

Form **990**
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)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
GREENLEAF FAMILY CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
580 GRANT STREET

City or town, state or province, country, and ZIP or foreign postal code
AKRON, OH 44311

F Name and address of principal officer
DAWN GLENNY
580 GRANT STREET
AKRON, OH 44311

D Employer identification number
34-0714398

E Telephone number
(330) 376-9494

G Gross receipts \$ 4,000,165

- I** Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW.GREENLEAFCTR.ORG
- K** Form of organization Corporation Trust Association Other ▶

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

L Year of formation 1912 **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COUNSELING, EDUCATION, & SUPPORT FOR INDIVIDUALS, GROUPS, THE DEAF, AND PREGNANT/PARENTING FAMILIES

2 Check this box 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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	79
6 Total number of volunteers (estimate if necessary)	27
7a Total unrelated business revenue from Part VIII, column (C), line 12	38,560
7b Net unrelated business taxable income from Form 990-T, line 34	37,560

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,749,881	1,377,479
9 Program service revenue (Part VIII, line 2g)	1,452,581	1,559,025
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,355	54,819
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,743	42,084
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,235,560	3,033,407
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,606	9,966
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)	2,374,399	2,374,524
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,720		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,120,150	756,203
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,501,155	3,140,693
19 Revenue less expenses Subtract line 18 from line 12	-265,595	-107,286
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,213,886	2,157,477
21 Total liabilities (Part X, line 26)	1,244,474	1,283,355
22 Net assets or fund balances Subtract line 21 from line 20	969,412	874,122

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: 2018-10-12
DAWN GLENNY PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LISA HILLING	Preparer's signature LISA HILLING	Date	Check <input type="checkbox"/> if self-employed	PTIN P01624111
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 4505 STEPHEN CIRCLE NW STE 200 CANTON, OH 44718			Phone no (330) 497-2000	

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 STRENGTHEN FAMILIES IN OUR COMMUNITY THROUGH COUNSELING, EDUCATION, AND SUPPORT GREENLEAF'S CORE VALUES ARE FAMILY, RESPECT, INTEGRITY, INTERDEPENDENCE, AND EXCELLENCE

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 \$ 1,556,261 including grants of \$ 7,898) (Revenue \$ 890,547)
See Additional Data

4b (Code) (Expenses \$ 528,232 including grants of \$ 280) (Revenue \$ 531,698)
See Additional Data

4c (Code) (Expenses \$ 260,651 including grants of \$ 50) (Revenue \$ 0)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 575,716 including grants of \$ 1,738) (Revenue \$ 136,780)

4e Total program service expenses ▶ 2,920,860

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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>	Yes	
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
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	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10, 11, 12a-12b, and 13a-13c.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (SCOTT C WILSON 580 GRANT STREET AKRON, OH 44311 (330) 376-9494)

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, or 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) DONALD PAVLIK CHAIRMAN	2 00	X		X				0	0	0
(2) MARCY VENARGE VICE CHAIR	2 00	X		X				0	0	0
(3) KRISTA DOBRONOS VICE CHAIR	2 00	X		X				0	0	0
(4) MICHELLE CARANO TREASURER	2 00	X		X				0	0	0
(5) ANDY TRACOFF SECRETARY	2 00	X		X				0	0	0
(6) GINGER BAYLOR TRUSTEE	1 00	X						0	0	0
(7) MERLE BENNETT-BUZZELLI TRUSTEE	1 00	X						0	0	0
(8) ALANE BOFFA TRUSTEE	1 00	X						0	0	0
(9) EVELYN BURKHART TRUSTEE	1 00	X						0	0	0
(10) KEITH BUSCH TRUSTEE	1 00	X						0	0	0
(11) TERRY FINN TRUSTEE	1 00	X						0	0	0
(12) AMY FREIDMANN TRUSTEE	1 00	X						0	0	0
(13) JENNIFER HANZLICEK TRUSTEE	1 00	X						0	0	0
(14) WILLIAN GLENN LEPPA TRUSTEE	1 00	X						0	0	0
(15) ANDREA MARGIDA TRUSTEE	1 00	X						0	0	0
(16) KAREN MUELLER TRUSTEE	1 00	X						0	0	0
(17) SUE PIERSON TRUSTEE	1 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.

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

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 0

Questions 3, 4, and 5 regarding compensation reporting with Yes/No columns.

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: (A) Name and business address, (B) Description of services, (C) 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 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	353,690				
	b Membership dues	1b					
	c Fundraising events	1c	31,402				
	d Related organizations	1d					
	e Government grants (contributions)	1e	809,941				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	182,446				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			1,377,479			
Program Service Revenue		Business Code					
	2a MEDICARE AND MEDICAID	621400	775,775	775,775			
	b INTERPRETING FEES	900099	524,910	524,910			
	c COUNSELING FEES	900099	208,258	208,258			
	d OTHER	900099	50,082	50,082			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,559,025				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,149			21,149	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		285,971			
		c Gain or (loss)		252,301			
		d Net gain or (loss)		33,670	33,670		33,670
	8a Gross income from fundraising events (not including \$ 31,402 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	12,688			
		c Net income or (loss) from fundraising events		11,047	1,641		1,641
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b	743,853				
c Net income or (loss) from gaming activities			703,410	40,443	38,560	1,883	
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						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			3,033,407	1,559,025	38,560	58,343	

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 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	9,966	9,966		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	157,862	67,156	90,706	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,862,532	1,818,140		44,392
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	16,604	16,604		
9 Other employee benefits.	187,128	180,362	2,845	3,921
10 Payroll taxes.	150,398	140,494	6,708	3,196
11 Fees for services (non-employees)				
a Management.				
b Legal.	296		296	
c Accounting.	21,087		21,087	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,137		5,137	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	303,939	288,108	13,590	2,241
12 Advertising and promotion.	1,029	897	14	118
13 Office expenses.	49,006	46,389	1,349	1,268
14 Information technology.	78,337	69,375	8,422	540
15 Royalties.				
16 Occupancy.	90,141	83,684	4,292	2,165
17 Travel.	42,467	42,303	45	119
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	19,493	18,130	456	907
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	46,768	43,962	2,806	
23 Insurance.	17,561	16,231	893	437
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	46,979	46,979		
b ORGANIZATION DUES	25,718	24,304	998	416
c OTHER EXPENSES	8,245	7,776	469	0
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	3,140,693	2,920,860	160,113	59,720
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	280	1	280
	2 Savings and temporary cash investments	20,890	2	89,671
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	391,295	4	253,313
	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	20,907	9	17,880
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,650,031		
	b Less accumulated depreciation	432,389		
		1,263,500	10c	1,217,642
	11 Investments—publicly traded securities	517,014	11	578,691
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,213,886	16	2,157,477	
Liabilities	17 Accounts payable and accrued expenses	112,543	17	222,738
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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	1,131,931	23	1,060,617
	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	1,244,474	26	1,283,355
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	549,139	27	681,570
	28 Temporarily restricted net assets	348,273	28	120,552
	29 Permanently restricted net assets	72,000	29	72,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	969,412	33	874,122
	34 Total liabilities and net assets/fund balances	2,213,886	34	2,157,477

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	3,033,407
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,140,693
3	Revenue less expenses Subtract line 2 from line 1	3	-107,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	969,412
5	Net unrealized gains (losses) on investments	5	11,996
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	874,122

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	2a		No
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	2b	Yes	
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	2c	Yes	
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?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 34-0714398

Name: GREENLEAF FAMILY CENTER

Form 990 (2017)

Form 990, Part III, Line 4a:

BEHAVIORAL HEALTH (BH) SERVICES PROVIDES COUNSELING BY USING EVIDENCED-BASED BEST PRACTICES (EBP) TO INDIVIDUALS AND FAMILIES STRUGGLING WITH CHALLENGES OF MENTAL ILLNESS, SUBSTANCE USE, POVERTY, DIVERSITY, AND LIFE'S EVERYDAY STRUGGLES. EBP PRACTICES INCLUDE COGNITIVE BEHAVIORAL THERAPY, MOTIVATIONAL INTERVIEWING, EYE MOVEMENT DE-SENSITIZATION AND RE-PROCESSING (EMDR) AND FEEDBACK INFORMED TREATMENT (FIT) FOR OUTCOMES AND CLIENT ENGAGEMENT. THESE SERVICES ARE PROVIDED THROUGH INDIVIDUAL, COUPLES, FAMILY AND GROUP COUNSELING. INDIVIDUALS THAT QUALIFY MAY OBTAIN ADDITIONAL COMMUNITY BASED SERVICES INCLUDING CASE MANAGEMENT. A BIO-PSYCH-SOCIAL MODEL AND INTEGRATED APPROACH TO TREATING CO-OCCURRING DISORDERS FOR SUBSTANCE ABUSE AND MENTAL ILLNESS ARE UTILIZED (CONTINUED ON SCHEDULE O)(CONTINUED FROM PART III, LINE 4A) FOR INTERVENTIONS. ADDITIONAL PROGRAMS INCLUDE TEENS ON TASK DIVERSION PROGRAM (TOT), AND A VARIETY OF PARENTING AND ANGER MANAGEMENT GROUPS. COUNSELING AND CASE MANAGEMENT SERVICES ARE ALSO PROVIDED IN A SCHOOL BASED PROGRAM AT COVENTRY LOCAL SCHOOLS. SUBSTANCE USE DISORDER SERVICES HAVE EXPANDED TO INTENSIVE OUTPATIENT SERVICES WHICH PROVIDES NINE HOURS OF GROUP, INDIVIDUAL AND CASE MANAGEMENT SERVICES TO THOSE WITH SEVERE SUBSTANCE USE DISORDERS. ADDITIONALLY, BH PROVIDES PRIMARY DIAGNOSTIC ASSESSMENT AND CASE MANAGEMENT SERVICES FOR THE BARBERTON DRUG COURT. AN ADDITIONAL COURT PROGRAM WAS ADDED WITH THE SUMMIT COUNTY COURT OF COMMON PLEAS INTERVENTION IN LIEU OF CONVICTION PROGRAM WHERE GFC IS COMPLETING THE ASSESSMENTS AND RECOMMENDATIONS FOR THE COURT IN 2017, BEHAVIORAL HEALTH IMPLEMENTED EVIDENCED BASED COGNITIVE-BEHAVIORAL THERAPY (CBT) FOR SUBSTANCE USE DISORDERS. THIS IS A PART OF THE COUNTY WIDE EFFORT SPONSORED BY THE COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH SERVICES BOARD (ADM BOARD). ELEVEN CLINICIANS AND SUPERVISORS FROM GFC ARE BEING TRAINED AND MONITORED FOR COMPLIANCE BY THE CONSULTANTS FROM THE BECK INSTITUTE. CBT WILL BE USED IN TREATING SUBSTANCE USE DISORDERS, ALONG WITH OTHER ADDICTION RELATED DISORDERS. ADDITIONALLY, TWO OF THE BH STAFF RECEIVED TRAINING ON COMMUNITY REINFORCEMENT AND FAMILY TRAINING (CRAFT), AN EVIDENCED BASED PROGRAM TO ASSIST FAMILIES WITH LOVED ONE WHO HAVE A SUBSTANCE USE DISORDER. THE PROGRAM WORKS WITH THE FAMILY TO ASSIST THEM IN ENGAGING THE IDENTIFIED LOVED ONE IN SUBSTANCE USE TREATMENT AND RECOVERY.

Form 990, Part III, Line 4b:

COMMUNITY SERVICES FOR AND OF THE DEAF (CSD) EDUCATES AND ADVOCATES FOR THE RIGHTS OF DEAF AND HARD OF HEARING PEOPLE FOR SUMMIT, PORTAGE, MEDINA, WAYNE AND HOLMES COUNTIES CSD PROVIDES SERVICES AND EDUCATION TO ENHANCE THE QUALITY OF LIFE FOR INDIVIDUALS WHO ARE DEAF, DEAF/BLIND OR HARD OF HEARING SERVICES INCLUDE AMERICAN SIGN LANGUAGE INTERPRETING, CASE MANAGEMENT, HEARING LOSS RESOURCES, ADVOCACY, IN-SERVICE TRAINING, EMERGENCY SERVICES AND TRAINING MENTAL HEALTH PROFESSIONALS ON DEAF CULTURE IN 2017, CSD CONTINUED TO PROVIDE OVER 10,000 HOURS OF DIRECT SERVICE TO THE DEAF, DEAF/BLIND AND HARD OF HEARING COMMUNITY FUNDING PROVIDES CASE MANAGEMENT, 24 HOUR EMERGENCY SERVICES, (CONTINUED ON SCHEDULE O)(CONTINUED FROM PART III, LINE 4B) INTERPRETER FEES AND A HOST OF OTHER SUPPLIES NEEDED FOR ACTIVITIES THROUGHOUT THE YEAR LONG TERM GOALS INCLUDE A GREATER ARRAY OF SERVICES FOR THE HARD OF HEARING POPULATION, INCREASED SOCIAL ACTIVITIES FOR THE DEAF COMMUNITY, AND LITERACY IN THE DEAF COMMUNITY

Form 990, Part III, Line 4c:

SPARK-SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS A HOME BASED KINDERGARTEN READINESS PROGRAM OFFERED IN LOW-INCOME NEIGHBORHOODS SERVED BY AKRON PUBLIC SCHOOLS, BARBERTON CITY SCHOOLS AND WOODRIDGE LOCAL SCHOOLS THAT INSTRUCT PARENTS HOW TO BE THE FIRST AND MOST IMPORTANT TEACHER FOR THEIR CHILD, PROMOTING LITERACY SKILLS THAT HAVE BEEN PROVEN TO OUTPERFORM THE CHILDREN'S TYPICAL PEERS ON KINDERGARTEN READINESS ASSESSMENTS THIS PROGRAM ENDED IN AUGUST 2017

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

TRI-COUNTY EMPLOYEE ASSISTANCE PROGRAM ENHANCES THE MENTAL WELLNESS OF THE AREA'S WORKING COMMUNITY AND ESTABLISHED BUSINESSES THROUGH THE COUNSELING AND WELLNESS SERVICES PROVIDED TO CONTRACTED EMPLOYERS AS A RESULT OF EMPLOYERS CONTRACTING WITH TRI-COUNTY SERVICES, MANY EMPLOYEES STAY EMPLOYED DUE TO EASY ACCESS, CONFIDENTIALITY AND NON-STIGMATIZATION OF RECEIVING MENTAL HEALTH SERVICES COUNSELING SERVICES ARE "NORMALIZED" WHEN OFFERED AS PART OF A BENEFIT PACKAGE THROUGH THEIR EMPLOYER BECAUSE SERVICES ARE FREE TO EMPLOYEES AND DEPENDENTS, INDIVIDUALS SERVED HAVE AN INCREASED PROBABILITY OF ADDRESSING ISSUES BEFORE THEY BECOME DEBILITATING AND EMPLOYERS HAVE A SOURCE FOR REFERRING EMPLOYEES THAT THEY RECOGNIZE ARE STRUGGLING WITH PERSONAL ISSUES TRI COUNTY APPROACHES COUNSELING AS A MEANS FOR HEALTHY PEOPLE TRYING TO IMPROVE THEIR LIVES COUNSELING TOPICS INCLUDE DEPRESSION, ANXIETY, GRIEF, PARENTING, RELATIONSHIP COUNSELING, SUBSTANCE ABUSE, FINANCES, AND WELLNESS CONCERNS LIKE SMOKING CESSATION, STRESS MANAGEMENT AND WEIGHT LOSS IN 2016, THE FOCUS WAS ON DEVELOPING EMPLOYEE AND MANAGER COMPETENCIES IN MANAGING WORKPLACE STRESS BY OFFERING WELLNESS TRAININGS ON STRESS PREVENTION, HEALTHY LIVING, WORK LIFE-BALANCE, TEAM BUILDING, PROMOTING POSITIVES AND CONFLICT RESOLUTION IN 2017, TRI COUNTY INCREASED VISIBILITY VIA FACEBOOK POSTS, AND ADDRESSED WELLNESS ISSUES ADDING NEW TRAININGS ON "BEING PREPARED" FOR RETIREMENT, AND "CAUGHT IN THE MIDDLE" SIXTY-SIX PERCENT OF THE COMPANIES PARTICIPATED IN THE WELLNESS TRAININGS IN ADDITION TO THE PRESENTATIONS, ALL COMPANIES RECEIVE A MONTHLY NEWSLETTER OF A DIFFERENT WELLNESS TOPIC, AND QUARTERLY FLYERS TO DISTRIBUTE, ADDRESSING THE SEASONAL STRESSORS AND WELLNESS TIPS FOR MANAGING THAT TIME OF YEAR

(Code) (Expenses \$ including grants of \$) (Revenue \$)

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) IS AN EVIDENCE-BASED HOME VISITING PROGRAM THAT SERVES CHILDREN AND FAMILIES DETERMINED TO BE AT RISK DUE TO POVERTY, CHILD ABUSE, HEALTH DISPARITIES, BARRIERS TO ACCESSIBLE HEALTHCARE, AND SUBSTANCE USE HOME VISITORS ARE TRAINED IN PARENTS AS TEACHERS, AND THE PROGRAM IS SOON TO BE ACCREDITED BY HEALTHY FAMILIES AMERICA OFFERED IN PARTNERSHIP WITH SUMMIT COUNTY PUBLIC HEALTH, THE GOALS OF MIECHV ARE TO - IMPROVE MATERNAL AND CHILD HEALTH, - PREVENT CHILD ABUSE AND NEGLECT, - ENCOURAGE POSITIVE PARENTING, AND - PROMOTE CHILD DEVELOPMENT AND SCHOOL READINESS THIS PROGRAM ENDED SEPTEMBER 30, 2017

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

MOMS AND BABIES FIRST (LIFE LINK) PROGRAM'S MISSION IS TO PROVIDE EDUCATION AND SUPPORT TO AFRICAN AMERICAN PREGNANT WOMEN IN SUMMIT COUNTY THE PROGRAM AIMS TO REDUCE AND ELIMINATE DISPARITIES IN INFANT MORTALITY AMONG AFRICAN AMERICANS, IMPROVE BIRTH OUTCOMES, INCREASE EARLY PRENATAL CARE AND INCREASE THE OVERALL UTILIZATION OF ROUTINE INFANT HEALTHCARE LICENSED COMMUNITY HEALTH WORKERS ARE AVAILABLE TO ASSIST WITH PRENATAL CARE, APPLYING FOR MEDICAL COVERAGE, HOUSING AND WIC (WOMEN INFANTS AND CHILDREN), LOCATING RESOURCES TO MEET FAMILY'S NEEDS AND DEVELOPING AND REACHING FAMILY GOALS 186 CLIENTS WERE SERVED IN 2017

(Code) (Expenses \$ including grants of \$) (Revenue \$)

DJFS SINGLE AND TWO PARENT CASE MANAGEMENT-GREENLEAF PROVIDES CASE MANAGERS AT THE SUMMIT DJFS JOB CENTER TO ASSIST TANF CLIENTS IN IDENTIFYING AND ELIMINATING BARRIERS TO MEETING WORK REQUIREMENTS IN ORDER TO MAINTAIN THEIR BENEFITS AND AVOID SANCTIONS CASE MANAGERS MEET INDIVIDUALLY WITH CLIENTS AS WELL AS PROVIDING MONTHLY EDUCATIONAL GROUP SESSIONS 621 CLIENTS WERE SERVED DURING 2017

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PARENT EDUCATION, EMPOWERMENT, RESOURCES, AND SUPPORT (PEERS) PROVIDES PARENT ADVOCATES TO SUPPORT PARENTS WHO HAVE CHILDREN WITH COMPLEX NEEDS WHO ARE INVOLVED WITH MULTIPLE SYSTEMS OF CARE THE ULTIMATE GOAL IS FOR PARENTS TO FEEL EDUCATED AND EMPOWERED TO HAVE THEIR VOICES HEARD AND MAKE THE BEST DECISIONS REGARDING THEIR CHILD'S CARE PARENT ADVOCATES CAN EDUCATE PARENTS REGARDING CHILD AND PARENT RIGHTS AS WELL AS THE PROCESSES OF VARIOUS COMMUNITY SYSTEMS, PROVIDE RESOURCE INFORMATION, MODEL EFFECTIVE COMMUNICATION WITH COMMUNITY PROFESSIONALS, AND SUPPORT PARENTS THROUGH COMMUNITY MEETINGS SUCH AS IEP MEETINGS AND JUVENILE COURT HEARINGS IN 2017, THE BILLING PROCESS FOR PEERS CHANGED, REQUIRING UPDATED INTAKE PROCEDURES AND USE OF THE ELECTRONIC RECORDS SYSTEM STAFFING ALSO CHANGED AS THE MANAGER AND ONE PARENT ADVOCATE LEFT THE AGENCY YET, PEERS PROVIDED SERVICE TO 99 FAMILIES DURING THE YEAR

(Code) (Expenses \$ including grants of \$) (Revenue \$)

THE STRENGTHENING FAMILIES PROGRAM FOR PARENTS AND YOUTH 10-14 (SFP) IS AN EVIDENCE-BASED DRUG AND ALCOHOL PREVENTION PROGRAM FOR PARENTS AND YOUTH 10-14 YEARS OLD THE PROGRAM COORDINATES WITH LOCAL MIDDLE SCHOOLS TO PROVIDE A TWO HOUR, SEVEN WEEK SERIES FOR FAMILIES SESSIONS INCLUDE A FAMILY DINNER, CONCURRENT PARENT AND YOUTH SESSIONS, CONCLUDING WITH FAMILY ACTIVITIES THE GOALS OF THE PROGRAM INCLUDE DELAYED ONSET OF ADOLESCENT SUBSTANCE USE, INCREASED PARENTING SKILLS AND FAMILY BONDING, INCREASED RESISTANCE TO PEER PRESSURE IN YOUTH, AND REDUCED LEVELS OF AGGRESSION AND CONDUCT PROBLEMS IN SCHOOL SCHOOL YEAR 2016-2017 SERVED 17 FAMILIES, 19 ADULTS AND 25 YOUTH TOTALING 44 PARTICIPANTS WITH A 94% RETENTION RATE 70% OF YOUTH AND 80% OF ADULTS HAD AN INCREASED SCORE ON THE RETROSPECTIVE SURVEY DURING THE 2017-2018 SCHOOL YEAR, THE STRENGTHENING FAMILIES 10-14 PROGRAM WILL INCREASE RECRUITING EFFORTS IN COOPERATION WITH SCHOOL COUNSELORS IN AN EFFORT TO PROVIDE SIX SERIES OF THE SFP 10-14 PROGRAM TO THE MAXIMUM NUMBER OF PARTICIPANT FAMILIES IN ORDER TO INCREASE THE FIDELITY OF THE PROGRAM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$)

ADOLESCENT SUICIDE PREVENTION PROGRAM (ASPP) IS A SCHOOL-BASED SUICIDE PREVENTION PROGRAM UTILIZING THE EVIDENCE-BASED SOS SIGNS OF SUICIDE CURRICULUM ASPP PROVIDES PROGRAMMING TO MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT SUMMIT COUNTY AND SURROUNDING COMMUNITIES DURING THE 2017-2018 SCHOOL YEAR, ASPP BEGAN INCORPORATING A NEW CURRICULUM, SIGNS OF SELF INJURY, INTO THE OFFERINGS AVAILABLE FOR SCHOOL PRESENTATIONS IN ADDITION, ASPP CONTINUED EFFORTS TO COLLABORATE WITH SCHOOL ADMINISTRATIONS AND PROVIDE STAFF TRAININGS IN ORDER TO EQUIP SCHOOL STAFF TO BE BETTER ABLE TO IDENTIFY AND SUPPORT STUDENTS IN DISTRESS ASPP SERVED 6,337 STUDENTS AND ADULTS DURING 2017

(Code) (Expenses \$ 575,716 including grants of \$ 1,738) (Revenue \$ 136,780)

PROGRAM SERVICE EXPENSES, GRANT EXPENSES, AND PROGRAM SERVICE REVENUE FOR ALL OTHER PROGRAMS OTHER THAN THE THREE LARGEST

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

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 **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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,959,898	2,035,040	2,221,861	1,749,881	1,377,479	9,344,159
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	1,959,898	2,035,040	2,221,861	1,749,881	1,377,479	9,344,159
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						9,344,159

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	1,959,898	2,035,040	2,221,861	1,749,881	1,377,479	9,344,159
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,466	31,313	20,826	9,250	21,149	97,004
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5,740				42,084	47,824
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,400	3,615	6,866	27,777		40,658
11	Total support. Add lines 7 through 10						9,529,645
12	Gross receipts from related activities, etc (see instructions)					12	4,736,272

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 2017 (line 6, column (f) divided by line 11, column (f))	14	98.050 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	92.830 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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 (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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)	1	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 34-0714398

Name: GREENLEAF FAMILY CENTER

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
GREENLEAF FAMILY CENTER

Employer identification number
34-0714398

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 in 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	180,776	247,496	312,922	377,003	444,389
b Contributions					120
c Net investment earnings, gains, and losses	61,678	15,583	-7,408	37,645	120,818
d Grants or scholarships					
e Other expenditures for facilities and programs		82,303	58,018	101,726	188,324
f Administrative expenses					
g End of year balance	242,454	180,776	247,496	312,922	377,003

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 70 300 %
 - b** Permanent endowment ▶ 29 700 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		88,600		88,600
b Buildings		1,258,117	191,700	1,066,417
c Leasehold improvements				
d Equipment		303,314	240,689	62,625
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,217,642

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)		

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)		

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)	

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.

(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)	

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	3,053,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	11,996
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	11,996
3	Subtract line 2e from line 1	3	3,041,487
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	5,137
b	Other (Describe in Part XIII)	4b	-13,217
c	Add lines 4a and 4b	4c	-8,080
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,033,407

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	3,148,773
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,148,773
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	5,137
b	Other (Describe in Part XIII)	4b	-13,217
c	Add lines 4a and 4b	4c	-8,080
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,140,693

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-0714398

Name: GREENLEAF FAMILY CENTER

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES -13,217

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES -13,217

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

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 ten 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	(iii) Did fundraiser have custody or control of contributions?		(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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		NIGHT AT THE RACES (event type)	TAILGATE (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	20,694	23,396		44,090
2	Less Contributions	13,656	17,746		31,402
3	Gross income (line 1 minus line 2)	7,038	5,650		12,688
Direct Expenses	4 Cash prizes	1,255	150		1,405
	5 Noncash prizes				
	6 Rent/facility costs	700	2,116		2,816
	7 Food and beverages	1,477	2,355		3,832
	8 Entertainment	1,200			1,200
	9 Other direct expenses	259	1,535		1,794
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				1,641

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		739,800
Direct Expenses	2 Cash prizes		610,125	2,170	612,295
	3 Noncash prizes				
	4 Rent/facility costs		4,191		4,191
	5 Other direct expenses		86,924		86,924
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				703,410
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				40,443

9 Enter the state(s) in which the organization conducts gaming activities OH

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 _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ JC & COMPANY

Address ▶ 125 WEST MULBERRY STREET
LANCASTER, OH 43130

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 39,030 and the amount of gaming revenue retained by the third party ▶ \$ 44,388

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ 2750 SALT SPRINGS RD
YOUNGSTOWN, OH 44509

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization

GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ADDICTION TREATMENT PROGRAM	12		4,889	COST	ASSISTANCE WITH MEDICATION, TRANSPORTATION, AND EDUCATION FOR THOSE BEING TREATED FOR ADDICTION
(2) TRANSPORTATION SERVICES	121		2,220	COST	VAN TRANSPORTATION TO PARTICIPANTS IN TEENAGE PARENT PROGRAM
(3) HOLIDAY PROJECT	21		2,018	COST	HOLIDAY GIFTS
(4) VARIOUS OTHER ASSISTANCE	58		839	COST	VARIOUS ASSISTANCE PROVIDED IN CONNECTION WITH PROGRAMS
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANT FUNDS ARE IDENTIFIED SEPARATELY BY PURPOSE AND ARE ALLOCATED AS EXPENSES WHEN INCURRED OR AS SERVICES ARE PERFORMED

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK) A HOME BASED KINDERGARTEN READINESS PROGRAM OFFERED IN LOW-INCOME NEIGHBORHOODS SERVED BY AKRON PUBLIC SCHOOLS, BARBERTON CITY SCHOOLS, AND WOODRIDGE LOCAL SCHOOLS THAT INSTRUCT PARENTS HOW TO BE THE FIRST AND MOST IMPORTANT TEACHER FOR THEIR CHILD, PROMOTING LITERACY SKILLS THAT HAVE BEEN PROVEN TO OUTPERFORM THE CHILDREN'S TYPICAL PEERS ON KINDERGARTEN READINESS ASSESSMENTS THIS PROGRAM ENDED IN AUGUST 2017 MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) IS AN EVIDENCE-BASED HOME VISITING PROGRAM THAT SERVES CHILDREN AND FAMILIES DETERMINED TO BE AT RISK DUE TO POVERTY, CHILD ABUSE, HEALTH DISPARITIES, BARRIERS TO ACCESSIBLE HEALTHCARE, AND SUBSTANCE USE HOME VISITORS ARE TRAINED IN PARENTS AS TEACHERS, AND THE PROGRAM IS SOON TO BE ACCREDITED BY HEALTHY FAMILIES AMERICA OFFERED IN PARTNERSHIP WITH SUMMIT COUNTY PUBLIC HEALTH, THE GOALS OF MIECHV ARE TO - IMPROVE MATERNAL AND CHILD HEALTH, - PREVENT CHILD ABUSE AND NEGLECT, - ENCOURAGE POSITIVE PARENTING, AND - PROMOTE CHILD DEVELOPMENT AND SCHOOL READINESS THIS PROGRAM ENDED SEPTEMBER 30, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE INDEPENDENT AUDITING FIRM PREPARES THE FORM 990 AND SUBMITS IT TO THE ORGANIZATION FOR REVIEW AND SIGNATURE THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE BOARD OF TRUSTEES/STAFF ARE REQUIRED TO AFFIRM THEIR INDEPENDENCE AND DISCLOSE ANY CONFLICTS OF INTEREST WHEN THEY BEGIN SERVING ON THE BOARD/AT THE TIME OF HIRE THE BOARD OF TRUSTEES AND STAFF ALSO REAFFIRM THEIR INDEPENDENCE AND IDENTIFY ANY CONFLICTS OF INTEREST ANNUALLY BY COMPLETING AND SUBMITTING A CONFLICT OF INTEREST DISCLOSURE FORM TO THE PRESIDENT/CEO ALL ARE REQUIRED, ON AN ONGOING BASIS, TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS SOON AS KNOWN, OR AS SOON AS SHOULD HAVE BEEN REASONABLY KNOWN WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS, THE EMPLOYEE, BOARD MEMBER, OR VOLUNTEER MAY NOT PARTICIPATE, IN ANY WAY IN, OR BE PRESENT DURING THE DELIBERATIONS AND DECISION MAKING OF THE AGENCY WITH RESPECT THE ACTION OR TRANSACTION IF NECESSARY, THE INTERESTED PARTY MAY, UPON REQUEST, BE AVAILABLE TO ANSWER QUESTIONS OR PROVIDE MATERIAL FACTUAL INFORMATION ABOUT THE PROPOSED ACTION OR TRANSACTION IN THE CASE OF A BOARD MEMBER, IF THE BOARD OF DIRECTORS HAS REASON TO BELIEVE AN INTERESTED PARTY HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND TAKE THE APPROPRIATE ACTION, UP TO AND INCLUDING REMOVAL FROM THE BOARD OF DIRECTORS EMPLOYEES WHO DO NOT REPORT CONFLICTS OF INTEREST FACE DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT FOR FAILURE TO REPORT REAL OR POTENTIAL CONFLICTS OF INTEREST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES REVIEWS, EVALUATES, AND DETERMINES A MERIT INCREASE FOR THE CEO AND CONSIDERS BUDGET PARAMETERS THE CEO IS RESPONSIBLE FOR MAKING SURE THE REVIEW, EVALUATION, AND MERIT INCREASES OF THE OTHER OFFICERS ARE COMPLETED ANNUALLY AND ARE IN LINE WITH THE CURRENT BUDGET AND PROGRAM FUNDING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST