.€m 990-T	E	Exempt Organization					ax Retu	ırn	L	OMB No 1545-0687
•		(and proxy	tax und	er se	ction 6033	B(e))				2018
	For cal	lendar year 2018 or other tax year beginning		o de consta	, and en					ZU 10
Department of the Treasury Internal Revenue Service	>	► Go to www.irs.gov/For - Do not enter SSN numbers on this fo							50	en to Public Inspection for 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check t	T	Employe (Employ Instructi	ar identification number ees' trust, see ons)					
B Exempt under section	Print	GREENLEAF FAMILY		34	-0714398					
X 501(C) 3)	Or ·	Number, street, and room or suite no			d business activity code tructions)					
408(e)220(e)	Type	580 GRANT STREET								
408A530(a) 529(a)		City or town, state or province, count AKRON, OH 44311	900099							
C Book value of all assets at end of year		F Group exemption number (See inst		<u> </u>						
2,241,3		G Check organization type ► X			501	(c) trust		11(a) tru		Other trust
		ation's unrelated trades or businesses.		1			he only (or first	•		
		EE STATEMENT 1				-	complete Parts			
		ace at the end of the previous sentence,	, complete Pa	arts I an	d II, complete	a Schedule	M for each add	litional	irade o	r
business, then complete				at auba	dan caatralla	d group?			Yes	X No
		poration a subsidiary in an affiliated gro tifying number of the parent corporatio		nt-subs	idiary controlle	a group?	•	- L	1 162	LAL NO
		SCOTT C WILSON	III. P			Telenho	ne number	. 33	<u>n – 3</u>	76-9494
		de or Business Income			(A) Inco		(B) Expe		ŤŤ	(C) Net
1a Gross receipts or sale		951,147.	· · · · · · · · · · · · · · · · · · ·	Γ	· · · · · · · · · · · · · · · · · · ·		······································		\neg	<u></u>
b Less returns and allo		c Balance	•	1c	951,	,147.				
2 Cost of goods sold (S				2		557.			\dashv	- i
3 Gross profit. Subtrac	t line 2 fi	rom line 1c		3	903,	,590.				903,590.
4 a Capital gain net incor	ne (attac	ch Schedule D)		4a						
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)		4b						
c Capital loss deduction				4c						
		ship or an S corporation (attach statem	ient)	5					\dashv	
6 Rent income (Schedu				6					\perp	
7 Unrelated debt-finance		· ·		7					-+	
	-	and rents from a controlled organization		8					-+	
10 Exploited exempt act		on 501(c)(7), (9), or (17) organization	(Schedule d)	10						
11 Advertising income (-	, ,		11						
12 Other income (See in		· ·		12		İ			$\neg +$	
13 Total, Combine lines		·		13	903	,590.				903,590.
Part II Deduction	ns No	ot Taken Elsewhere (See ins	structions fo	or limita	ations on ded	luctions)				
(Except for	contrib	utions, deductions must be direct	ly connecte	d with	the unrelated	business	s income)			
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)			EIV/ED			L	14	
15 Salaries and wages			<u> </u>		EIVED	-0		-	15	
16 Repairs and mainter	nance				~~	RS-OS		-	16	
17 Bad debts			C333	0V]	2)2019	0		- ⊢	17	
18 Interest (attach scho	edule) (s	see instructions)		MA	- 1	J ∝		⊢	18	
19 Taxes and licenses	.ana (Ca	a matrications for limitation rides)		ĞĎ	EN, UT	ł			19 20	
20 Charitable contribut 21 Depreciation (attach	•	e instructions for limitation rules)				21		F	 +	
·		n Schedule A and elsewhere on return			-	22a	· · ·		22b	
23 Depletion	u				L				23	
24 Contributions to det	erred co	ompensation plans							24	
25 Employee benefit pr		•							25	
26 Excess exempt expe	-								26	
27 Excess readership of	osts (So	chedule J)	_						27	
28 Other deductions (a	ttach sc	hedule)	•		SEE	STAT	EMENT 2	_ ⊢	28	854,543.
29 Total deductions. A		•						-	29	854,543.
		income before net operating loss deduc							30	49,047.
		loss arising in tax years beginning on o	or after Janua	ary 1, 20	018 (see instru	ctions)		⊢	31	40 047
	_	income. Subtract line 31 from line 30							32	49,047.
823701 01-09-19 LHA F	or Pape	rwork Reduction Act Notice, see instr	UCTIONS.					7	٠ ١	Form 990-T (2018)

Partilli Total Unrelated	Business Taxable Income								
33 Total of unrelated business	taxable income computed from all unrelated trades or businesses	s (see instructions)	33	49,047.					
34 Amounts paid for disallowe			34						
•	loss arising in tax years beginning before January 1, 2018 (see in	nstructions)	35						
	taxable income before specific deduction. Subtract line 35 from the								
lines 33 and 34			36	49,047. 1,000.					
· · · · · · · · · · · · · · · · · · ·									
enter the smaller of zero or		ine 50,	38	48,047.					
Part IV. Tax Computation									
	Corporations. Multiply line 38 by 21% (0.21)		▶ 39	10,090.					
_	tes. See instructions for tax computation. Income tax on the amou	unt on line 38 from:							
Tax rate schedule or	Schedule D (Form 1041)	unt on mic do nom	40						
			41						
41 Proxy tax. See instructions			42						
42 Alternative minimum tax (tr									
	lity Income. See instructions		43	10,090.					
	4 43 to line 39 or 40, whichever applies		44	10,030.					
Part V Tax and Payme		T 45-T							
- , ,	tions attach Form 1118; trusts attach Form 1116)	45a							
b Other credits (see instruction		45b							
c General business credit. Att		45c							
	ım tax (attach Form 8801 or 8827)	450							
e Total credits Add lines 45a			45e						
46 Subtract line 45e from line			46	10,090.					
47 Other taxes. Check if from:	Form 4255 Form 8611 Form 8697 Form	1 8866 LOO Other (attach sch	nedule) 47						
48 Total tax. Add lines 46 and	47 (see instructions)		48	10,090.					
49 2018 net 965 tax liability pa	aid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.					
50 a Payments: A 2017 overpay	ment credited to 2018	50a							
b 2018 estimated tax paymer	its		920.						
c Tax deposited with Form 88	368	50c 5,0	000.						
d Foreign organizations: Tax	paid or withheld at source (see instructions)	50d							
e Backup withholding (see in	structions)	50e							
	ealth insurance premiums (attach Form 8941)	50f							
g Other credits, adjustments,									
Form 4136	Other Total	▶ 50g							
51 Total payments. Add lines	50a through 50g		51	12,920.					
	instructions). Check if Form 2220 is attached		52	101.					
	nan the total of lines 48, 49, and 52, enter amount owed		53						
	larger than the total of lines 48, 49, and 52, enter amount overpaid	1	54	2,729.					
· -		2,729. Refunded	55	0.					
	garding Certain Activities and Other Inform		<u> </u>						
	8 calendar year, did the organization have an interest in or a signal			Yes No					
	ank, securities, or other) in a foreign country? If "Yes," the organiza								
•	of Foreign Bank and Financial Accounts. If "Yes," enter the name of								
here	A Pologi Dank and Phanoat About the 1705, Onto the hame of	and for origin abunary		X					
	organization receive a distribution from, or was it the grantor of, or	or transferor to a foreign true	et?	- X					
	r other forms the organization may have to file.	or transition to, a foreign tra-	30						
•	empt interest received or accrued during the tax year >\$								
· · · · · · · · · · · · · · · · · · ·	dediare that I have examined this return, including accompanying schedules a gration of process (other than taxpayer) is based on all information of which p	and statements, and to the best of	f my knowledge and be	olief, it is true,					
Sign correct, and complete Deck	a/at/on of precent (other than taxpayer) is based on all information of which p	reparer has any knowledge							
Here Wun !	N - 1 10-17-19 ▶ PREST	DENT/CEO	May the IRS disc the preparer sho	cuss this return with					
Signature of officer	Date Title		instructions)?						
Print/Type preparer	s name Preparer's signature	Date Check	ıf PTIN	,					
}	s lialite								
Paid JENNIFER	COLEMAN LEMAN (OVA)	10/10/19 sent em		743188					
Preparer C	LIFTONEARSONALEN LLP			0746749					
Use Only Firm's name ► C.	4505 STEPHEN CIRCLE NW, STE.	200	TIM N ST	0,40,47					
Eirmin addraga	CANTON, OH 44718	Phone	no (330)4	97-2000					
	CUMION, OIL 44/10	ritolie							
823711 01-09-19			Fo	orm 990-T (2018)					

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	raluation N/A							
1 Inventory at beginning of year	1	0.		Inventory at end of year	· · · · · ·		6 0.				
2 Purchases	2			Cost of goods sold. Su		ine 6					
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,					
4a Additional section 263A costs				line 2		, j	7 47,557.				
(attach schedule)	4a		8	Do the rules of section :	263 A (\	with respect to	Yes No				
b Other costs (attach schedule) **	* 4b	47,557.		property produced or a	•	•					
5 Total. Add lines 1 through 4b	5	47,557.		the organization?		,,	X				
Schedule C - Rent Income (From Real		Pe	rsonal Property I	Lease	ed With Real Pro	perty)				
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)											
(4)	2. Rent receiv	ed or accrued				1					
(a) From personal property (if the perc			d ners	sonal property (if the percenta	GB.	3(a) Deductions directly	connected with the income in				
rent for personal property is more 10% but not more than 50%)	than	i of rent for pe	rsonal	property exceeds 50% or if and on profit or income)		columns 2(a) an	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)											
(4)											
Total	0.	Total			0.]-					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.				
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstru	ictions)			·				
		-	- 2	2. Gross income from		3. Deductions directly control to debt-finance	nected with or allocable sed property				
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)		-									
(2)											
(3)											
(4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	•	6. Calumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				%							
(2)				%							
(3)				%							
(4)				%							
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals				▶		0					
Total dividends-received deductions inc	cluded in columi	18				>	0.				
							Form 990-T (2018)				

** SEE STATEMENT 3

Schedule F - Interest, A	nnuities	, Royal						ation	1S (see ins	tructions	5)	
				Exempt (Controlled O	rganızatı	ons					
1. Name of controlled organizati	on	2. Employer dentification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1)					-,					<u> </u>		
(2)	,											
(3)										;		
(4)			j									
Nonexempt Controlled Organiz	ations		<u>1</u>							t		
7. Taxable Income		slated incom	e (losa)	9 Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. Ded	uctions directly connected	
,		instructions		0. 1 = 1=1	made		in the controll	ing orgai income	nization's		income in column 10	
(1)											-	
(2)		+										
(3)				-						,		
_(4)		· .					Add colur	F	a 10	Add	d columns 6 and 11	
. •		,	,		,		Enter here and		e 1, Part I,	Enter he	ere and on page 1, Part I, ine 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme		e of a	Section	501(c)(7), (9), or	(17) O	rganizatior	1	1			
1. Descr	iption of incom	8			2. Amount of	income	3. Deduction directly connect (attach schedule)	ected	4. Set-	asides ichedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
		-	,		Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited	-	Activity	Income	e, Othe	r Than A		ing Incom	<u>^;``;;;;;;</u> e	1.55.000 (1.55 <u>0</u>	ggg tours	<u> </u>	
(see instru	ctions)	Т			т.		· · · · · · · · · · · · · · · · · · ·	-				
1. Description of exploited activity	2. Gro unrelated b income trade or bu	usiness from	3. Expo directly co with prod of unre business	onnected duction lated	4. Net incor from unrelate business (c minus colum gain, comput through	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)					<u> </u>							
(2)				· · ·		•						
(3)					<u> </u>		<u> </u>		1			
(4)		+			1		 		1		· .	
(1)	Enter here page 1, f line 10, co	Part I,	Enter here page 1, line 10, c	Part I,								
Totals >		0.		0.				-1860	((;*)		0	
Schedule J - Advertisi												
Rart I Income From I	Periodica	ils Rep	orted or	a Çor	solidated	l Basis						
1. Name of periodical	1	2. Gross advertising income		Direct rtising costs	or (loss) (o	tising gain col 2 minus jain, compu hrough 7			6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					2							
(2)			·	_					Ī -	-		
(3)		· · · · · · · · · · · · · · · · · · ·	 	 -			1/2					
(4)			 			and of the second			 			
Totals (carry to Part II, line (5))			0.	·).	and the second section of the second section of the second second second section of the second secon					0	
rotate (carry to rait ii, lille (3))			~ •1		<u></u>						F 900 T (001)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-1						
(2)			_				
(3)					-		
(4)							
Totals from Part I		0.	0.		-		0.
		Enter here and on page 1, Part I, fine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,	*		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.		' .		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business -
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

			
FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	O STATEMENT	1
INCOME FROM S	ALE OF INSTANT BINGO GAMES		,
TO FORM 990-T,	PAGE 1		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION	•	AMOUNT	
CASH PRIZES		784,3	73.
LOCATION RENTA	L	57,0	
BANK FEES		4,08	
ACCOUNTING LEASE PAYMENTS	EOUT DMENIE	2,63 5,63	
MISC COSTS	IMAMSIOQA - S		24.
TOTAL TO FORM	990-T, PAGE 1, LINE 28	854,5	43.
FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
COST OF TICKET	es e	47,5	57.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

47,557.