## 990

(Rev. January 2020)

Department of the Treasury

# **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.

2019

OMB No. 1545-0047

Open to Public Inspection

Inter	nal Revenu	ie Service	► Go	to www.irs.gov/Form990 for inst	ructions and the late:	st infor	mation.		Inspection
Α	For the	2019 calendar y	year, or tax year b	eginning	, <b>2019</b> , a	and end	ing		, 20
В	Check if a	pplicable:	C Name of organizati	orTURNING LEAF PROJECT				D Emp	loyer identification number
	Address c	hange	Doing business as						46-0671501
	Name cha	nge	Number and street	(or P.O. box if mail is not delivered to street ad	dress)	Room/su	uite	E Teler	phone number
	Initial retur	rn	PO BOX 80112	2					(843)847-1089
	Final retur	n/terminated	City or town, state	or province, country, and ZIP or foreign postal of	code			<b>G</b> Gros	ss receipts
	Amended	923,957							
	Application	n pending	F Name and address	of principal officer: AMY S BARCH			H(a) Is this a gr	roup return	for subordinates? Yes X No
			3765 LEEDS 2	AVE, NORTH CHARLESTON,	SC 29405		H(b) Are all s	ubordinaf	tes included? Yes No
I	Tax-exem	pt status: X 501	1(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) c	or 527		If "No," a	attach a li	st. (see instructions)
J	Website:	► WWW.T	URNINGLEAFPR	OJECT.COM			H(c) Group	exemptio	n number 🕨
K	Form of or	rganization: X Co	rporation Trust	Association ☐ Other ►	L Year of format	ion: 20	<b>12</b> M S	tate of le	gal domicile: SC
Pa	art I	Summary							
	1	Briefly describe	the organization's	mission or most significant activities:	TURNING LEAF	SERV	ES INDIV	/IDUA	LS WHO ARE AT A
a		MEDIUM TO	HIGH RISK OF	INCARCERATION TO CHANG	E THEIR ATTITU	DES,	THINKING	J, AN	D BEHAVIOR SO THE
Š		CAN ADAPT	SUCCESSFULLY	TO COMMUNITY BASED LIV	/ING WITHOUT IN	ICARCE	RATION.		
rna									
Activities & Governance	2	Check this box	if the organiz	ation discontinued its operations or	disposed of more than	25% of	its net asset	s.	
ري ص	3	Number of votin	ig members of the	governing body (Part VI, line 1a)				3	0
Se	4	Number of indep	pendent voting mer	mbers of the governing body (Part V	I, line 1b)			4	0_
Ϋ́Ε̈́	5	Total number of	individuals employ	red in calendar year 2019 (Part V, lir	ne 2a)			5	73
Λcti	6	Total number of	volunteers (estima	te if necessary)				6	
_	7a	Total unrelated	business revenue f	from Part VIII, column (C), line 12				7a	0_
	b	Net unrelated b	usiness taxable inc	come from Form 990-T, line 39 .				7b	0
							Prior Year		Current Year
	8	Contributions an	nd grants (Part VIII,	line 1h)			584	,046	682,934
Jue	9	Program service	e revenue (Part VII	I, line 2g)			151	,068	239,517
Revenue	10	Investment inco	me (Part VIII, colur	nn (A), lines 3, 4, and 7d)			1	,562	1,488
æ	11	Other revenue (	Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)				69	18
	12	Total revenue - a	add lines 8 through	11 (must equal Part VIII, column (A	), line 12)		736	,745	923,957
	13	Grants and simil	lar amounts paid (F	Part IX, column (A), lines 1-3)					0
	14	Benefits paid to	or for members (P	art IX, column (A), line 4)		•			0
s	15	Salaries, other of	compensation, emp	loyee benefits (Part IX, column (A), I	ines 5-10)	•	301	,536	484,594
Expenses	16a	Professional fur	ndraising fees (Part	IX, column (A), line 11e)					0
ē	b	Total fundraising	g expenses (Part I)	K, column (D), line 25) ►	18,343	_			
û	1			A), lines 11a-11d, 11f-24e)		•	243	,292	344,705
	1		,	must equal Part IX, column (A), line 2	•		544	,828	829,299
		Revenue less ex	xpenses. Subtract	line 18 from line 12			191	,917	94,658
Net Assets or	ses						inning of Curre	nt Year	End of Year
sets	20	`	, ,				478	,361	577,108
A As	21	`	, ,				3	<u>,253</u>	7,342
	_			tract line 21 from line 20			475	<u>,108</u>	569,766
	art II	Signature							
				is return, including accompanying schedules ar an officer) is based on all information of which		t of my kno	wledge and beli	ət, it is	
		1							
Sig	n	AMY S Signature of							09-17-2020
	·							Da	ate
He	re		•	DENT EXECUTIVE DIRECTOR	₹				
		Print/Type prepare	t name and title	Preparer's signature	Date			$\overline{}$	PTIN
D-	: A	,, ,					Check	∐ if	
Pa		John Mitc		John Mitchell EA	09-22-20		self-emp	loyed	P00761341
	eparer			RKEEPERS LLC			Firm's EIN ►		
US	e Only	Firm's address	_	RIAGE LANE STE 105			Phone no.	042	204 6565
Mar	, the IDC	discuss this ret		ESTON SC 29407				843-	284-6565

# 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)? If "Yes,"	_		
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		х
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? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а				
•	complete Schedule D, Part VI	11a	x	
k		114	Λ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
c				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	y ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401:		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the officed states?	14a		Х
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		х
21		20b		
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? If "Yes," complete Schedule I, Parts I and II	21		x
	democracy gerenment our artist, conditing try, into 1: 11 100, complete concedure 1, 1 and 1 and 1			_ ^

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		Λ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		Λ
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00		
Den	19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tay Compliance	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneck in Schedule O contains a response of flote to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
la b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	x	

# 19) TURNING LEAF PROJECT Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form	1990 (2019) TURNING LEAF PROJECT 46-06715	0.1	۲	age <b>o</b>
Pa	rt 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 in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
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?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	9		x
Sec	tion 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?	10a		х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			

Did the organization have local chapters, branches, or affiliates?	x
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
	x
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? 12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
describe in Schedule O how this was done	
13 Did the organization have a written whistleblower policy?	х
14 Did the organization have a written document retention and destruction policy?	х
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	х
b Other officers or key employees of the organization	х
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 ▶ South Carolina
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

AMY S BARCH (843)847-1089, 3765 LEEDS AVE, NORTH CHARLESTON, SC 29405

# 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 rela	ited organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
				(	(C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) THOMAS GRIFFIN	1.00									
BOARD MEMBER		х						0	0	0
(2) PATRICK ILDERTON	1.00									
BOARD MEMBER		х						0	0	0
(3) MICHAEL BAXLEY	1.00									
BOARD MEMBER		х						0	0	0
(4) BRIDGET LAIRD	1.00									
BOARD MEMBER		х						0	0	0
(5) RONDA MUIR	1.00									
BOARD MEMBER		x						0	0	0
(6) KENNY GARDNER	1.00									
BOARD MEMBER		x						0	0	0
(7) AMY S BARCH	40.00									
PRESIDENT EXECUTIVE DIRECTOR				x		х		71,455	0	0
(8) WILLIAM FINN	1.00									
CHAIR				х				0	0	0
(9) RUSSELL BENNETT	1.00									
VICE CHAIR				х				0	0	0
(10)NANCY BLOODGOOD	1.00							-	-	-
SECRETARY				х				0	0	0
(11)TRACY CLIFFORD	1.00							-		
TREASURER	·			x				0	0	0
(12)				- 41				<u> </u>		<u> </u>
<u>(13)</u>										
<u>(14)</u>										

Part	90 (2019) TURNING LEAF PROJ		lovoos	200	4 LI:	iaha	et Co	mno	neated Employe	46-0671	501	P	age 8
<u>rant</u>	VII Section A. Officers, Directors, Trustee  (A)  Name and title	(B) Average hours per week	(do no box,	ot ched	Posi ck mo	c) ition ore th	an one both ar	1	(D)  Reportable compensation from the	(E) Reportable compensation from related		(F) nated ame of other mpensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	from the anization a d organiz	
15)													
1 <u>6</u> )													
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
1b c d	Subtotal	ion A .						-	71,455	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those li											0
3	Did the organization list any <b>former</b> officer, direct		-	-			-					Yes	No
4	employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	npensa	tion a	and	othe	er com	pens	sation from the		3		Х
5	individual										4		х
	for services rendered to the organization? If "Yes			-			_				5		х

(A)	(B)	(C)
Name and business address	Description of services	Compensation
·		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
ω <sub>ω</sub>	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
, E	d	Related organizations 1d					
3ifts ar A	е	Government grants (contributions) 1e	172,500				
inii,	f	All other contributions, gifts, grants,					
ation er S		and similar amounts not included above 1f	510,434				
ë ë	g	Noncash contributions included in					
on d		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f		682,934			
			Business Code				
ø	2a	SCREEN PRINTING	323100	239,517	239,517		
Program Service Revenue	b						
Ser	С						
am	d						
g R	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		239,517			
	3	Investment income (including dividends, interest,	and				
		other similar amounts)		1,488	1,488		
	4	Income from investment of tax-exempt bond prod	i i				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory					
40	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eve	l .	Gain or (loss)	1				
5	l .	Net gain or (loss)					
Othe	ва	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line					
	_	1c). See Part IV, line 18 8a					
		Net income or (loss) from fundraising events  Gross income from gaming					
	Эа	activities, See Part IV, line 19 9a					
	۱ ,						
	10a	Gross sales of inventory, less returns and allowances	a				
	h	Less: cost of goods sold					
	l .	Net income or (loss) from sales of inventory					
			Business Code				
S	11a	CHILD SUPPORT PROCESSIN	323100	18	18		
Miscellanous Revenue	b	·					
ella :ven	С						
lisc. Re		All other revenue					
2		Total. Add lines 11a-11d		18			
		Total revenue. See instructions		923.957	241.023	0	0

## 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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 14,791 71,455 49,791 6,873 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 . . . . . . . . . . . . . . 358,076 358,076 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 19,356 19,356 10 35,707 30,216 4,805 686 11 Fees for services (nonemployees): Legal...... b 8,755 7,315 1,440 d 62,483 62,483 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 11,250 1,189 7,922 2,139 12 1,738 1,738 13 15,816 2,784 12,957 75 14 15 16 5,442 2,726 2,716 17 4,115 8,570 12,685 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 391 391 20 21 22 Depreciation, depletion, and amortization . . . . . . 6,709 6,709 23 Insurance ........ 1,739 11,680 9,941 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.) PROGRAM SUPPLIES 7,109 7,109 b SCREEN PRINTING PROGRAM 127,413 127,413 С PROGRAM STIPENDS 73,234 73,234 d e All other expenses 25 Total functional expenses. Add lines 1 through 24e. . 829,299 721,582 89,374 18,343 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)

Page **11** 

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	279,929	1	361,582
	2	Savings and temporary cash investments	173,673	2	175,162
	3	Pledges and grants receivable, net		3	22,314
	4	Accounts receivable, net		4	
	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	
(O	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 33,276			
	b	Less: accumulated depreciation 10b 15,226	24,759	10c	18,050
	11	Investments - publicly traded securities		11	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	478,361	16	577,108
	17	Accounts payable and accrued expenses		17	
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	3,253	25	7,342
	26	Total liabilities. Add lines 17 through 25	3,253	26	7,342
		Organizations that follow FASB ASC 958, check here			
ý		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	475,108	27	569,766
ala	28	Net assets with donor restrictions		28	
B		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	475,108	32	569,766
	33	Total liabilities and net assets/fund balances	478,361	33	577,108

Form	990 (2019) TURNING LEAF PROJECT	16-06	71501	-	Pa	age <b>1</b> 2
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			. <u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)				923,	957
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			829,	299
3	Revenue less expenses. Subtract line 2 from line 1	. 3			94,	658
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			475,	108
5	Net unrealized gains (losses) on investments	. 5				
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			569,	766
Par	rt 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: X Cash Accrual 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?		[	2a		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		[	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					

Form **990** (2019)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

#### **SCHEDULE A**

# **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.

Open to Public Inspection

2019

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification number

TUR	TURNING LEAF PROJECT 46-0671501					1		
	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part		
		nization is not a private foundation beca			-	-	,	
1	Ň	A church, convention of churches, or	`	•	•	,		
2	П	A school described in section 170(b)						
3	П	A hospital or a cooperative hospital s						
4	$\Box$	A medical research organization ope	•				(1)(A)(iii). Enter the	
		hospital's name, city, and state:	,	·		` '		
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	_					
6		A federal, state, or local government		nit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receives	s a substantial part	of its support from a gov	vernmental	unit or fror	m the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant collec	je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:						
10		An organization that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated but	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Ju-	ne 30, 1975.See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organization organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	3
		of one or more publicly supported org	ganizations describ	ed in <b>section 509(a)(1)</b>	or <b>sectio</b>	n 509(a)(2)	. See <b>section 509(a)(</b> 3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 12	2g.
	а		n operated, superv	ised, or controlled by its	supported	organizati	ion(s), typically by givir	ng
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	•					
	b		•			_		
		control or management of the sup		•	rsons that	control or n	nanage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated		·				th,
		its supported organization(s) (see	,	•	•			( )
	d	Type III non-functionally integr						n(s)
		that is not functionally integrated.		•		•	it and an attentiveness	
	_	requirement (see instructions). Y	•				Tuna II Tuna III	
	е	Check this box if the organization functionally integrated, or Type III				за турет,	туре п, туре ш	
	f	Enter the number of supported organi	-	· · · · · · · · · · · · · · · ·				
	g	Provide the following information about						• • • •
	_	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	ν-,	,	() =	(described on lines 1-10	listed in you	r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
/A\								
(A)								
(B)								
(C)								
(D)								
(E)								

**Total** 

46-0671501 Pa

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.") . . . . . . 259,015 261,712 481,717 584,047 665,957 2,252,448 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 . . . . . . . **Total.** Add lines 1 through 3 . . . . . . . 259,015 261,712 481,717 584,047 665,957 2,252,448 **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) . . . . . . . 389,847 Public support. Subtract line 5 from line 4 1,862,601 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (a) 2015 **7** Amounts from line 4 . . . . . . . . . . . . . 2,252,448 259,015 261,712 481,717 584,047 665,957 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ....... 112 112 **9** Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . . 11 Total support. Add lines 7 through 10... 2,252,560 12 Gross receipts from related activities, etc. (see instructions) ............ 11,472 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . 14 82.69 % 75.59 % 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 X 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 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 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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	<b>Total.</b> 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	T	1	T			
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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						
С	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.)			1	1		
14	First five years. If the Form 990 is for the or	-			-	•	· · · ·
_	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c					15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In				(6)	1.5	
	Investment income percentage for 2019 (line		•			17	%
	Investment income percentage from 2018 S					18	%
19a	33 1/3% support tests - 2019. If the organize						_
	17 is not more than 33 1/3%, check this box	=	-	-	•	• •	
b	33 1/3% support tests - 2018. If the organize						
	line 18 is not more than 33 1/3%, check this	-	-	-	•		
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	a, or 19b, che	ck this box and	d see instruction	ns ▶ 🗌

#### 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

- 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?
- 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.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
40		
5a		
5b		
5c		
50		
6		
7		
•		
8		
0		
9a		
9b		
9с		
40		
10a		
10b		
A (Form 990	or 990-E	Z) 2019

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Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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.			
_		1		
	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? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0 1	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	Managaranianity of the approximation of the stage of twentons during the tay, you also a project, of the discrete		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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soci	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Jeci	ion b. 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		163	140
•	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?	1		
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? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion 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 in	struci	tions)	).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1				•
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	·		( , ,	(optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
CC	Illection of gross income or for management, conservation, or			
m	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	,		
ins	structions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	actors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7		integra	ated Type III supporting	organization (see
		0 -	71 11 0	<u> </u>

instructions).

Schedu	le A (Form 990 or 990-EZ) 2019 <b>TURNING LEAF PROJECT</b>		46-067	1501 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt 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 purpose	s of supported organizati	ions	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
s	ection 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.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_ !_	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D. line 7: \$			
_	· · · · · · · · · · · · · · · · · · ·			
	Applied to underdistributions of prior years Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

d Excess from 2018 e Excess from 2019

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

# Schedule B (Form 990, 990-EZ,

or 990-PF)

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Schedule of Contributors** 

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TURNING LEAF PROJECT

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 46-0671501

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	▼ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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 cove	red by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: Or instruction		), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General I	Rule					
	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.				
Special F	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					
990-EZ,	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 Employer identification number
TURNING LEAF PROJECT 46-0671501

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
_1_	CHARLESTON COUNTY  4045 BRIDGE VIEW DR  NORTH CHARLESTON, SC 29405	\$87,500	Person	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
2_	CITY OF CHARLESTON  116 MEETING ST  CHARLESTON, SC 29401	\$85,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3	RUSSELL BENNETT  3124 MARSHALL BLVD  SULLIVANS ISLAND, SC 29482	\$5,000	Person x Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4	WILLIAM AND PRUDENCE FINN  50 JOGGINS ST  MOUNT PLEASANT, SC 29464	\$10,000	Person	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
5_	SISTERS OF CHARITY FOUNDATION  2711 MIDDLEBURG DR # 115  COLUMBIA, SC 29204	\$25,500	Person x Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6	SC BAR FOUNDATION  950 TAYLOR ST  COLUMBIA, SC 29201	\$9,000	Person	

Name of organization Employer identification number
TURNING LEAF PROJECT 46-0671501

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	
	FRED THOMPSON  28 BRIDGESIDE BLVD  MOUNT PLEASANT, SC 29464  (b)	\$12,000	Person	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8	PATRICK LLDERTON  2201 MIDDLE ST  SULLIVANS ISLAND, SC 29482	\$5,018	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	STEVE RHODES  22 NEW ST  CHARLESTON, SC 29401	\$127,500	Person 🕱 Payroll 🗌 Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_10_	THOMAS GRIFFIN  2000 DANIEL ISLAND DR  CHARLESTON, SC 29492	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_11_	THMOAS TISDALE  105 BOARD ST  CHARLESTON, SC 29401	\$6,500	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_12_	BISHOP GADSDEN  1 BISHOP GADSDEN WAY  CHARLESTON, SC 29412	\$38,000	Person X Payroll Complete Part II for noncash contributions.)	

Name of organization Employer identification number

TURNING LEAF PROJECT 46-0671501

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			
_13_	WALLDORF FAMILY FUND  1834 SUMMERVILLE AVE #200  NORTH CHARLESTON, SC 29405	\$\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_14	HODGES FAMILY CHARITABLE TRUST  UNKNOWN  NORTH CHARLESTON, SC 29405	\$\$	Person 🕱 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_15_	UNITED WAY  914 RICHLAND ST A200  COLUMBIA, SC 29201	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

## SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organ	nizations: Complete Part III.			
Nam	e of organization			Employer iden	tification number
TU	RNING LEAF PROJECT			46-0	671501
Pa	rt I-A Complete if the	organization is exempt under	section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the orga	nization's direct and indirect political can	npaign activities in F	Part IV. (see instructions for	
	definition of "political campaign a	ctivities")			
2	Political campaign activity expen	ditures (see instructions)			
3		paign activities (see instructions)			
Pa	rt I-B Complete if the	organization is exempt under	section 501(c)	(3).	
1	Enter the amount of any excise to	ax incurred by the organization under sec	ction 4955	▶ \$	
2	Enter the amount of any excise to	ax incurred by organization managers ur	der section 4955	▶ \$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for thi	syear?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the	organization is exempt under	section 501(c)	, except section 501(c	:)(3).
1		ed by the filing organization for section 5			
	activities			▶ \$	
2	0 0	anization's funds contributed to other or	•		
	527 exempt function activities .			▶ \$	
3		es. Add lines 1 and 2. Enter here and on			
	line 17b			▶ \$	
4	• •	rm 1120-POL for this year?			
5	Enter the names, addresses and	employer identification number (EIN) of	all section 527 politi	cal organizations to which the	filing
	organization made payments. Fo	r each organization listed, enter the amo	unt paid from the filir	ng organization's funds. Also e	enter
		ons received that were promptly and direct	-	·	
	as a separate segregated fund of	or a political action committee (PAC). If a	dditional space is ne	eeded, provide information in F	Part IV.
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(	1)				
(	2)				
(	3)				
(	4)				
(	5)				
(	6)				

The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000  Over \$17,000,000  S10,000,000  Total lobbying expenditures (add lines 1c and 1d)  Total exempt purpose expenditures  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000  S10,000,000 plus 15% of the excess over \$500,000.  Over \$1,500,000 but not over \$1,500,000  S10,000,000 plus 15% of the excess over \$1,500,000.  Over \$17,000,000  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1c and 1d)  Total lobying expenditures (add lines 1c and 1d)  Total lobying expenditures (add lines 1c and 1d)  Total lobying expenditures  Total exempt purpose expenditures  To	<b>46-0671501</b> Pa		90 or 990-EZ) 2019 <b>TURNING LEAF PF</b>	Form 99	dule C (F	chec	
Check   if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  Check   if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures  (a) Filing organization's totals group organization's total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 15% of the excess over \$1,000,000.  Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  Over \$17,000,000 but not over \$1,000,000 \$1,000,000.  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1g from line 1a. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below	d Form 5768 (election under	s exempt under section 501(c)(3) and filed	•	I-A	ırt II-	Pa	
address, EIN, expenses, and share of excess lobbying expenditures).    Check			_				
Check	member's name,			ck ►	Check	. (	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000.  Over \$1,000,000 but not over \$17,000,000  S225,000 plus 5% of the excess over \$1,500,000.  Over \$1,000,000 but not over \$1,000,000  If there is an amount other than zero on elses, enter -0-  If there is an amount other than zero on elser line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h)  (Some organization's totals  groud and section 501(h) election do not have to complete all of the five columns below		excess lobbying expenditures).	address, EIN, expenses, and share of				
The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grassroots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Sover \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000  In Subtract line 1g from line 1a. If zero or less, enter -0-  Subtract line 1f from line 1c. If zero or less, enter -0-  Jif there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  Total exempt purpose expenditures (add lines 1a and 1b)  Other exempt purpose expenditures (add lines 1c and 1d)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  The lobbying nontaxable in both columns  The lobbying nontaxable amount is:  Not over \$500,000  20% of the amount on line 1e.  Over \$500,000  Standard amount on line 1e.  Over \$1,500,000  Standard amount on line 1e.  Over \$1,500,000  Standard amount on line 1e.  Over \$1,500,000  Standard amount on line 1e.  Standard amount on line 1e		A and "limited control" provisions apply.	if the filing organization checked box	ck ►	Check	(	
Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  20% of the amount on line 1e.  Over \$500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Ver \$17,000,000 but not over \$17,000,000  S 225,000 plus 5% of the excess over \$1,000,000.  Over \$17,000,000  Over \$17,000,000  I 1,000,000.  g Grassroots nontaxable amount (enter 25% of line 1f)  S Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1a. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		ng Expenditures	Limits on Lobbyir				
to tal lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$1,7,000,000  Over \$17,000,000  Over \$17,000,000  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  Total lobbying expenditures (add lines 1a and 1b)  The lobbying nontaxable amount is:  20% of the amount on line 1e.  20% of the amount on line 1e.  20% of the excess over \$500,000.  Over \$1,500,000 but not over \$1,500,000  \$175,000 plus 10% of the excess over \$1,000,000.  Over \$1,500,000 but not over \$17,000,000  \$1,000,000.  The lobbying nontaxable amount is:  20% of the amount on line 1e.  20% of the excess over \$500,000.  Over \$1,500,000 but not over \$1,500,000  \$10,000,000 plus 10% of the excess over \$1,000,000.  Over \$1,500,000 but not over \$17,000,000  \$1,000,000.  The lobbying nontaxable amount is:  20% of the amount on line 1e.  20% of the excess over \$500,000.  Over \$1,500,000.  Over \$1,500,000 but not over \$1,500,000  \$1,000,000 but not excess over \$1,500,000.  Over \$1,500,000.  Over \$1,500,000 but not over \$17,000,000  \$1,000,000.  Over \$1,500,000.  Over \$1,500,000 but not over \$17,000,000  \$1,000,000.  Over \$1,500,000.  Over \$1,500,00	organization's totals group totals	ns amounts paid or incurred.)	(The term "expenditures" mea				
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:		Total lobbying expenditures to influence public opinion (grassroots lobbying)					
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Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below			ying expenditures (add lines 1a and 1b)	tal lobb	Tota	С	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$175,000,000 but not over \$17,000,000  Over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  Yes  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below			Other exempt purpose expenditures				
columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  20% of the amount on line 1e.  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		ıd 1d)	Total exempt purpose expenditures (add lines 1c and 1d)				
If the amount on line 1e, column (a) or (b) is:   The lobbying nontaxable amount is:		Lobbying nontaxable amount. Enter the amount from the following table in both					
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below	_	columns.					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.  Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  Over \$17,000,000 \$1,000,000.  g Grassroots nontaxable amount (enter 25% of line 1f)		The lobbying nontaxable amount is:	ount on line 1e, column (a) or (b) is:	the amo	If the		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.  Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  Over \$17,000,000 \$1,000,000.  Grassroots nontaxable amount (enter 25% of line 1f)		20% of the amount on line 1e.	\$500,000	ot over S	Not		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  Grassroots nontaxable amount (enter 25% of line 1f)		\$100,000 plus 15% of the excess over \$500,000.	0,000 but not over \$1,000,000	ver \$50	Ove		
Over \$17,000,000 \$1,000,000.  g Grassroots nontaxable amount (enter 25% of line 1f)		\$175,000 plus 10% of the excess over \$1,000,000.	000,000 but not over \$1,500,000	ver \$1,0	Ove		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		\$225,000 plus 5% of the excess over \$1,500,000.	500,000 but not over \$17,000,000	ver \$1,5	Ove		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		\$1,000,000.	,000,000	ver \$17	Ove		
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		f)	ts nontaxable amount (enter 25% of line 1f	assroo	Gras	g	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		)	ine 1g from line 1a. If zero or less, enter -0	ubtract I	Subt	h	
reporting section 4911 tax for this year?			ine 1f from line 1c. If zero or less, enter -0-	ubtract I	Subf	i	
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		h or line 1i, did the organization file Form 4720	an amount other than zero on either line 1h	there is	If the	j	
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below		<u></u>	section 4911 tax for this year?	porting	repo		
One the appropriate instructions for those On the could Offe	Il of the five columns below.	ion 501(h) election do not have to complete all	me organizations that made a sect	(So			
See the separate instructions for lines 2a through 2f.)	2f.)	ne separate instructions for lines 2a through 2f.)	See th				

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

EEA Schedule C (Form 990 or 990-EZ) 2019

	t II-B C (Form 990 or 990-EZ) 2019 TURNING LEAF PROJECT  Complete if the organization is exempt under section 501(c)(3) and has NOT fi  (election under section 501(h)).		orm 5	-	Page 3
	, , , , , , , , , , , , , , , , , , , ,	-	a)		(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				
ues	cription of the lobbying activity.	Yes	No	Al	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
a	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
C	Media advertisements?		X		
d			X		
e f	Publications, or published or broadcast statements?		x		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	x	^		4,115
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		7,110
i	Other activities?		x		
i	Total. Add lines 1c through 1i				4,115
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		-,
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), d	or sec	tion	
	501(c)(6).				
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3				3	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c				ma 2 :a
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	(a) >	Part II	I-A, II	ne 3, is
4	Dues, assessments and similar amounts from members		4		
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	1		
2	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
5	rt IV Supplemental Information				
5 Pa					
Pa	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part II-A (affiliated group list); Part II-A (affiliated group l	ines 1	and		

EEA

# SCHEDULE D (Form 990)

# **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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

TUR	NING LEAF PROJECT		46-0671501
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.
	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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		Ta definida filolofia da doldre
2	Complete lines 2a through 2d if the organization held a qualified	I conservation contribution in the form of a co	onservation
-	easement on the last day of the tax year.	de la conservation de la conserv	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired at		
u			2d
3	Number of conservation easements modified, transferred, rele	assad extinguished or terminated by the org	
3		ased, extilliguished, or terminated by the org	ariization duling the
4	tax year ▶Number of states where property subject to conservation ease	oment is located.	
5	Does the organization have a written policy regarding the period	·	
J	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
U	Stair and volunteer rious devoted to monitoring, inspecting, na	riding of violations, and emorcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing conservation of	accoments during the year
7	► \$	ig of violations, and emorcing conservation e	easements during the year
	Does each conservation easement reported on line 2(d) above	a patiefy the requirements of apation 170/h\//	4)/D)/i)
8			
0	and section 170(h)(4)(B)(ii)?	n aggregate in its revenue and expanse state	
9			
	balance sheet, and include, if applicable, the text of the footnot	e to the organizations imancial statements tr	ial describes trie
Da	organization's accounting for conservation easements.  In till Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
Га		-	Assets.
40	Complete if the organization answered "Yes" of If the organization elected, as permitted under FASB ASC 958		alanas abast warks
ıa		•	
	of art, historical treasures, or other similar assets held for publi		rance of public
	service, provide, in Part XIII the text of the footnote to its finan		and the standard of
b	7		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		in, provide the
	following amounts required to be reported under FASB ASC 9	_	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2019		rm 990) 2019	TURNING	LEAF	PROJECT				46-06	71501	Page 2
Pa	rt III	Organiz	zations Mai	ntaini	ng Collections	of Art, Historical	Treasures,	or Other	Similar	Assets	(continued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collec	tion items (ch	eck all that app	ly):							

3	Using the organizations acquisition, accession	, and other records,	CHECK any	/ 01	the follow	wing that ma	ke signi	ilicanii use oi iis			
	collection items (check all that apply):										
а	Public exhibition		d	Ц		r exchange p	-				
b	Scholarly research		е	Ш	Other_						_
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how they f	furth	er the o	rganization's	exemp	purpose in Part			
	XIII.										
5	During the year, did the organization solicit or re									-	_
_	assets to be sold to raise funds rather than to be		art of the or	rgar	nization's	s collection?.			. ∐ Ye	es [	No
Pa	rt IV Escrow and Custodial Arran		_				_			_	
	Complete if the organization a 990, Part X, line 21.							eported an am	ount on	Forr	m 
1a	Is the organization an agent, trustee, custodian		-						_	_	_
									∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table	е:							
								An	nount		
С	Beginning balance						. 10	:			
d	Additions during the year						. 10	I			
е	Distributions during the year						. 16	)			
f	Ending balance										
2a	Did the organization include an amount on Form										No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	planation h	nas b	oeen pro	vided on Pa	rt XIII			. [	
Pa	rt V Endowment Funds.										
	Complete if the organization a	nswered "Yes"	on Form	า 99	90, Pai	rt IV, line	10.				
		(a) Current year	<b>(b)</b> Pri	ior ye	ear	(c) Two years	back	(d) Three years back	(e) Fo	ır year:	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	t year end balance	(line 1g, co	olum	nn (a)) h	eld as:					
а	Board designated or quasi-endowment	%									
b	Permanent endowment ► %	<u> </u>									
С	Term endowment ► %										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are	e he	eld and a	dministered	for the				
	organization by:									Yes	s No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations								. 3a(ii		
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as require	ed on Sche	edul	e R?						
4	Describe in Part XIII the intended uses of the o	organization's endov	wment fund	ds.							
Pai	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization a		on Form	<u> 9</u> 9	90, Pai	rt IV, line	11a. S	ee Form 990,	Part X,	ine '	<u>10</u> .
-	Description of property	(a) Cost or oth	er basis	(k	b) Cost or	other basis	(c)	Accumulated	( <b>d</b> ) Bo	ok valu	ie
		(investme	ent)		(ot	her)	d	epreciation			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
_е	Other		33,276					15,226		18	,050
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, colum	nn (I	B), line 1	10.c.)					,050

Schedule D (Form	990) 2019 TURNING LEAF PRO	OJECT		46-	-0671501	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, li	ne 11b. See Form	1 990, Part X	, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		c) Method of valuation	
(1) Financial of	lerivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 1	(2.) ▶				
Part VIII	Investments - Program Related.		000 D( IV / I'		000 D-4V	l' 40
	Complete if the organization answere	ea "Yes" on For	m 990, Part IV, III	ne 11c. See Form	1990, Part X	, line 13.
	(a) Description of investment		(b) Book value		c) Method of valuation	
(4)				Cost o	r end-of-year market	value
(1) (2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 1	13.) ▶				
Part IX	Other Assets.	,	1			
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, li	ne 11d. See Form	າ 990, Part X	, line 15.
	(a)	Description			<b>(b)</b> B	ook value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Table (Oathana	(L)	(5.)				
Part X	n (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities.	(5.)		· · · · · · · · · · · · · · · · · · ·		
raitA	Complete if the organization answere	nd "Vee" on For	m 000 Part IV li	no 11e or 11f Se	o Form 900	Dart Y
	line 25.	d 163 OIII OI	iii 990, i aitiv, iii	ie i ie di i ii. de	5 i Oiiii 990,	i ait A,
1.	(a) Description of liability	(b) Book v	raluo			
(1) Federal i		(b) Book v	alue			
(2)PAYROLI			7,342			
(3)	ITA		7,512			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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. . . . . .

7,342

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		r Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements $\dots \dots$		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State		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	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		

EEA Schedule D (Form 990) 2019

# SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2019

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Name of the organization						Employer ide	ntification number
TURNING LEAF PROJECT						46-06	
Part I Fundraising Activities	. Complete if t	he organiz	ation ans	wered "Yes" on	Form 99	ົ່ງ, Part IV,	line 17.
Form 990-EZ filers are no	t required to con	nplete this p	art.				
1 Indicate whether the organization rais	sed funds through	any of the foll	owing activit	ies. Check all that a	pply.		
a Mail solicitations		e 🗌 🤄	Solicitation of	f non-government gr	ants		
<b>b</b> Internet and email solicitations		f 🗌 S	Solicitation of	f government grants			
c Phone solicitations				aising events			
d In-person solicitations		0 —	•	o .			
2a Did the organization have a written o	r oral agreement w	ith anv individ	dual (includin	a officers, directors.	trustees.		
or key employees listed in Form 990,						□ Y <sub>0</sub>	es 🗌 No
<b>b</b> If "Yes," list the 10 highest paid individ						_	_
compensated at least \$5,000 by the		andraidord, p	arodarii to ag	roomonio andor wiii	on the rand	4,001 10 10 50	
compensated at least 40,000 by the t	ngariization.						
					(v) Amo	unt paid to	
(i) Name and address of individual	(ii) A ativity		draiser have r control of	(iv) Gross receipts		ained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		utions?	from activity		er listed in	organization
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			CO	l. <b>(i)</b>	
		Yes	No	-			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the organization				ons or has been not	ified it is ex	empt from	
registration or licensing.							

Part II

46-0671501

		than \$15,000 of fundraising gross receipts greater than	\$5,000			
		gross receipts greater than	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
une	_	_				
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5 Noncash prizes					
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line	10 from line 3, column (d)		▶	
Pa	rt II			'Yes" on Form 990, Part	IV, line 19, or reported i	more than
		\$15,000 on Form 990-EZ,	ine ba.			
				(h) Pull tahs/instant		(d) Total gaming (add
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
	1 2	Gross revenue			(c) Other gaming	
					(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes			(c) Other gaming	
rect Expenses	2	Cash prizes	(a) Bingo	bingo/progressive bingo		
rect Expenses	2 3 4	Cash prizes			(c) Other gaming  Yes %  No	
rect Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No	bingo/progressive bingo  Yes %  No	☐ Yes%	
rect Expenses	2 3 4 5	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d)	bingo/progressive bingo	☐ Yes%   ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes%   ☐ No	
rect Expenses	2 3 4 5 6 7 8 En Is	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d) fon conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes%   ☐ No	col. (a) through col. (c))
<b>6</b> Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d) fon conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes%   ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is Is If "	Cash prizes	(a) Bingo  Yes %  No  2 through 5 in column (d) ract line 7 from line 1, column (d) from conducts gaming activities in each of the conducts in each of the conducts gaming activities gaming ac	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes %	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

# **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

TURNING LEAF PROJECT	46-0671501
01. Form 990 governing body review (Part VI, line 11)	
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED	
02. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENT AVAILABLE TO THE PUBLIC UPON REQUEST	

(Rev. January 2020)

Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print TURNING LEAF PROJECT 46-0671501 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. CHARLESTON, SC 29416 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ AMY S BARCH, 3765 LEEDS AVE, NORTH CHARLESTON, SC 29405 Telephone No.► 843-847-1089 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 11-16 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 19 or tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

3a \$

3с

\$

# IRS e-file Signature Authorization for an Exempt Organization

		-	_	
or calendar vear 2019.	or fiscal year beginning			. and ending

▶ Do not send to the IRS. Keep for your records.

2019

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

▶ Go to www.irs.gov/Form8879EO for the latest information.

46-0671501

Employer identification number

Name and title of officer

TURNING LEAF PROJECT

AMY	S	BARCH,	PRESIDENT	EXECUTIVE	DIRECTOR
-----	---	--------	-----------	-----------	----------

#### 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.

the applicable line below. Be not complete more than one line in rare.	
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	923,95
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)	
<b>3a</b> Form 1120-POL check here ▶ □ <b>b Total tax</b> (Form 1120-POL, line 22)	
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	

#### **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.

icer	S PIN: Check one box only			
х	lauthorize NUMBERKEEPERS LLC	to enter my PIN	71501	as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros	-
	on the organization's tax year 2019 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of 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 signatu	re on the organizat	ion's tax year 2019 e	lectronically filed return.

turn. 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 09-17-2020

#### 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.

32541 578519 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.

Date ▶ 09-22-2020 ERO's signature

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

FOR YOUR RECORDS Federal Supporting Sta	
Name(s) as shown on return	Tax ID Number
TURNING LEAF PROJECT	46-0671501

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	<b>BOOK</b> VALUE
VAN	7,400	0	7,186	214
LEASEHOLD IMPROVEMENTS	1,400	0	1,049	351
LEASEHOLD IMPROVEMENTS SCREEN	2,650	0	199	2,451
SCREEN PRINTING EQUIPMENT	21,826	0	6,792	15,034
TOTAL	33,276	0	15,226	18,050

990	Overflow Statement	<b>2019</b> Page 1
Name(s) as shown on return		FEIN
TURNING LEAF PROJECT		46-0671501

# ALL OTHER CONTRIBUTIONS

Description	Amount
DIRECT PUBLIC SUPPORT FOUNDATION GRANTS	\$ 163,568
DIRECT PUBLIC SUPPORT BOARD DONATIONS	33,019
DIRECT PUBLIC SUPPORT INDIVIDUALS	238,284
DIRECT PUBLIC SUPPORT BUSINESSES	11,115
CONSULTING	64,448
Total:	\$ <u>510,434</u>

# PROGRAM SALARIES

Description		Amount
PROGRAM	\$	197,688
SCREEN PRINTING		160,388
	Total: \$	358,076

#### PROGRAM EMPLOYEE BENEFITS

Description		Amount
JOB TRAINING		\$ 12,994
STAFF DEVELOPMENT		5,057
MEETINGS		1,305
	Total: \$	19,356

## PROGRAM PAYROLL TAXES

Description		Amount
PROGRAM	<u>S</u>	\$ 15,466
SCREEN PRINTING		14,750
	Total: \$	30,216

# PROGRAM FEES

Description	Amount
AUTO	\$ 659
UNIFORMS	210
CRIMINAL JUSTICE REFORM GRANT - BANK CHARGES	112
CRIMINAL JUSTICE REFORM GRANT - REFERENCE & RESEARCH	208
Total:	\$ <u>1,189</u>

990	Overflow Statement	<b>2019</b> Page 2	_
Name(s) as shown on return		FEIN 4.C. 0.C.7.1.E.0.1	,
TURNING LEAF PROJECT		46-0671501	_
	MGMT EXPENSES		
Domesia de la ca		3	
Description CONTRACT SERVICES			_
BANK FEES			20
BUILDING IMPROVEMENTS			15
JANITORIAL		88	
FUNDRAISING CC PROC FE			
	Total	: \$7,92	<u> </u>
	FUNDRAISING OTHER		
Doggwintion		Amount.	
<u>Description</u> MERCHANT HALL 2020 FUN	IDDATSING FFFS	<u>Amount</u> \$ 1,48	 2 1
CONSULTING CURRICULUM	NDRAISING FEES		58
CONDUCTING CONNECTED OF T	Total		
		•	=
	PROGRAM OFFICE EXPENSES		
D		3	
<u>Description</u> OFFICE SUPPLIES			
ACH BANK FEES			05
PHONE / INTERNET		43	
	Total	: \$ 2,78	34
	MGMT OFFICE EXPENSES		
Description		Amount	
OFFICE SUPPLIES		\$ 9,60	)5
PHONE / INTERNET		2,40	
OPERATIONS M&A			93
AUTO			55
MEMBERSHIP FEES	Total	: \$ 12,95	00
	iotai	· · · <u>12,93</u>	<u></u>
	FUNDRAISING OFFICE EXPENSES		
Description		Amount	
	G FEES	\$ 5	7 <u>5</u>
		: \$	75
			-

990	Overflow Statement	<b>2019</b> Page 3
Name(s) as shown on return		FEIN
TURNING LEAF PROJECT		46-0671501
		_

# FUNDRAISING TRAVEL

Description	Amount	
TRAVEL & CONFERENCES		\$ 30
_CONSULTING TRAVEL		8,540
	Total: \$	8,570

# PROGRAM SUPPLIES

Description	Amount
CURRICULUM - PGM	\$ 248
RE-ENTRY RESOURCES - PGM	2,299
INCENTIVES	2,116
DRUG TESTING	2,446
Total:	\$ 7,109

## PROGRAM SCREEN PRINTING

Description	Amount
PROCESSING CC	\$ 4,482
SUPPLIES	14,214
_T-SHIRTS	95,480
SHIPPING	2,025
MARKETING	1,290
DESIGN	248
REPRINTS	3,752
SMALL EQUIPMENT	1,662
FEES & SURCHARGES	2,592
SCREEN PRINTING SOFTWARE	1,668
Total:	\$ 127,413

# SAVINGS ACCOUNT DETAILS

Description		Amount
FUTURE PROGRAM	\$	22,331
RESERVE FUND		152,831
	Total: \$	175,162

990 Overflow Statement	<b>2019</b> Page 4
Name(s) as shown on return	FEIN
TURNING LEAF PROJECT	46-0671501

# LOBBYING DIRECT CONTACT AND EVENTS

Description	Amount
PARKING FOR EVENTS & CONFERENCES	\$ 301
MILEAGE REIMBURSEMENTS FOR TRAVEL TO EVENTS & CONFERENCE	3,814
Total:	\$ 4,115

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(Keep for your records)	2019
Name(s) as shown on return		Tax ID Number
TURNING LEAF PROJ	ECT	46-0671501

2% of the amount on Schedule A, Part II, line 11, column (f)

45,051

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name	2015 2016		2017	2018	2019	Total	Excess contributions	
							(col. (f) minus	
							the 2% limitation)	
CHARLESTON COUNTY			85,000	50,000	87,500	222,500	177,449	
CITY OF CHARLESTON			85,000	5,000	85,000	175,000	129,949	
RUSSELL BENNETT			5,000	5,000	5,000	15,000		
WILLIAM AND PRUDENCE FINN			20,000	12,000	10,000	42,000		
SISTERS OF CHARITY FOUNDATION					25,500	25,500		
SC BAR FOUNDATION					9,000	9,000		
FRED THOMPSON					12,000	12,000		
PATRICK LLDERTON					5,018	5,018		
STEVE RHODES					127,500	127,500	82,449	
THOMAS GRIFFIN					5,000	5,000		
THMOAS TISDALE					6,500	6,500		
BISHOP GADSDEN					38,000	38,000		
WALLDORF FAMILY FUND					10,000	10,000		
HODGES FAMILY CHARITABLE TRUST					5,000	5,000		
UNITED WAY					<u>30,0</u> 00	30,000		

\_\_\_\_\_389<sub>+</sub>847

# **Depreciation Detail Listing**

Program Services

2019

PAGE 1

for Section 199A calculations. See "UBIA" in lower right corner.

\* Item is included in UBIA

For your records only

Name	(s) as shown on return												Social sec	urity number/Ell	N	
	TURNING LEAF PROJECT												46	-0671501		
No	Description	Date	Cost	Basis	Business	Section		Bonus	Depreciable	Life	Method	Rate	Prior	Current	Accumulated	AMT
No.	Description	Date	Cost	Adjustment	percentage	179		depreciation	Basis	Lile	ivietnoa	Rate	Depreciation	Depreciation	Depreciation	Current
1	VAN	03112015	7,400		100.00		PY	3,700	3,700	5	200 DB HY	11.52	6,760	426	7,186	426
2	LEASEHOLD IMPROVEMENT	05292015	1,400		100.00				1,400	15	SL HY	6.667	956	93	1,049	93
3	LEASEHOLD IMPROVEMENT	11052018	2,650		100.00				2,650	15	SL MQ	6.667	22	177	199	177
4	SCREEN PRINTING EQUIP	11302018	21,826		100.00				21,826	7	200 DB MQ	27.55	779	6,013	6,792	6,013
							-									
	Totals		33,276						29,576				8,517	6,709	15,226	6,709

6,709