
d Grants or scholarships					
e Other expenditures for facilities and programs	122,493	105,304	97,570	85,084	70,251
f Administrative expenses	19,615	19,633	18,595	17,757	18,054
g End of year balance	2,830,623	2,747,721	2,616,516	2,354,751	2,416,647

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment x **97.40** %
- b** Permanent endowment x _____ %
- c** Temporarily restricted endowment x **2.60** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		151,220	58,883	92,337
e Other		21,300		21,300
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			x	113,637

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) x		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) x		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) x	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) x	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	909,474
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	45,475
b	Donated services and use of facilities	2b	49,811
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	76,914
e	Add lines 2a through 2d	2e	172,200
3	Subtract line 2e from line 1	3	737,274
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	737,274

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	837,247
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	49,811
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	76,914
e	Add lines 2a through 2d	2e	126,725
3	Subtract line 2e from line 1	3	710,522
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	710,522

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE MISSION OF THE ENDOWMENT IS TO PROVIDE SUPPLEMENTAL FUNDING FOR THE PROGRAMS OR PROJECTS OF LEADERSHIP OKLAHOMA AND TO PROVIDE BACK UP FUNDING DURING THE PERIODS WHEN NORMAL FUNDING IS INSUFFICIENT TO MEET THE OPERATIONAL NEEDS OF LEADERSHIP OKLAHOMA. ALL SUCH EXPENDITURES MUST BE MADE IN THE FURTHERANCE OF THE MISSION OF LEADERSHIP OKLAHOMA.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES \$ 76,914

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES \$ 76,914

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	-ll, G by xop0 uBhukdyh Exwrg nu frqurari frqubxwkyB		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>FALL FORUM</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	60,350	34,800	58,842	153,992
	2 Less: Contributions				
	3 Net income 3 Net income 3 Net income	60,350	34,800	58,842	153,992
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	35,797	18,028	23,089	76,914
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				76,914
11 Net income summary. Subtract line 10 from line 3, column (d)				77,078	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

× Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

× Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

LEADERSHIP OKLAHOMA INC

Employer identification number
73-1301631

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARION PADEN PRESIDENT/CEO	(i)	140,382	0	0	28,634	0	169,016	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(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.

x Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

LEADERSHIP OKLAHOMA INC

Employer identification number

73-1301631**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****THE BOARD RECEIVES A COPY OF THE FORM 990 FOR REVIEW. WRITTEN POLICIES****DESIGNATE THAT THE AUDIT COMMITTEE REVIEWS THE RETURN IN ADVANCE OF FILING.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****BOARD MEMBERS ARE REQUIRED TO SUBMIT ANNUAL REPORTS ON POTENTIAL CONFLICTS****OF INTEREST AND RESPOND TO QUESTIONAIRES. THESE ARE TRACKED BY STAFF TO****ENSURE THAT ALL HAVE BEEN RECEIVED.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****PERSONNEL COMMITTEE COMPRISING OF THE CHAIRMAN, CHAIRMAN-ELECT, AND****IMMEDIATE PAST CHAIRMAN REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE****OFFICER (CEO) AND RECOMMENDS COMPENSATION INCREASES, ADJUSTMENTS, AND/OR****BONUSES TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. THESE****RECOMMENDATIONS ARE USED WHEN PLANNING THE BUDGET. THE ORGANIZATION USES****DATA COLLECTED BY THE OKLAHOMA CENTER FOR NONPROFITS ON NONPROFIT****COMPENSATION TO DETERMINE THE RANGE OF THE SALARY FOR THE CEO AND OTHER****STAFF. HUMAN RESOURCE PROFESSIONALS ARE ALSO CONSULTED.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****GOVERNING DOCUMENTS, POLICIES, THE MOST RECENTLY FILED FORM 990, AND OTHER****FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATIONS WEBSITE.****FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION****DIRECT EXPENSES****\$ 76,914**

Name of the organization

Employer identification number

LEADERSHIP OKLAHOMA INC

73-1301631

DIRECT EXPENSES

\$ -76,914

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
x Attach to your tax return.

OMB No. 1545-0172
2018
Attachment Sequence No. **179**

x Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **LEADERSHIP OKLAHOMA INC** Identifying number **73-1301631**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Grouped listing in Part V (see instructions)	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,245

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input checked="" type="checkbox"/>	

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,245
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.
DAA

73-1301631

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Bookcases	10/07/97	163			163	5 MO S/L	163	0
2	Desk & Chair	10/30/97	325			325	5 MO S/L	325	0
	Sold/Scrapped: 7/01/18								
3	Oak Desk	8/01/01	400			400	7 MO S/L	400	0
	Sold/Scrapped: 7/01/18								
4	Conference Table	8/01/01	1,200			1,200	7 MO S/L	1,200	0
	Sold/Scrapped: 7/01/18								
6	Office Furniture	3/21/05	725			725	7 MO S/L	725	0
	Sold/Scrapped: 7/01/18								
8	Conference Room Chair	12/06/06	1,272			1,272	7 MO S/L	1,272	0
	Sold/Scrapped: 7/01/18								
9	Projector	6/09/07	584			584	5 MO S/L	584	0
10	Computer Monitors	8/03/07	667			667	5 MO S/L	667	0
11	Polycom Conference Phone	9/16/08	556			556	5 MO S/L	556	0
12	Office Chair	4/21/09	650			650	7 MO S/L	650	0
	Sold/Scrapped: 7/01/18								
13	Ice Machine	6/01/09	1,182			1,182	7 MO S/L	1,182	0
	Sold/Scrapped: 7/01/18								
14	American Telecom	6/17/09	2,772			2,772	5 MO S/L	2,772	0
15	Office Chair - Karen	6/30/09	141			141	7 MO S/L	141	0
	Sold/Scrapped: 7/01/18								
16	Fireproof Cabinet	6/01/10	1,158			1,158	7 MO S/L	1,158	0
17	Digital Camera	6/29/11	349			349	7 MO S/L	306	43
18	Website Helping	12/20/11	28,000			28,000	5 MO S/L	28,000	0
19	HP Computer	6/04/12	2,291			2,291	5 MO S/L	2,291	0
20	Website Development	4/25/13	25,495			25,495	5 MO S/L	21,033	4,462
	Sold/Scrapped: 6/30/19								
21	Website Helping OK	4/25/13	4,223			4,223	5 MO S/L	3,484	739
22	2 Dell Computers	5/07/13	2,512			2,512	5 MO S/L	2,072	440
23	Software for new Dells	5/28/13	1,272			1,272	3 MO S/L	1,272	0
24	Adobe Acrobat New Computer	6/11/13	1,482			1,482	3 MO S/L	1,482	0
25	Website Development	10/03/13	500			500	5 MO S/L	450	50
26	Computer	5/01/15	1,932			1,932	7 MO S/L	874	276
27	Office Equipment	7/01/15	1,051			1,051	5 MO S/L	630	211
28	Web-Site Members	5/17/17	41,050			41,050	5 MO S/L	0	4,105
29	Leasehold Cost	3/01/19	35,309			35,309	7 MO S/L	0	2,522
30	Office Furnishings	3/01/19	39,899			39,899	7 MO S/L	0	2,850
31	Ice Maker/Cooler	3/01/19	3,105			3,105	7 MO S/L	0	222
32	Conference Room Wireless Phone	3/07/19	1,408			1,408	7 MO S/L	0	101
33	Computer - Youth Cord	3/18/19	2,237			2,237	5 MO S/L	0	224
	Total Other Depreciation		<u>203,910</u>			<u>203,910</u>		<u>73,689</u>	<u>16,245</u>
	Total ACRS and Other Depreciation		<u>203,910</u>			<u>203,910</u>		<u>73,689</u>	<u>16,245</u>
	Grand Totals		203,910			203,910		73,689	16,245
	Less: Dispositions and Transfers		31,390			31,390		26,928	4,462
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>172,520</u>			<u>172,520</u>		<u>46,761</u>	<u>11,783</u>

73-1301631

Bonus Depreciation Report

FYE: 6/30/2019

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
29	Leasehold Cost	3/01/19	35,309		0	0	0	35,309
Grand Total			<u>35,309</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>35,309</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Bookcases	10/07/97	163	0	0
9	Projector	6/09/07	584	0	0
10	Computer Monitors	8/03/07	667	0	0
11	Polycom Conference Phone	9/16/08	556	0	0
14	American Telecom	6/17/09	2,772	0	0
16	Fireproof Cabinet	6/01/10	1,158	0	0
17	Digital Camera	6/29/11	349	0	0
18	Website Helping	12/20/11	28,000	0	0
19	HP Computer	6/04/12	2,291	0	0
21	Website Helping OK	4/25/13	4,223	0	0
22	2 Dell Computers	5/07/13	2,512	0	0
23	Software for new Dells	5/28/13	1,272	0	0
24	Adobe Acrobat New Computer	6/11/13	1,482	0	0
25	Website Development	10/03/13	500	0	0
26	Computer	5/01/15	1,932	276	0
27	Office Equipment	7/01/15	1,051	210	0
28	Web-Site Members	5/17/17	41,050	8,210	0
29	Leasehold Cost	3/01/19	35,309	5,044	0
30	Office Furnishings	3/01/19	39,899	5,700	0
31	Ice Maker/Cooler	3/01/19	3,105	444	0
32	Conference Room Wireless Phone	3/07/19	1,408	201	0
33	Computer - Youth Cord	3/18/19	2,237	447	0
	Total Other Depreciation		<u>172,520</u>	<u>20,532</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>172,520</u>	<u>20,532</u>	<u>0</u>
	Grand Totals		<u>172,520</u>	<u>20,532</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet <small>Chvfubwrcq</small> FALL FORUM	2018
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Name LEADERSHIP OKLAHOMA INC	Taxpayer Identification Number 73-1301631
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>34,800</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>34,800</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>18,028</u>
15. Total expenses. Add lines 8 through 14	15.	<u>18,028</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>16,772</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	<u>18,028</u>
Other direct expenses	_____
Total Fundraising Expense	<u>18,028</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name LEADERSHIP OKLAHOMA INC	Taxpayer Identification Number 73-1301631
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>60,350</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>60,350</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>35,797</u>
15. Total expenses. Add lines 8 through 14	15.	<u>35,797</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>24,553</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	<u>35,797</u>
Other direct expenses	_____
Total Fundraising Expense	<u>35,797</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name LEADERSHIP OKLAHOMA INC	Taxpayer Identification Number 73-1301631
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		58,842	
2. Advertising income	2.			
3. Circulation income	3.			
4. Other income	4.			
5. Returns and allowances	5.			
6. Contributions received	6.			
7. Total revenue. Add lines 1 through 6	7.		58,842	
8. Cost of Goods Sold	8.			
9. Employment Expense	9.			
10. Fees for services	10.			
11. Indirect Expense	11.			
12. Depreciation Expense	12.			
13. Exempt Activity Expense	13.			
14. Fundraising Expense	14.		23,089	
15. Total expenses. Add lines 8 through 14	15.		23,089	
16. Net Income/Loss. Line 7 minus Line 15	16.		35,753	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	23,089
Other direct expenses	
Total Fundraising Expense	23,089

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2018**For calendar year 2018, or tax year beginning **07/01/18**, and ending **06/30/19**

Name

Employer Identification Number

LEADERSHIP OKLAHOMA INC**73-1301631**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>GOLF TOURNAMENT</u> (event type)	_____	_____	
Revenue	1 Gross receipts	58,842			58,842
	2 Less: Charitable contributions				
	3 Jurw hfrph +h 4 p bxv dh 5,	58,842			58,842
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment	23,089			23,089
	9 Other expenses				

Form **990****Two Year Comparison Report****2017 & 2018**For calendar year 2018, or tax year beginning **07/01/18**, ending **06/30/19**

Name

Taxpayer Identification Number

LEADERSHIP OKLAHOMA INC**73-1301631**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 350,746	217,100	-133,646
	2. Membership dues and assessments	2. 77,500	149,718	72,218
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 179,280	185,495	6,215
	5. Investment income	5. 66,054	73,418	7,364
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 58,235	32,338	-25,897
	8. Net income or (loss) from fundraising events	8. 52,854	77,078	24,224
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 2,191	2,127	-64
	12. Total revenue. Add lines 1 through 11	12. 786,860	737,274	-49,586
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 350,343	374,729	24,386
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 30,282	32,097	1,815
	19. Occupancy, rent, utilities, and maintenance	19. 18,723	23,045	4,322
	20. Depreciation and Depletion	20. 6,382	10,669	4,287
	21. Other expenses	21. 328,185	269,982	-58,203
	22. Total expenses. Add lines 13 through 21	22. 733,915	710,522	-23,393
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 52,945	26,752	-26,193
Other Information	24. Total exempt revenue	24. 786,860	737,274	-49,586
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 305,760	293,378	-12,382
	27. Total assets	27. 3,289,880	3,393,235	103,355
	28. Total liabilities	28. 215,167	245,188	30,021
	29. Retained earnings	29. 3,074,713	3,148,047	73,334
	30. Number of voting members of governing body	30. 43	43	
	31. Number of independent voting members of governing body	31. 43	43	
	32. Number of employees	32. 4	5	
	33. Number of volunteers	33.		

Form **990****Tax Return History****2018**

Name

LEADERSHIP OKLAHOMA INC

Employer Identification Number

73-1301631

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	412,766	262,401		350,746	217,100	
Membership dues	176,975	122,885		77,500	149,718	
Program service revenue	158,275	158,510		179,280	185,495	
Capital gain or loss	46,261	-59,579		58,235	32,338	
Investment income	56,310	69,059		66,054	73,418	
Fundraising revenue (income/loss)	19,299	-10,394		52,854	77,078	
Gaming revenue (income/loss)						
Other revenue	460	582		2,191	2,127	
Total revenue	870,346	543,464		786,860	737,274	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	139,363					
Other compensation	171,604	310,024		350,343	374,729	
Professional fees	23,834	25,533		30,282	32,097	
Occupancy costs	18,723	18,722		18,723	23,045	
Depreciation and depletion	14,065	14,359	9,961	6,382	10,669	
Other expenses	283,168	289,085		328,185	269,982	
Total expenses	650,757	657,723	9,961	733,915	710,522	
Excess or (Deficit)	219,589	-114,259	-9,961	52,945	26,752	
Total exempt revenue	870,346	543,464		786,860	737,274	
Total unrelated revenue						
Total excludable revenue	261,306	168,572		305,760	293,378	
Total Assets	3,021,532	2,899,835	7,799	3,289,880	3,393,235	
Total Liabilities	164,161	195,954		215,167	245,188	
Net Fund Balances	2,857,371	2,703,881	2,693,920	3,074,713	3,148,047	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 20,825			14	OK	
TOTAL	\$ <u>20,825</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 52,593			14	OK	
TOTAL	\$ <u>52,593</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL DEVELOPMENT	\$ 3,419	\$	\$ 3,419	\$
ASSOCIATION DUES	1,199		1,199	
BANK FEES	312		312	
AWARDS RECOGNITION	181		181	
OTHER NON-SESSIONS	137	137		
RECRUITING	35		35	
TOTAL	<u>\$ 5,283</u>	<u>\$ 137</u>	<u>\$ 5,146</u>	<u>\$ 0</u>

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 149,718
THE CHICKASAW NATION	
CASH CONTRIBUTION	30,000
CHEROKEE NATION BUSINESS	
CASH CONTRIBUTION	16,500
CHOCTAW NATION	
CASH CONTRIBUTION	10,000
BLUE CROSS & BLUE SHIELD OF OKLAHOMA	
CASH CONTRIBUTION	10,000
BANK OF OKLAHOMA	
CASH CONTRIBUTION	6,500
AMERICAN FIDELITY CORPORATION	
CASH CONTRIBUTION	18,000
AT&T	
CASH CONTRIBUTION	10,000
MARY K. CHAPMAN FOUNDATION	
CASH CONTRIBUTION	5,000
ARVEST BANK	
CASH CONTRIBUTION	5,000
COX COMMUNICATIONS	
CASH CONTRIBUTION	14,600
DEVON ENERGY CORPORATION	
CASH CONTRIBUTION	5,000
GEORGE KAISER FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
HARDESTY FAMILY FOUNDATION, INC.	
CASH CONTRIBUTION	8,000
ITC HOLDINGS CORPORATION	
CASH CONTRIBUTION	5,000
THE STOCK EXCHANGE BANK	
CASH CONTRIBUTION	10,000
BANCFIRST	
CASH CONTRIBUTION	5,500
COMPLEX GROUP	
CASH CONTRIBUTION	5,000
CITY OF GUYMON	
CASH CONTRIBUTION	8,000
GROENDYKE TRANSPORT, INC.	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTION INASMUCH FOUNDATION	\$ 5,000
CASH CONTRIBUTION MIDFIRST BANK	10,000
CASH CONTRIBUTION REDANT, LLC	5,000
CASH CONTRIBUTION TOM RUSSELL CHARITABLE FOUNDATION	5,000
CASH CONTRIBUTION TULSA WORLD	10,000
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 366,818</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 20,825
	52,593
TOTAL	<u>\$ 73,418</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
CLASS APPLICATION FEES	\$ 3,685
CLASS TUITION	157,100
FALL FORUM REGISTRATION FEES	13,275
GALA REGISTRATION FEES	6,125
EDUCATION PROGRAM FEES	5,310
MISCELLANEOUS	2,127
FALL FORUM	34,800
GALA	60,350
GOLF TOURNAMENT & SPRING EV	58,842
TOTAL	<u>\$ 341,614</u>