

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREENLEAF FAMILY CENTER		D Employer identification number 34-0714398
	Doing business as		E Telephone number 330-376-9494
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,762,193.
	580 GRANT STREET		
	City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44311		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DAWN GLENNY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	71,515.
b Net unrelated business taxable income from Form 990-T, line 39	7b	70,514.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,042,518.	992,665.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,700,697.	1,832,769.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,463.	15,599.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,369.	78,447.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,851,047.	2,919,480.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	25,931.	22,381.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	1,899,697.	1,931,680.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,749.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	764,526.	828,780.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,690,154.	2,782,841.
	19 Revenue less expenses. Subtract line 18 from line 12	160,893.	136,639.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,241,350.	2,393,141.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,300,480.	1,256,669.
		940,870.	1,136,472.

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			
	DAWN GLENNY, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER COLEMAN	Preparer's signature JENNIFER COLEMAN	Date 10/12/20	Check if self-employed <input type="checkbox"/>	PTIN P00743188
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Firm's address ▶ 4505 STEPHENS CIRCLE NW CANTON, OH 44718		
					Phone no. (330) 497-2000

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

Return of Organization Exempt From Income Tax
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	580 GRANT STREET		
City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44311		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DAWN GLENNY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.GREENLEAFCTR.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1912	M State of legal domicile: OH

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COUNSELING, EDUCATION, & SUPPORT FOR INDIVIDUALS, GROUPS, THE DEAF, AND PREGNANT/PARENTING FAMILIES.		
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	22 Net assets or fund balances. Subtract line 21 from line 20	1,300,480.	1,256,669.
		940,870.	1,136,472.

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 10-14-2020			
	DAWN GLENNY, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JENNIFER COLEMAN	Preparer's signature JENNIFER COLEMAN	Date 10/12/20	Check if self-employed <input type="checkbox"/>	PTIN P00743188
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 4505 STEPHENS CIRCLE NW 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 [X]

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 [X] No

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

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

4a (Code:) (Expenses \$ 1,465,696. including grants of \$ 21,671.) (Revenue \$ 1,030,083.) BEHAVIORAL HEALTH (BH) - 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. A BIO-PSYCH-SOCIAL MODEL AND INTEGRATED APPROACH TO TREATING CO-OCCURRING DISORDERS FOR SUBSTANCE ABUSE AND MENTAL ILLNESS ARE UTILIZED FOR INTERVENTIONS. ADDITIONAL PROGRAMS INCLUDE A VARIETY OF PARENTING AND ANGER MANAGEMENT GROUPS. COUNSELING AND CASE MANAGEMENT SERVICES ARE

4b (Code:) (Expenses \$ 740,458. including grants of \$ 101.) (Revenue \$ 674,805.) COMMUNITY SERVICES FOR AND OF THE DEAF (CSD) - CSD SUPPORTS AND ADVOCATES FOR THE RIGHTS OF DEAF, HARD OF HEARING, DEAFBLIND, AND INDIVIDUALS WITH HEARING LOSS IN SUMMIT, PORTAGE, MEDINA, WAYNE, AND HOLMES COUNTIES. CSD PROVIDES SERVICES AND EDUCATION TO ENHANCE THE QUALITY OF LIFE FOR INDIVIDUALS SERVED BY THE PROGRAM. SERVICES INCLUDE 24/7 AMERICAN SIGN LANGUAGE INTERPRETING, ADVOCACY AND SUPPORT SERVICES, HEARING LOSS RESOURCES, JOB READINESS TRAINING, AMERICAN SIGN LANGUAGE CLASSES, CULTURAL COMPETENCY TRAINING, AND TRAINING MENTAL HEALTH PROFESSIONALS ON DEAF CULTURE.

IN 2019, CSD CONTINUED TO PROVIDE OVER 11,000 HOURS OF DIRECT SERVICE TO DEAF, DEAFBLIND, AND HARD OF HEARING COMMUNITY. ADDITIONALLY, CSD

4c (Code:) (Expenses \$ 176,670. including grants of \$ 0.) (Revenue \$ 0.) MOMS AND BABIES FIRST PROGRAM (MABF) - THE MABF'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. EARLY AND CONTINUOUS PERINATAL CARE IS AN IMPORTANT STEP TOWARD ASSURING THAT THE MOTHER AND INFANT WILL BE HEALTHY THROUGHOUT THE PREGNANCY AND DELIVERY. MABF FOLLOWS THE MOTHER AND INFANT UNTIL THE CHILD REACHES ITS FIRST BIRTHDAY. THIS PROGRAM IS A PARTNERSHIP BETWEEN SUMMIT COUNTY PUBLIC HEALTH AND GREENLEAF FAMILY CENTER.

4d Other program services (Describe on Schedule O.) (Expenses \$ 131,513. including grants of \$ 609.) (Revenue \$ 127,881.)

4e Total program service expenses 2,514,337.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		15		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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 on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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?	X	
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
b 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

- 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - 330-376-9494**
580 GRANT STREET, AKRON, OH 44311

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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 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) KAREN MUELLER PRESIDENT	2.00	X		X				0.	0.	0.
(2) TERRY FINN PRESIDENT - ELECT	2.00	X		X				0.	0.	0.
(3) DONALD PAVLIK TREASURER	2.00	X		X				0.	0.	0.
(4) JENNIFER HANZLICEK SECRETARY	2.00	X		X				0.	0.	0.
(5) MERLE BENNETT-BUZZELLI TRUSTEE	1.00	X						0.	0.	0.
(6) ALANE BOFFA TRUSTEE	1.00	X						0.	0.	0.
(7) JEFF BOYLE TRUSTEE	1.00	X						0.	0.	0.
(8) LAURA BRELIN TRUSTEE	1.00	X						0.	0.	0.
(9) AMY FREIDMANN TRUSTEE	1.00	X						0.	0.	0.
(10) DANIEL GLASS TRUSTEE	1.00	X						0.	0.	0.
(11) GLENN LEPPA TRUSTEE	1.00	X						0.	0.	0.
(12) LAKISHA MILLER-BARCLAY TRUSTEE	1.00	X						0.	0.	0.
(13) GIL PADULA TRUSTEE	1.00	X						0.	0.	0.
(14) SUE PIERSON TRUSTEE	1.00	X						0.	0.	0.
(15) JOSEPH SIEGFERTH TRUSTEE	1.00	X						0.	0.	0.
(16) MARK VALENTINE TRUSTEE	1.00	X						0.	0.	0.
(17) KATONA WEST TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) SHELDON WRICE TRUSTEE	1.00	X						0.	0.	0.
(19) DAWN GLENNY PRESIDENT/CEO	50.00			X				101,271.	0.	4,742.
(20) SCOTT WILSON CONTROLLER	40.00			X				59,561.	0.	10,617.
1b Subtotal								160,832.	0.	15,359.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								160,832.	0.	15,359.

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 14,900.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 836,017.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 141,748.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		992,665.			
	Program Service Revenue	2 a MEDICARE AND MEDICAID	Business Code 621400	876,070.	876,070.	
b INTERPRETING FEES		900099	667,640.	667,640.		
c OTHER		900099	151,700.	151,700.		
d COUNSELING FEES		900099	137,359.	137,359.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,832,769.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,116.		15,116.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
		b Less: rental expenses	6b	(ii) Personal		
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	374,563.		
		b Less: cost or other basis and sales expenses	7b	(ii) Other	374,080.	
		c Gain or (loss)	7c	483.		483.
	d Net gain or (loss)			483.		483.
	8 a Gross income from fundraising events (not including \$ 14,900. of contributions reported on line 1c). See Part IV, line 18	8a		13,046.		
		b Less: direct expenses	8b	7,486.		
		c Net income or (loss) from fundraising events			5,560.	5,560.
	9 a Gross income from gaming activities. See Part IV, line 19	9a		1,534,034.		
b Less: direct expenses		9b	1,461,147.			
c Net income or (loss) from gaming activities			72,887.	71,515.	1,372.	
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			2,919,480.	1,832,769.	71,515.	22,531.

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	22,381.	22,381.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,190.	71,742.	104,448.	
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	1,525,607.	1,486,662.		38,945.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	106,298.	102,859.	3,436.	3.
10 Payroll taxes	123,585.	112,889.	7,747.	2,949.
11 Fees for services (nonemployees):				
a Management				
b Legal	150.		150.	
c Accounting	19,649.		19,649.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,335.		5,335.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	350,647.	314,762.	33,626.	2,259.
12 Advertising and promotion	577.	489.	11.	77.
13 Office expenses	36,027.	30,057.	1,467.	4,503.
14 Information technology	150,292.	134,025.	12,994.	3,273.
15 Royalties				
16 Occupancy	47,339.	39,983.	2,465.	4,891.
17 Travel	36,967.	36,665.	153.	149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,703.	22,565.	504.	634.
20 Interest	43,083.	39,094.	2,906.	1,083.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,645.	45,727.	2,918.	
23 Insurance	18,939.	17,186.	1,277.	476.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	20,542.	20,542.		
b OTHER EXPENSES	15,452.	5,622.	417.	9,413.
c ORGANIZATION DUES	10,418.	10,072.	252.	94.
d BAD DEBT	1,015.	1,015.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,782,841.	2,514,337.	199,755.	68,749.
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 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	230.	1	250.
	2 Savings and temporary cash investments	82,695.	2	95,329.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	424,119.	4	487,825.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,028.	9	24,256.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,680,632.		
	b Less: accumulated depreciation	10b 526,376.	10c	1,154,256.
	11 Investments - publicly traded securities	535,577.	11	631,225.
	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 33)	2,241,350.	16	2,393,141.	
Liabilities	17 Accounts payable and accrued expenses	314,411.	17	348,530.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	986,069.	23	908,139.
	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	1,300,480.	26	1,256,669.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	786,106.	27	993,302.
	28 Net assets with donor restrictions	154,764.	28	143,170.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	940,870.	32	1,136,472.	
33 Total liabilities and net assets/fund balances	2,241,350.	33	2,393,141.	

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	2,919,480.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,782,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	136,639.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	940,870.
5	Net unrealized gains (losses) on investments	5	85,384.
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 on Schedule O)	9	-26,421.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,136,472.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization 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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2221861.	1749881.	1377479.	1042518.	992,665.	7384404.
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	2221861.	1749881.	1377479.	1042518.	992,665.	7384404.
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.						7384404.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2221861.	1749881.	1377479.	1042518.	992,665.	7384404.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,826.	9,250.	21,149.	22,222.	15,116.	88,563.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			42,084.	55,138.	78,447.	175,669.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,866.	27,777.				34,643.
11 Total support. Add lines 7 through 10						7683279.
12 Gross receipts from related activities, etc. (see instructions)					12	7,133,170.

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 2019 (line 6, column (f) divided by line 11, column (f))	14	96.11 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.23 %

16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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).		
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.		
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.		
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.		
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 10b below.		
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.)		

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):		
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		(A) Prior Year	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 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization GREENLEAF FAMILY CENTER	Employer identification number 34-0714398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>80,578.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>65,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>160,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>279,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>153,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENLEAF FAMILY CENTER	Employer identification number 34-0714398
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>40,116.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREENLEAF FAMILY CENTER	Employer identification number 34-0714398
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GREENLEAF FAMILY CENTER	Employer identification number 34-0714398
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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 (for example, recreation or education) Preservation of a 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 Tax 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 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

932051 10-02-19

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	193,455.	206,617.	180,776.	247,496.	312,922.
b Contributions					
c Net investment earnings, gains, and losses	29,165.	-13,162.	25,841.	15,583.	-7,408.
d Grants or scholarships					
e Other expenditures for facilities and programs				82,303.	58,018.
f Administrative expenses					
g End of year balance	222,620.	193,455.	206,617.	180,776.	247,496.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 67.66 %
 - b Permanent endowment 32.34 %
 - c Term endowment _____ %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		88,600.		88,600.
b Buildings		1,263,216.	256,705.	1,006,511.
c Leasehold improvements				
d Equipment		328,816.	269,671.	59,145.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,154,256.

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. (Col. (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. (Col. (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.

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

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 FASB 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	2,981,485.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	85,384.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-18,044.	
e	Add lines 2a through 2d	2e	67,340.	
3	Subtract line 2e from line 1	3	2,914,145.	
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	5,335.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	5,335.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,919,480.	

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	2,785,883.
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	8,377.	
e	Add lines 2a through 2d	2e	8,377.	
3	Subtract line 2e from line 1	3	2,777,506.	
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	5,335.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	5,335.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,782,841.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON INTEREST RATE SWAP	-26,421.
FUNDRAISING EVENT EXPENSES	8,377.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-18,044.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	8,377.
----------------------------	--------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NIGHT AT THE RACES (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	27,946.		27,946.	
	2	Less: Contributions	14,900.		14,900.	
	3	Gross income (line 1 minus line 2)	13,046.		13,046.	
Direct Expenses	4	Cash prizes	1,595.		1,595.	
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,741.		3,741.	
	8	Entertainment	1,600.		1,600.	
	9	Other direct expenses	550.		550.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				7,486.
	11	Net income summary. Subtract line 10 from line 3, column (d)				5,560.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			1,532,019.
Direct Expenses	2	Cash prizes		1,267,510.	643.	1,268,153.
	3	Noncash prizes				
	4	Rent/facility costs		8,956.		8,956.
	5	Other direct expenses		184,038.		184,038.
	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 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,461,147.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				72,887.	

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: _____

GREENLEAF FAMILY CENTER

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADDICTION TREATMENT PROGRAM	10	0.	21,379. COST		ASSISTANCE WITH MEDICATION, TRANSPORTATION, AND EDUCATION FOR THOSE BEING TREATED FOR ADDICTION
TRANSPORTATION SERVICES	7	0.	115. COST		VAN TRANSPORTATION FOR CSD SUMMER PROGRAM FOR KIDS
HOLIDAY PROJECT	12	0.	610. COST		HOLIDAY GIFTS
SINGLE PARENT/TWO PARENT PROGRAM	5	0.	277. COST		DAYCARE REGISTRATION FEES

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

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GREENLEAF FAMILY CENTER

Employer identification number

34-0714398

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALSO PROVIDED IN A SCHOOL-BASED PROGRAM AT COVENTRY LOCAL SCHOOLS. WE
CONTINUED TO PROVIDE SUMMIT COUNTY COURT OF COMMON PLEAS WITH
INTERVENTION IN LIEU OF CONVICTION ASSESSMENTS AND RECOMMENDATIONS.

IN 2019 BEHAVIORAL HEALTH CONTINUED TO EVALUATE PROGRAM NEEDS. WE SAW
A REDUCTION IN THE NEED FOR INTENSIVE OUTPATIENT SERVICES FOR SUBSTANCE
USE DISORDERS, BUT A INCREASED NEED FOR OUTPATIENT SUBSTANCE USE
PROGRAMING. WE DEVELOPED A WOMEN SEEKING SAFETY GROUP TO ADDRESS
SUBSTANCE USE AND TRAUMA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPANDED SERVICES IN PARTNERSHIP WITH OPPORTUNITIES FOR OHIOANS WITH
DISABILITIES TO PROVIDE EMPLOYMENT SERVICES TO THE COMMUNITY SERVED.
ONGOING CSD GOALS INCLUDE A GREATER ARRAY OF SERVICES FOR THE HARD OF
HEARING POPULATION, INCREASED SOCIAL ACTIVITIES FOR THE DEAF COMMUNITY,
INCREASED LITERACY IN THE DEAF COMMUNITY, AND AMERICAN SIGN LANGUAGE
FOR DEAF CHILDREN AND THEIR FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CERTIFIED COMMUNITY HEALTH WORKERS (CCHW) ARE AVAILABLE TO ASSIST
CLIENTS WITH MAKING PRENATAL CARE APPOINTMENTS, APPLY FOR MEDICAL
COVERAGE, CONNECT HOUSING AND WIC (WOMEN, INFANTS AND CHILDREN), LOCATE
RESOURCES TO MEET FAMILY'S NEEDS AND DEVELOP AND REACH FAMILY GOALS
THROUGH HOME VISITATION. A HOME VISIT IS SCHEDULED IN ADVANCE (NOT A
CHANCE MEETING), LASTS 60-90 MINUTES, TAKES PLACE IN THE FAMILY HOME

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

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GENERALLY, AND CAN CONSIST OF:

- A FACE-TO-FACE INTERACTION BETWEEN THE HOME VISITOR AND A FAMILY OR PARENT

- OFFERING SOCIAL SUPPORT AND DISCUSSION OF TOPICS THAT ARE IMPORTANT TO FAMILIES.

- PLANNED ACTIVITIES AND TOPICS BASED ON THE FAMILY'S NEEDS AND THE GOAL OF THE PROGRAM.

- PLANNING BEFORE THE VISIT AND FOLLOW-UP AFTER THE VISIT.

COMMUNITY HEALTH WORKERS CONDUCT MONTHLY HOME VISITS WITH THEIR CLIENTS.

MABF LONG TERM GOAL FOR THIS YEAR IS TO INCREASE FROM 49% TO 65% THE PERCENTAGE OF THE MOTHERS THAT BREASTFEED THEIR NEWBORN BABIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GREENLEAF FAMILY CENTER ALSO OFFERS FIVE OTHER PROGRAMS:

ADOLESCENT SUICIDE PREVENTION PROGRAM (ASPP) - ASPP IS A SCHOOL-BASED UNIVERSAL SUICIDE PREVENTION PROGRAM THAT STRIVES TO REDUCE SUICIDE AND SUICIDE ATTEMPTS AMONG YOUTH IN SUMMIT COUNTY AND THE SURROUNDING AREAS BY EDUCATING YOUTH AND CARING ADULTS ABOUT MENTAL HEALTH, DEPRESSION, SUICIDE, HELP-SEEKING SKILLS AND AVAILABLE RESOURCES AND WORKS TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH ISSUES. THE PROGRAM UTILIZES THE EVIDENCE-BASED SOS SIGNS OF SUICIDE CURRICULUM. ASPP PROVIDES PROGRAMMING TO MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT SUMMIT COUNTY AND SURROUNDING COMMUNITIES. FOR SCHOOL YEAR 2018-2019, 11,366 STUDENTS WERE SERVED; 8,871 UNDUPLICATED. 828 ADULTS WERE ALSO

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SERVED, INCLUDING 6 GATEKEEPER TRAININGS FOR STAFF AT 6 SCHOOLS.

THE STRENGTHENING FAMILIES PROGRAM: FOR PARENTS AND YOUTH 10-14 (SFP 10-14) 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 AND A HALF HOUR, SEVEN-SESSION 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. DURING 2019, SFP 10-14 SERVED 30 FAMILIES TOTALING 110 PARTICIPANTS IN 7 GROUP SERIES.

PARENT EDUCATION, EMPOWERMENT, RESOURCES, AND SUPPORT (PEERS) - PEERS PROVIDES PARENT ADVOCATES WITH LIVED EXPERIENCE TO SUPPORT PARENTS WHO HAVE CHILDREN WITH COMPLEX NEEDS AND ARE INVOLVED WITH MULTIPLE SYSTEMS OF CARE. THE ULTIMATE GOAL IS FOR PARENTS TO FEEL EDUCATED AND EMPOWERED TO HAVE THEIR VOICES HEARD, ENABLING THEM TO 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 2019, PEERS SERVED 191 CHILDREN THROUGH SUPPORT PROVIDED TO THEIR PARENTS.

DJFS SINGLE AND TWO PARENT CASE MANAGEMENT - GREENLEAF PROVIDES A

Name of the organization

GREENLEAF FAMILY CENTER

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CASE MANAGER AT THE SUMMIT COUNTY 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. DUE TO CHANGES AT DJFS THAT RESULTED IN REDUCED CLIENT NUMBERS, THE FISCAL YEAR 2019 CONTRACT BEGINNING IN OCTOBER 2018 WAS REDUCED TO PROVIDE ONLY ONE CASE MANAGER. DURING 2019, 580 CLIENTS WERE SERVED.

CELEBRATING FAMILIES! (CF!) - CF! IS A FAMILY-BASED DRUG AND ALCOHOL PREVENTION PROGRAM FOR CHILDREN WHO HAVE PARENTS IN RECOVERY. THE PROGRAM IS DESIGNED TO INCREASE PROTECTIVE FACTORS FOR CHILDREN WHO ARE AT INCREASED RISK OF SUBSTANCE ABUSE DUE TO THEIR FAMILY HISTORY. GREENLEAF'S PROGRAM FOCUSES UPON CHILDREN 0-10 YEARS OF AGE. THE EVIDENCE-BASED CURRICULUM IS 16 SESSIONS LONG AND PROVIDES A FAMILY DINNER, AGE-BASED EDUCATION/SKILL-BUILDING SESSIONS, AND FAMILY ACTIVITIES. THE MAJORITY OF FAMILIES ARE REFERRED BY LOCAL DRUG COURT PROGRAMS. THE PROGRAM IS FACILITATED BY PREVENTION SPECIALISTS AND SOCIAL WORKERS AT A LOCAL CHURCH.

CELEBRATING FAMILIES! WAS PILOTED IN THE WINTER OF 2019 WITH A START-UP GRANT THROUGH OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (OHMHAS). FUNDING WAS RENEWED FOR FY2020, SO A SECOND SERIES WAS PROVIDED IN THE FALL OF 2019. CF! SERVED 36 INDIVIDUALS IN 10 FAMILIES DURING ITS FIRST YEAR. EXPENSES \$ 131,513. INCLUDING GRANTS OF \$ 609. REVENUE \$ 127,881.

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

Name of the organization

GREENLEAF FAMILY CENTER

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MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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 TO 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.

Name of the organization

GREENLEAF FAMILY CENTER

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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.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	35,058.
MANAGEMENT AND GENERAL EXPENSES	3,745.
FUNDRAISING EXPENSES	541.
TOTAL EXPENSES	39,344.

SPEAKER/CONSULTANT FEE:

PROGRAM SERVICE EXPENSES	1,069.
MANAGEMENT AND GENERAL EXPENSES	114.
FUNDRAISING EXPENSES	16.
TOTAL EXPENSES	1,199.

ACTUARIAL FEES:

PROGRAM SERVICE EXPENSES	2,290.
MANAGEMENT AND GENERAL EXPENSES	245.

Name of the organization

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FUNDRAISING EXPENSES	35.
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TOTAL EXPENSES	2,570.
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PAYROLL ADMINISTRATION FEES:

PROGRAM SERVICE EXPENSES	9,067.
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MANAGEMENT AND GENERAL EXPENSES	969.
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FUNDRAISING EXPENSES	140.
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TOTAL EXPENSES	10,176.
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COBRA ADMIN FEES:

PROGRAM SERVICE EXPENSES	587.
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MANAGEMENT AND GENERAL EXPENSES	63.
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FUNDRAISING EXPENSES	9.
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TOTAL EXPENSES	659.
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RECRUITING & HIRING FEES:

PROGRAM SERVICE EXPENSES	945.
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MANAGEMENT AND GENERAL EXPENSES	101.
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FUNDRAISING EXPENSES	15.
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TOTAL EXPENSES	1,061.
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STATE REGISTRATION FEES:

PROGRAM SERVICE EXPENSES	2,493.
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MANAGEMENT AND GENERAL EXPENSES	266.
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FUNDRAISING EXPENSES	-2,559.
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TOTAL EXPENSES	200.
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BANK FEES:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization GREENLEAF FAMILY CENTER	Employer identification number 34-0714398
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PROGRAM SERVICE EXPENSES	5,970.
MANAGEMENT AND GENERAL EXPENSES	638.
FUNDRAISING EXPENSES	92.
TOTAL EXPENSES	6,700.

SUB-CONTRACT PROGRAM:

PROGRAM SERVICE EXPENSES	13,845.
MANAGEMENT AND GENERAL EXPENSES	1,479.
FUNDRAISING EXPENSES	214.
TOTAL EXPENSES	15,538.

INTERPRETERS:

PROGRAM SERVICE EXPENSES	241,556.
MANAGEMENT AND GENERAL EXPENSES	25,805.
FUNDRAISING EXPENSES	3,727.
TOTAL EXPENSES	271,088.

PROGRAM INCENTIVES:

PROGRAM SERVICE EXPENSES	1,882.
MANAGEMENT AND GENERAL EXPENSES	201.
FUNDRAISING EXPENSES	29.
TOTAL EXPENSES	2,112.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	350,647.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON INTEREST RATE SWAP	-26,421.
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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20__

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

GREENLEAF FAMILY CENTER

34-0714398

Name and title of officer
DAWN GLENNY
PRESIDENT / CEO

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,919,480.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 00012
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Dawn Glenny* Date ▶ 10-14-2020

Part III Certification and Authentication

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

34557755902
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JENNIFER COLEMAN Date ▶ 10/12/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19