45

Partill	9 GREENLEAF FAMILY CE				34-0714398 Page 2
11.4.4	Total Unrelated Business Taxal	ole Income			
32 Total of	of unrelated business taxable income computed	from all unrelated trades or businesses (se	ee instructions)	1	71,514.
33 Amou	unts paid for disallowed fringes			L	33
34 Charit	table contributions (see instructions for limitatio	n rules)			34 - 0.
35 Total u	unrelated business taxable income before pre-20	118 NOLs and specific deduction Subtract	line 34 from the sum o	f lines 32 and 33	35 71,514.
	ction for net operating loss arising in tax years b			<u> </u>	36
	of unrelated business taxable income before spe		•	7	37 71,514.
	ific deduction (Generally \$1,000, but see line 38		-	8	38 1,000.
	lated business taxable income. Subtract line 36		. 27	* F	38 1,000.
		o from line 37. If line 30 is greater than line	: or,	1/1	70,514.
	the smaller of zero or line 37				39 /0,514.
	Tax Computation			1 5 1	14 000
	nizations Taxable as Corporations. Multiply line			! ▶	40 14,808.
41 Trusts	s Taxable at Trust Rates. See instructions for to	ax computation. Income tax on the amount	t on line 39 from:	Į.	
	Tax rate schedule or Schedule D (Form	1041)		▶	41
42 Proxy	y tax. See instructions			▶ L	42
-	native minimum tax (trusts only)				43
. 44	on Noncompliant Facility Income. See instruction	nns		Г	44
	. Add lines 42, 43, and 44 to line 40 or 41, which			71	45 14,808.
70 .012.1	Tax and Payments	iovoi applios			1 21/000:
		Lete attach Form 1116\	400	Tu	-
	gn tax credit (corporations attach Form 1118; tru	isis attaun rumi 1110)	46a		
	r credits (see instructions)		46b		
-	ral business credit. Attach Form 3800		46c		-
d Credit	it for prior year minimum tax (attach Form 8801	or 8827)	46d		
e Total	credits. Add lines 46a through 46d			L	46e
47 Subtra	ract line 46e from line 45				47 14,808.
48 Other	r taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	¹ 48
	tax. Add lines 47 and 48 (see instructions)			4	49 14,808.
	net 965 tax liability paid from Form 965-A or Fo	rm 065-P. Part II. column (k) June 2		·	50 0.
		b	9 5 a	2,729.	30 3.
	nents: A 2018 overpayment credited to 2019				131
	estimated tax payments	اما		7,671.	
	deposited with Form 8868	b		3,300.	
d Foreig	gn organizations: Tax paid or withheld at source	(see instructions)	51d		
e Backu	up withholding (see instructions)		51e		[14]
f Credit	it for small employer health insurance premiums	(attach Form 8941)	51f		[]_
g Other	r credits, adjustments, and payments:	orm 2439			
Ī	Form 4136 0	ther Total	▶ 51g		
	payments. Add lines 51a through 51g				52 13,700.
	nated tax penalty (see instructions). Check if Fori	m 2220 is attached		8-1	58 92.
				9.	1 1 000
	due. If line 52 is less than the total of lines 49, 50			15+	55 1,200.
	payment. If line 52 is larger than the total of line		_		
	the amount of line 55 you want. Credited to 20			efunded 🕨	56
[PartiVI]	· Statements Regarding Certain	Activities and Other Informa	tion (see instri	uctions)	
57 At any	ly time during the 2019 calendar year, did the or	ganization have an interest in or a signature	e or other authority	•	Yes No
over a	a financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file		
FinCE	EN Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of the	e foreign country		
here	• • • • • • • • • • • • • • • • • • •	•	J,		X
	ng the tax year, did the organization receive a dis	tribution from or was it the granter of or	transferor to a fore	uan trust?	X
	• • •	·	adiologor to, a fort	ngii a ast.	
	es," see instructions for other forms the organization				
	the amount of tax-exempt interest received or a		d ababas	- h+-/	a and balled at the first
Sign	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than	i triis return, including accompanying schedules and n taxpayer) is based on all information of which prej	u statements, and to th parer has any knowled	e dest of my knowledg	e and pener, it is true,
Sign	. 1 \h 11 Y \mathred{U}.				the IRS discuss this return with
Here	Lun K. Loure		DENT/CEO	the i	preparer shown below (see
	Signature of officer			ınstr	ructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
	and the broken at a second	1		self- employed	
			10/12/20	Jon Jimpioyeu	P00743188
Paid	TRNNTERD COLEMAN	TENNIFER COLEMAN			1 7 0 0 1 4 3 7 9 9
Preparei			10/12/20	Cumic Civi -	11-0715710
	Firm's name CLIFTONLARSO	NALLEN LLP		Firm's EIN	41-0746749
Preparei	y Firm's name ► CLIFTONLARSO 4505 STEPH	NALLEN LLP ENS CIRCLE NW	10/12/20		
Preparei	y Firm's name ► CLIFTONLARSO 4505 STEPH	NALLEN LLP			41-0746749 330) 497-2000 Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Ente	r method of invent	ory valuation N/A					
1 Inventory at beginning of year	1	0.	6 Inventory at end of year	r		6		0.
2 Purchases	2		7 Cost of goods sold. Su	ibtract line	e 6			
3 Cost of labor	3		from line 5. Enter here	and in Pa	rt I,			
4a Additional section 263A costs			line 2		·	7	74,7	743.
(attach schedule)	4a		8 Do the rules of section	263A (wit	th respect to		Yes	No
b Other costs (attach schedule) *	* 4b	74,743.	property produced or a	or resale) apply to				
5 Total. Add lines 1 through 4b	5	74,743.	the organization?			X		
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	eased	With Real Prop	erty)		
1. Description of property								
(1)							<u> </u>	
(2)								
(3)								
(4)								
	2. Rent recei	ved or accrued			0/-> D-d			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	nd personal property (if the percentage ersonal property exceeds 50% or if is based on profit or income)	ge	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 here and on page 1, Part I, line 6, column		nter >		ا م	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	nstructions)					
			2. Gross income from	,	 Deductions directly cont to debt-finance 	ed prope	ith or allocable arty	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)	;	(b) Other deduction (attach schedule	
(1)						+		
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	6. Column 4 divided by column 5	,	7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deduction 6 x total of c 3(a) and 3(b))	
(1)	<u> </u>		%			\top		
(2)			%			1		
(3)			%					
(4)			%			1		
				1	er here and on page 1, rt I, line 7, column (A)		nter here and on pa Part I, line 7, column	
Totals		•			0			0.
Total dividends-received deductions	ncluded in colum	ın 8		L				0.

** SEE STATEMENT 3

Form 990-T (2019)

Schedule F - Interest,	Amunes	, rioyall			Controlled O				(see ins	struction	15)
1. Name of controlled organize	ition	2. Emp identific numb	oloyer ation	. Net unre	elated income instructions)	4 . Tot	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling connected with income	
(1)								1			
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income		related incomi se instructions)		9. Total o	of specified pays made	nents	10. Part of column the controllingross	mn 9 thai ing organ s income	uzation's		ductions directly connected n income in column 10
(1)											· — · · · · · · · · · · · · · · · · · ·
(2)											
(3)											-
(4)							-				
							Add colun Enter here and line 8, c		1, Part I, 4)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						_			0.		0.
Schedule G - Investme		ne of a S	ection 50)1(c)(7)), (9), or (⁻	17) Org	anization				
	tructions)	ne			2. Amount of	ıncome	3. Deductio		4. Set-	asıdes	5. Total deductions and set-asides
							(attach sched		(attach s	schedule)	(col 3 plus col 4)
(1)											
(2)				-							
(3)											
(4)					Enter here and	on nage 1					Enter here and on page 1,
					Part I, line 9, co						Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited	•	Activity	Income, (Other	Than Adv		g Income				
(see instr	2. G unrelated income trade or b	business from	3. Expension directly connium with product of unrelations business incomes and the control of th	ected ction ed	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	+										
(2)	 										
(3)	†										
(4)	1										
Totals	Enter here page 1, line 10,	Part I,	Enter here at page 1, Pa line 10, col	urti,							Enter here and on page 1, Part II, line 25
Schedule J - Advertis	ing Incon		structions)		<u> </u>						, ,,
Part I Income From	Periodic	als Repo	orted on a	Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs			5. Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_		_		ļ]
(3)					_				ļ]
(4)											
Totals (carry to Part II, line (5))	•).	0	•						0.
											Form 990-T (2019)

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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	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)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Schedule K - Compens	atior	of Officers, D	Directors, and	Trustees (see in	structions)		·-

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 (2019)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT			

INCOME FROM SALE OF INSTANT BINGO GAMES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
CASH PRIZES LOCATION RENTAL BANK FEES ACCOUNTING LEASE PAYMENTS - EQUIPMENT EQUIPMENT MAINTENANCE MISC COSTS LICENSE FEES		1,267,510. 91,921. 6,143. 3,770. 8,956. 1,680. 3,185. 2,597.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	1,385,762.

FORM 990-T	COST OF	GOODS	SOLD	- OTHER	COSTS	STATEMENT 3
DESCRIPTION						AMOUNT
COST OF TICKETS						74,743.
TOTAL TO FORM 990-T,	SCHEDULE .	A, LIN	E 4B			74,743.