

EXTENDED TO NOVEMBER 16, 2020

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEAH'S KIDS, INC.		D Employer identification number 81-4238288
	Doing business as LEAH'S KIDS		E Telephone number 605-359-2270
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 46031 239TH ST		G Gross receipts \$ 171,103.
	City or town, state or province, country, and ZIP or foreign postal code WENTWORTH, SD 57075		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: CHAD LARSON 46031 239TH ST, WENTWORTH, SD 57075		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: **WWW.LEAHSKIDS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2016** **M** State of legal domicile: **SD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP ORPHANS, WIDOWS AND THE LESS FORTUNATE IN GUATEMALA AND BEYOND BY PROVIDING HOUSING,	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 308,223. Current Year: 163,382.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5. 6.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,883. 7,439.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,111. 170,827.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	307,517. 153,477.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	307,517. 153,477.	
19 Revenue less expenses. Subtract line 18 from line 12	11,594. 17,350.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 76,845. End of Year: 94,195.
	21 Total liabilities (Part X, line 26)	0. 0.
	22 Net assets or fund balances. Subtract line 21 from line 20	76,845. 94,195.

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
	CHAD LARSON, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JERRY GROSS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00945129
	Firm's name ▶ THURMAN, COMES, FOLEY & CO., LLP	Firm's EIN ▶ 46-0446170		Phone no. (605) 331-2550	
	Firm's address ▶ 416 SOUTH SECOND AVENUE SIOUX FALLS, SD 57104-6904				

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: TO HELP ORPHANS, WIDOWS AND THE LESS FORTUNATE IN GUATEMALA AND BEYOND BY PROVIDING HOUSING, CLOTHES, FOOD, AND EDUCATION.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 152,734. including grants of \$) (Revenue \$) LEAH'S KIDS CONDUCTS BENEVOLENT GIVING TO INDIVIDUALS IN NEED AND CONDUCTS CHARITABLE GIVING TO QUALIFYING ORGANIZATIONS THROUGH MISSIONS TRIPS, MAINLY IN GUATEMALA. THE ORGANIZATION HELPS FAMILIES AND INDIVIDUALS OBTAIN SERVICES, ASSISTANCE AND MATERIALS THEY NEED TO ENCOURAGE THEM IN THEIR PURSUIT OF A STABLE QUALITY OF LIFE.

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

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

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

4e Total program service expenses 152,734.