

Return of Organization Exempt From Income Tax

2018

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Turpentine Creek Foundation Inc. D Employer identification no. 71-0721742. E Telephone number (479) 253-5841. G Gross receipts \$ 2,615,818. I Tax-exempt status: 501(c)(3). J Website: www.turpentinecreek.org. K Form of organization: Corporation. L Year of formation: 1992. M State of legal domicile: AR.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Tanya Smith, Signature of officer. Tanya Smith, President, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: David Killingsworth. Preparer's signature: David Killingsworth. Date: 07-24-2019. Check self-employed: No. PTIN: P00762182. Firm's name: The Killingsworth Firm CPA PLLC. Firm's address: 414 North Springfield Berryville AR 72616. Firm's EIN: 870-423-3135.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Providing care for ill, abused, neglected & unwanted exotic animals

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 1,763,801 including grants of \$ _____) (Revenue \$ 2,470,454)
Care and maintenance of ill, abused, neglected and unwanted animals.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 1,763,801

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a (8), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Arkansas
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: -> Amanda Smith (479)253-5841, 239 Turpentine Creek Lane, Eureka Springs, AR 72632

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patricia Quinn Trustee		X					0	0	0	
(2) Virginia Rankin Secretary		X					0	0	0	
(3) Dave Schoonover Trustee		X					0	0	0	
(4) Charles Ragsdell Chairman		X					0	0	0	
(5) Randy Risor Trustee		X					0	0	0	
(6) Michael Finefield Trustee		X					0	0	0	
(7) Tanya Smith President	60.00			X			31,161	0	0	
(8) Scott Smith Vice President	60.00			X			30,561	0	0	
(9) Amanda Smith Secretary/Treasurer	40.00			X			30,265	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							91,987	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,133,834				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		1,133,834				
Program Service Revenue			Business Code				
	2a Admissions		713990	661,940	661,940		
	b Bed & Breakfast		721000	335,351	335,351		
	c						
	d						
	e						
	f All other program service revenue		713990	50,494	50,494		
g Total. Add lines 2a-2f ▶		1,047,785					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			194	194		
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a						
		b Less: direct expenses b					
		c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a			327,165				
	b Less: cost of goods sold b		145,364				
	c Net income or (loss) from sales of inventory ▶		181,801	181,801			
Miscellaneous Revenue		Business Code					
11a _____							
	b Pictures & Calendars		713990	18,840	18,840		
	c Trolley Tours		713990	38,557	38,557		
	d All other revenue		713990	49,443	49,443		
	e Total. Add lines 11a-11d ▶		106,840				
12 Total revenue. See instructions ▶		2,470,454	1,336,620	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	92,347		78,495	13,852
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	810,137	721,988	11,753	76,396
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,766		1,766	
c	Accounting	9,339		9,339	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	222,101	88,840	44,421	88,840
13	Office expenses	29,296	21,109	5,458	2,729
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14,496	7,248	7,248	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	147,204	117,764	14,720	14,720
23	Insurance	55,873	39,111	16,762	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Animal Care	250,866	250,866		
b	Bank Charges	30,925	12,370	6,185	12,370
c	Colorado Project	13,234	13,234		
d	Contract Labor	78,968	78,968		
e	All other expenses _____	690,698	412,303	114,849	163,546
25	Total functional expenses. Add lines 1 through 24e .	2,447,250	1,763,801	310,996	372,453
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	480,681	1	375,735
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	59,238	8	68,889
	9 Prepaid expenses and deferred charges	8,200	9	10,660
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,727,222		
	b Less: accumulated depreciation	10b 1,609,586	2,043,185	10c 2,117,636
	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	2,570	15	2,570
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,593,874	16	2,575,490	
Liabilities	17 Accounts payable and accrued expenses	19,014	17	36,356
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	340,890	22	296,913
	23 Secured mortgages and notes payable to unrelated third parties	74,282	23	57,662
	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	8,515	25	10,182
	26 Total liabilities. Add lines 17 through 25	442,701	26	401,113
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,151,173	27	2,174,377
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,151,173	33	2,174,377
	34 Total liabilities and net assets/fund balances	2,593,874	34	2,575,490

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,470,454
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,447,250
3	Revenue less expenses. Subtract line 2 from line 1	3	23,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,151,173
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,174,377

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

Turpentine Creek Foundation Inc

71-0721742

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 1.7.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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 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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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 Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: Turpentine Creek Foundation Inc; Employer identification number: 71-0721742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and modified easements, and several Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include 1a, 1b (i) Revenue, 1b (ii) Assets, 2, 2a Revenue, and 2b Assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,194,272	447,852	746,420
c Leasehold improvements				
d Equipment		1,062,036	613,126	448,910
e Other STMD1E		1,470,914	548,608	922,306
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,117,636

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Assets	2,570
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other Liabilities	10,182
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,470,454.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 2,447,250.

Part XIII Supplemental Information.

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

Horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Turpentine Creek Foundation Inc

Employer identification number
71-0721742

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations e Solicitation of non-government grants
 b Internet and email solicitations f Solicitation of government grants
 c Phone solicitations g Special fundraising events
 d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	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) ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

2018

▶ **Attach to Form 990 or Form 990-EZ.**

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Turpentine Creek Foundation Inc

71-0721742

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Tanya Smith	President	Prior unpaid	X		356,000	195,196		X	X		X	
(2) Tanya Smith	President	Accrued Int on	X		156,593	101,717		X		X		X
(3)												
(4)												
(5)												
Total ▶						\$	296,913					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Tanya Smith	President		Rent on property housing operations		X
(2)					
(3)					
(4)					
(5)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Turpentine Creek Foundation Inc

Employer identification number

71-0721742

01. Officer, directors, etc. family relationship (Part VI, line 2)

Tanya Smith Scott Smith

President Vice President

Wife & Husband

Tanya Smith Amanda Smith

President Secretary/Treasurer

Daughter-in-law

Scott Smith Amanda Smith

Vice President Secretary/Treasurer

Daughter-in-law

02. Form 990 governing body review (Part VI, line 11)

The officers review the form and discuss it with the board.

03. Conflict of interest policy compliance (Part VI, line 12c)

Board members are required to disclose any potential conflicts of interest
and cannot vote on matters in which there is a conflict of interest. Board
members are required to review and acknowledge the code of ethics which
includes the organization's conflict of interest policy on an annual basis.

04. CEO, executive director, top management comp (Part VI, line 15a)

Board evaluates and approves executive director compensation based on
market.

Name of the organization

Employer identification number

Turpentine Creek Foundation Inc**71-0721742****05. Other officer or key employee compensation (Part VI, line 15b)**

Board evaluates and approves compensation of key employees and officers based on market.

06. Governing documents, etc, available to public (Part VI, line 19)

The organization will provide governing documents, conflict of interest policy and financial statements to the public upon request.

07. List of other expenses (Part IX, line 24e)

Dues & Publications 6,071

In-Kind Expenses 121,833

Miscellaneous Expenses 17,878

Postage 6,591

Rent 70,200

Repairs & Maintenance 81,989

Rescue Expenses 5,146

Special Event Expense 18,254

Supplies 56,163

Taxes & Licenses 9,184

Telephone 8,626

Utilities 118,181

Vehicle Expenses 28,803

Veterinarian Expenses 33,734

Total \$ 582,653

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Turpentine Creek Foundation Inc	Business or activity to which this form relates FORM 990 - 1	Identifying number 71-0721742
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	167,604

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property Statement	#567					5,182
c 7-year property Statement	#568					2,584
d 10-year property		3,322	10	HY	SL	166
e 15-year property						
f 20-year property Statement	#569					1,129
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	10-2018	55,656	40.0	MM	S/L	290

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year		12 yrs.			S/L
c	30-year		30 yrs.	MM		S/L
d	40-year		40 yrs.	MM		S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	176,955
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning _____, and ending _____

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

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

2018

Name of exempt organization

Turpentine Creek Foundation Inc

Employer identification number

71-0721742

Name and title of officer

Tanya Smith, President

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,470,454</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize The Killingsworth Firm CPA to enter my PIN 00010 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **07-17-2019**

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.

715014 71905
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **David Killingsworth**

Date ▶ **07-24-2019**

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

For Paperwork Reduction Act Notice, see instructions.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

Turpentine Creek Foundation Inc

71-0721742

Form 990 - Schedule D - Part VI - Line 1e
 Investments - Other

Statement #D1e

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Habitats & Enclosures	0	683,811	519,003	164,808
Vet Hospital & Equipment	0	589,203	22,390	566,813
Colorado Project	0	197,900	7,215	190,685
Total	<u>0</u>	<u>1,470,914</u>	<u>548,608</u>	<u>922,306</u>

Form 4562 - Line 19b

PG01
 Statement #567

Basis	RP	CV	Method	Deduction
2,403	5	HY	SL	240
1,000	5	HY	SL	100
7,534	5	HY	SL	753
11,732	5	HY	SL	1,173
10,734	5	HY	SL	1,073
12,600	5	HY	SL	1,260
2,729	5	HY	SL	273
3,103	5	HY	SL	310
Total				<u>5,182</u>

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

Turpentine Creek Foundation Inc

71-0721742

Form 4562 - Line 19c

Statement #568

Basis	RP	CV	Method	Deduction
2,777	7	HY	SL	198
3,221	7	HY	SL	230
2,796	7	HY	SL	200
856	7	HY	SL	61
248	7	HY	SL	18
9,100	7	HY	SL	650
1,534	7	HY	SL	110
5,000	7	HY	SL	357
10,643	7	HY	SL	<u>760</u>
Total				<u><u>2,584</u></u>

Form 4562 - Line 19f

PG01
Statement #569

Cost	RP	CV	Method	Deduction
5,182	20	HY	SL	130
4,400	20	HY	SL	110
8,600	20	HY	SL	215
1,535	20	HY	SL	38
25,452	20	HY	SL	<u>636</u>
Total				<u><u>1,129</u></u>

Name(s) as shown on return

FEIN

Turpentine Creek Foundation Inc

71-0721742

Other Expenses

Description	Amount
Dues & Publications	\$ 2,040
In-Kind Expenses	10,642
Miscellaneous Expenses	7,684
Rent	51,072
Repairs & Maintenance	81,192
Supplies	43,221
Taxes & Licenses	13,310
Telephone	5,597
Utilities	103,790
Vehicle Expenses	74,769
Veterinarian Expenses	16,818
Rescue Expenses	2,168
Total:	\$ 412,303

Other Expenses

Description	Amount
Dues and Publications	\$ 2,040
Miscellaneous	7,685
Postage	1,893
Printing and Publications	13,646
Rent	14,592
Repairs and Maintenance	9,021
Supplies	6,175
Taxes and Licenses	3,328
Telephone	5,598
Utilities	25,948
Vehicle Expenses	24,923
Total:	\$ 114,849

Name(s) as shown on return

FEIN

Turpentine Creek Foundation Inc

71-0721742

Other Expenses

<u>Description</u>	<u>Amount</u>
Dues and Publication	\$ 1,020
Miscellaneous	7,684
Postage	7,571
Printing and Publications	54,582
Rent	7,296
Special Event Expenses	42,523
Supplies	12,350
Telephone	5,597
Vehicle Expense	24,923
Total:	\$ 163,546

Depreciation Detail Listing

2018

Program Services

PAGE 1

For your records only

Name(s) as shown on return Turpentine Creek Foundation Inc	Social security number / EIN 71-0721742
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* = Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
1	Utility Trailer	07172006	2,000		100.00		2,000
2	Computers	07212006	7,363		100.00		7,363
3	B&B Home	12311998	211,621		100.00		211,621
4	Tree House	10051999	15,000		100.00		15,000
5	Mobile Home Intern 87	12311998	24,562		100.00		24,562
6	Mobile Home Residence	12311998	31,200		100.00		31,200
7	Storage Trailer	08052003	5,000		100.00		5,000
8	Property Investments	12311998	163,804		100.00		163,804
9	Property Improvements	07012000	36,334		100.00		36,334
10	Property Improvements	07012002	19,652		100.00		19,652
11	Property Improvements	07012003	3,697		100.00		3,697
12	RV Park Improvements	07012003	15,758		100.00		15,758
13	New Stage	06152003	2,481		100.00		2,481
14	Property Improvements	07262004	1,465		100.00		1,465
15	Caging Supplies	08022003	372		100.00		372
16	Natural Habitat	12311998	21,635		100.00		21,635
17	Caging	07012000	7,465		100.00		7,465
18	Caging	07012001	2,428		100.00		2,428
19	Habitat - Pine Panels	08132001	1,040		100.00		1,040
20	Concrete and Gravel	09302001	7,049		100.00		7,049
21	Caging Improvements	07012002	3,314		100.00		3,314
22	Natural Habitat - Pip	04122002	3,921		100.00		3,921

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
1	7		0		2,000			
2	5		0		7,363			
3	25	SL	MM	4	169,299	8,465		8,465
4	15			0	15,000			
5	20	SL	MQ	5	24,561	1,228		1,228
6	20	SL	MQ	5	31,200	1,560		1,560
7	20	SL	HY	5	3,875	250		250
8	15			0	163,804			
9	15			0	36,334			
10	15			0	19,652			
11	15	SL	HY	6.667	3,697	126		126
12	20	SL	HY	5	12,213	788		788
13	15	SL	HY	6.667	2,481	84		84
14	10			0	1,465			
15	7			0	372			
16	20	SL	MQ	5	21,635	1,079		1,079
17	10			0	7,465			
18	10			0	2,428			
19	15			0	1,040			
20	15			0	7,049			
21	15			0	3,314			
22	15			0	3,921			

Depreciation Detail Listing

Program Services

For your records only

2018

PAGE 3

Name(s) as shown on return

Turpentine Creek Foundation Inc

Social security number / EIN

71-0721742

* = Item is included in UBI A for Section 199A calculations. See "UBIA" in lower right corner.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
45	Gas Heater	03161999	325		100.00		325
46	Clothes washer - Robe	03171999	270		100.00		270
47	Equipment - Nat'l Hom	03221999	484		100.00		484
48	Equipment	04051999	25		100.00		25
49	television	05111999	290		100.00		290
50	Ceiling Fan	05181999	27		100.00		27
51	Garbage Disposal	05311999	60		100.00		60
52	Ceiling Fan	06011999	50		100.00		50
53	Air Conditioners	06291999	1,098		100.00		1,098
54	Office Equipment	12311998	25,887		100.00		25,887
55	Office Equipment	03281999	70		100.00		70
56	Laminator	07301999	160		100.00		160
57	Computer	11011999	1,100		100.00		1,100
58	Speed Light	10201999	328		100.00		328
59	Camera	11131999	381		100.00		381
60	Discount Audio	01011999	799		100.00		799
61	Camera	08181999	249		100.00		249
62	Propane Tank	10181999	2,248		100.00		2,248
63	Fork Lift	06141999	250		100.00		250
64	Trimmer Mower	08072000	913		100.00		913
65	Printer	03192000	213		100.00		213
66	Office Equipment - Mi	05252000	731		100.00		731

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
45	7		0		325			
46	7		0		270			
47	7		0		484			
48	7		0		25			
49	7		0		290			
50	7		0		27			
51	7		0		60			
52	7		0		50			
53	7		0		1,098			
54	7		0		25,887			
55	7		0		70			
56	7		0		160			
57	5		0		1,100			
58	7		0		328			
59	7		0		381			
60	7		0		799			
61	7		0		249			
62	7		0		2,248			
63	7		0		250			
64	7		0		913			
65	5		0		213			
66	5		0		731			

Depreciation Detail Listing

Program Services
For your records only

2018

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Name(s) as shown on return Turpentine Creek Foundation Inc	Social security number / EIN 71-0721742
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* = Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
67	Camera	06152000	139		100.00		139
68	Canopy	06152000	200		100.00		200
69	Welder	07012001	1,597		100.00		1,597
70	Post Hole Driver	07032001	192		100.00		192
71	Typewriter	01172001	44		100.00		44
72	Kimes Auto	10122002	419		100.00		419
73	Warren Welding	10142002	1,950		100.00		1,950
74	Surplus City	10242002	750		100.00		750
75	Nikon Camera	07242002	1,983		100.00		1,983
76	Microphone	08202002	174		100.00		174
77	Air Conditioner	07262003	238		100.00		238
78	Oven	07312003	922		100.00		922
79	Swings	08072003	260		100.00		260
80	Swings	08052003	1,944		100.00		1,944
81	Tractor/Dozer/Equipme	03122003	7,600		100.00		7,600
82	Photowild Camera	01012004	1,631		100.00		1,631
83	Vehicles	12311998	39,045		100.00		39,045
84	2001 GMC Truck	01152002	33,786		100.00		33,786
85	2005 Rangers	07082005	15,844		100.00		15,844
86	ATV's (2) 2006 Polari	09182007	12,100		100.00		12,100
87	Memorial Park	09012007	3,693		100.00		3,693
88	Building Improvements	09012007	29,174		100.00		29,174

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
67	5		0		139			
68	5		0		200			
69	7		0		1,597			
70	7		0		192			
71	5		0		44			
72	5		0		419			
73	5		0		1,950			
74	5		0		750			
75	5		0		1,983			
76	5		0		174			
77	7		0		238			
78	7		0		922			
79	7		0		260			
80	7		0		1,944			
81	7		0		7,600			
82	7		0		1,631			
83	5		0		39,045			
84	5		0		33,786			
85	7		0		15,844			
86	10		0		12,100			
87	15	SL	HY	6.667	2,790	246		246
88	40	SL	MM	2.5	8,022	729		729

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* = Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
89	Restrooms	10012007	27,969		100.00		27,969
90	Safari Village Improv	07012007	95,697		100.00		95,697
91	Tractor	09182007	30,500		100.00		30,500
92	Golf Cart	08082007	9,700		100.00		9,700
93	Loader	09182007	5,000		100.00		5,000
94	2006 Dodge Truck	07012006	46,887		100.00		46,887
95	Commissary Improvemen	07012008	27,556		100.00		27,556
96	Habitat Creation	07012008	31,559		100.00		31,559
97	Building Improvements	07012008	41,106		100.00		41,106
98	Restrooms	01192008	3,324		100.00		3,324
99	Safari Village Improv	07012008	19,104		100.00		19,104
100	Bobcat Utility Vehicl	07012008	13,267		100.00		13,267
101	Computer	03242008	698		100.00		698
102	Freezer Unit-Commissa	05172008	6,010		100.00		6,010
103	Concession Trailer	06192008	2,000		100.00		2,000
104	Restaurant Equipment	06192008	8,000		100.00		8,000
105	Computer	09202008	718		100.00		718
106	Bobcat Utility Vehicl	07012008	13,267		100.00		13,267
107	Habitat Creation	07012009	26,952		100.00		26,952
108	Shop	07012009	22,697		100.00		22,697
109	Mobile Home 28x44	07102009	20,000		100.00		20,000
110	Mobile Home 24X48	07102009	20,000		100.00		20,000

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
89	40	SL MM	2.5		7,691	699		699
90	30	SL MM	3.333		36,684	3,190		3,190
91	10		0		30,500			
92	10		0		9,700			
93	10		0		5,000			
94	5		0		46,887			
95	30	SL MM	3.333		9,646	919		919
96	30	SL MM	3.333		11,046	1,052		1,052
97	30	SL MM	3.333		14,387	1,370		1,370
98	10	SL HY	10		3,324	28		28
99	30	SL MM	3.333		6,687	637		637
100	10	SL HY	10		13,267	663		663
101	5		0		698			
102	7		0		6,010			
103	7		0		2,000			
104	7		0		8,000			
105	5		0		718			
106	10	SL HY	10		13,267	663		663
107	30	SL MM	3.333		8,534	898		898
108	39	SL MM	2.564		5,529	582		582
109	27	SL MM	3.704		6,950	741		741
110	27	SL MM	3.704		6,950	741		741

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* = Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
111	Building Improvements	07042009	33,585		100.00		33,585
112	Well Pump	02022009	4,116		100.00		4,116
113	Welder	02202009	3,155		100.00		3,155
114	Clorine Water System	06052009	3,800		100.00		3,800
115	TVS (2())	07212009	835		100.00		835
116	Propane Tank	09032009	1,729		100.00		1,729
117	Habitat Creation	07012010	13,261		100.00		13,261
118	Building Improvement	07012010	9,017		100.00		9,017
119	Skytrak	07062010	12,500		100.00		12,500
120	Transmission Replacem	07192010	4,948		100.00		4,948
121	MWP - 4X10 Work Platf	07192010	1,945		100.00		1,945
122	5-pc Table Set	11102010	197		100.00		197
123	Dell Computer	08252010	894		100.00		894
124	Computer	11102010	1,049		100.00		1,049
125	Two Mobile Homes	07062010	4,000		100.00		4,000
126	1983 Dump Truck	07062010	2,500		100.00		2,500
127	Perimiter Fencing	07012011	35,770		100.00		35,770
128	Mobile Home - 2002 So	07212011	30,420		100.00		30,420
129	Mobile Home - Site Pr	07212011	11,915	11,915	100.00		0
130	Received in trade for	12272011	29,096		100.00		29,096
131	Rebuilt Radiator	07282011	2,444		100.00		2,444
132	ATV KAW	06052012	250		100.00		250

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
111	30	SL MM	3.333		10,634	1,119		1,120
112	7		0		4,116			
113	7		0		3,155			
114	7		0		3,800			
115	7		0		835			
116	7		0		1,729			
117	30	SL MM	3.333		3,757	442		442
118	30	SL MM	3.333		2,556	301		301
119	5		0		12,500			
120	5		0		4,948			
121	5		0		1,945			
122	7		0		197			
123	5		0		894			
124	5		0		1,049			
125	27	SL MM	3.704		1,244	148		148
126	5		0		2,500			
127	10	SL HY	10		26,827	3,577		3,577
128	27	SL MM	3.704		8,267	1,127		1,127
129	0		0					
130	7	SL HY	14.286		29,096	4,155		4,155
131	5		0		2,444			
132	5		0		250			

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No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
133	Dodge Ram	06052012	1,250		100.00		1,250
134	Camper Trailer	08282012	1,500		100.00		1,500
135	Meat Trailer	01162012	1,600		100.00		1,600
136	ATV and vehicle parts	04022012	20,750		100.00		20,750
137	Concrete Habitat	01202012	2,270		100.00		2,270
138	Septic and Dens	01252012	788		100.00		788
139	Gate opener & Solar p	02232012	478		100.00		478
140	Habitat Creation	02072012	10,488		100.00		10,488
141	Dirt Work	01042012	1,618		100.00		1,618
142	Downtown Improvements	04112012	885		100.00		885
143	New Heater	03062012	434		100.00		434
144	Transmission - Dodge	08012012	5,430		100.00		5,430
145	Obsolete Assets	12312012	(40,839)		100.00		0
146	Rescue Ridge	08012013	134,478		100.00		134,478
147	Habitat Signs	06102013	2,520		100.00		2,520
148	BAM BAM Habitat	11302013	92,766		100.00		92,766
149	Dirtwork for Vet Clin	04092013	6,000		100.00		6,000
150	Mobile Home	01042013	15,037		100.00		15,037
151	A/C Unit	07312013	3,516		100.00		3,516
152	Decks	08202013	2,886		100.00		2,886
153	Sidewalks	08212013	5,000		100.00		5,000
154	Roofing	11262013	1,865		100.00		1,865

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
133	5		0		1,250			
134	5		0		1,500			
135	5		0		1,600			
136	7	SL HY	14.286		20,008	2,964		2,964
137	30	SL MM	3.333		524	76		76
138	15	SL HY	6.667		365	53		53
139	5		0		478			
140	30	SL MM	3.333		2,419	350		350
141	5		0		1,618			
142	15	SL HY	6.667		398	59		59
143	5		0		434			
144	5		0		5,430			
145	10	SL HY	10		(12,252)			
146	15	SL HY	6.667		48,561	8,965		8,965
147	15	SL HY	6.667		938	168		168
148	15	SL HY	6.667		31,436	6,184		6,184
149	15	SL HY	6.667		2,300	400		400
150	15	SL HY	6.667		6,013	1,002		1,002
151	15	SL HY	6.667		1,268	234		234
152	15	SL HY	6.667		1,025	192		192
153	15	SL HY	6.667		1,777	333		333
154	15	SL HY	6.667		631	124		124

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No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
155	Canvas Tops for Safar	10012013	8,459		100.00		8,459
156	1999 Blazer	02192013	2,400		100.00		2,400
157	Ranch Truck	03142013	2,500		100.00		2,500
158	Repair on travel trai	06032013	3,559		100.00		3,559
159	1996 Ddodge 4x4	07182013	2,700		100.00		2,700
160	Victors Truck	08242013	1,245		100.00		1,245
161	Vehicle Repair	08312013	1,027		100.00		1,027
162	Tractor Repair	07292013	2,354		100.00		2,354
163	2 New Polaris Rangers	10012013	20,542		100.00		20,542
164	New Engine for 4 Seat	10012013	2,052		100.00		2,052
165	Camera Lens	06032013	1,070		100.00		1,070
166	Megabyte Computer	09012013	2,074		100.00		2,074
167	Cricket Adventures fo	09012013	1,069		100.00		1,069
168	Received in trade for	02012013	53,935		100.00		53,935
169	Housing	02082013	10,930		100.00		10,930
170	Habitat Creation	07092014	46,423		100.00		46,423
171	Backhoe	02062014	12,923		100.00		12,923
172	Freezer	12092014	60,661		100.00		60,661
173	Heater	01312014	1,500		100.00		1,500
174	Tire Balancer	09152014	3,995		100.00		3,995
175	Welder/Trailer	09242014	1,600		100.00		1,600
177	Victors Truck Repair	06102014	2,700		100.00		2,700

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
155	15	SL HY	6.667		2,961	564		564
156	5	SL HY	20		2,400	80		80
157	5	SL HY	20		2,500	83		83
158	5	SL HY	20		3,559	296		296
159	5	SL HY	20		2,700	315		315
160	5	SL HY	20		1,245	166		166
161	5	SL HY	20		1,027	138		138
162	5	SL HY	20		2,354	274		274
163	5	SL HY	20		20,542	3,082		3,082
164	5	SL HY	20		2,052	309		309
165	5	SL HY	20		918	214		214
166	10	SL HY	10		1,105	207		207
167	10	SL HY	10		570	107		107
168	5	SL HY	20		53,935	899		899
169	15	SL HY	6.667		4,312	729		729
170	15	SL MQ	6.667		13,927	3,095		3,095
171	5	SL MQ	20		12,709	2,585		2,585
172	10	SL MQ	10		24,770	6,066		6,066
173	10	SL MQ	10		738	150		150
174	10	SL MQ	10		1,730	399		400
175	10	SL MQ	10		680	160		160
177	10	SL MQ	10		1,238	270		270

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No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
178	Bobcat Repairs	10302014	2,510		100.00		2,510
179	Backhoe Repairs	11042014	2,217		100.00		2,217
180	Tractor Repairs	12232014	8,875		100.00		8,875
181	Building Improvements	12302014	26,824		100.00		26,824
182	Habitat Additions	07012014	24,363		100.00		24,363
183	Veternary Hospital	12302015	128,619	128,619	100.00		0
184	Buildings and Improve	07012015	74,933		100.00		74,933
185	Habitat Additions	12012015	25,131		100.00		25,131
186	Safari Village Improv	10012015	16,950		100.00		16,950
187	Vehicles	10312015	61,578		100.00		61,578
188	Furniture and Equipme	07012015	19,468		100.00		19,468
189	Veterinary Hospital E	07012016	6,557		100.00		6,557
190	Veterinary Hospital	07012016	396,406		100.00		396,406
191	Habitat Creation	07012016	54,493		100.00		54,493
192	Colorado Project	07012016	197,900		100.00		197,900
193	Buildings and Improve	07012016	3,219		100.00		3,219
194	Safari Village Improv	07012016	9,240		100.00		9,240
195	Vehicles	07012016	43,194		100.00		43,194
196	Fixtures & Equipment	07012016	6,648		100.00		6,648
197	Front Entrance Fence	03172017	37,114		100.00		37,114
198	Storm Shelter	11102017	7,100		100.00		7,100
199	Bear Habitat	07012017	40,595		100.00		40,595

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
178	5	SL	MQ	20		2,092	502	502
179	5	SL	MQ	20		1,846	443	443
180	5	SL	MQ	20		7,100	1,775	1,775
181	15	SL	MQ	6.667		7,152	1,788	1,788
182	15	SL	MQ	6.667		7,308	1,624	1,624
183	0			0				
184	40	SL	MM	2.5		6,556	1,873	1,873
185	15	SL	MQ	6.667		5,165	1,675	1,675
186	15	SL	MQ	6.667		3,673	1,130	1,130
187	5	SL	MQ	20		39,001	12,316	12,316
188	7	SL	MQ	14.286		9,734	2,781	2,781
189	10	SL	HY	10		1,640	656	656
190	40	SL	MM	2.5		24,363	9,910	9,910
191	15	SL	HY	6.667		9,082	3,633	3,633
192	40	SL	MM	2.5		12,162	4,947	4,948
193	40	SL	MM	2.5		197	80	80
194	40	SL	MM	2.5		568	231	231
195	5	SL	HY	20		17,875	8,639	8,639
196	10	SL	HY	10		1,662	665	665
197	15	SL	HY	6.667		3,711	2,474	2,474
198	20	SL	HY	5		533	355	355
199	20	SL	HY	5		3,045	2,030	2,030

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No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
200	1995 Polaris ATV	01312017	1,500		100.00		1,500
201	2017 Ram 3500	01242017	56,209		100.00		56,209
202	1992 Box Van	01312017	2,000		100.00		2,000
203	2 Hummers	05262017	5,000		100.00		5,000
204	2008 Ford Bus	06282017	17,094		100.00		17,094
205	2003 Ford F150	08302017	6,000		100.00		6,000
206	Tahoe	10262017	2,000		100.00		2,000
207	Tractor	04012017	19,861		100.00		19,861
208	Ambulance and Convers	08012017	7,110		100.00		7,110
209	Kodiak Flat Trailer	08152017	7,800		100.00		7,800
210	Computer Equipment	07012017	2,694		100.00		2,694
211	Fixtures and Equipmen	07012017	17,937		100.00		17,937
212	Case 1845C Skidsteer	07012017	11,300		100.00		11,300
213	Building Improveme -	06122018	5,182		100.00		5,182
214	Refrigerator - Gift S	07012018	2,777		100.00		2,777
215	Ice Machine	07012018	3,221		100.00		3,221
216	Couch - Staff Housing	07012018	2,796		100.00		2,796
217	Storm Shelter	07242018	4,400		100.00		4,400
218	Shelters (2 ea 6x8,7x	07242018	8,600		100.00		8,600
219	Fridge & Stand	08012018	1,535		100.00		1,535
220	Front Gate Repair	09212018	856		100.00		856
221	Desk & Equipment - Ve	10092018	248		100.00		248

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
200	5	SL HY	20		450	300		300
201	5	SL HY	20		16,863	11,242		11,242
202	5	SL HY	20		600	400		400
203	5	SL HY	20		1,500	1,000		1,000
204	7	SL HY	14.286		3,663	2,442		2,442
205	5	SL HY	20		1,800	1,200		1,200
206	5	SL HY	20		600	400		400
207	5	SL HY	20		5,958	3,972		3,972
208	5	SL HY	20		2,133	1,422		1,422
209	7	SL HY	14.286		1,671	1,114		1,114
210	3	SL HY	33.333		1,347	898		898
211	7	SL HY	14.286		3,843	2,562		2,562
212	7	SL HY	14.286		2,421	1,614		1,614
213	20	SL HY	2.5		130	130		130
214	7	SL HY	7.143		198	198		198
215	7	SL HY	7.143		230	230		230
216	7	SL HY	7.143		200	200		200
217	20	SL HY	2.5		110	110		110
218	20	SL HY	2.5		215	215		215
219	20	SL HY	2.5		38	38		38
220	7	SL HY	7.143		61	61		61
221	7	SL HY	7.143		18	18		18

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No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
222	Bear Habitat	10092018	55,656		100.00		55,656
223	African Animal Habita	12182018	25,452		100.00		25,452
224	New Motor for Truck	02012018	2,403		100.00		2,403
225	Ranch Vehicle	02192018	1,000		100.00		1,000
226	2006 Chevy 2500	03302018	7,534		100.00		7,534
227	2006 Ford F-150	03302018	11,732		100.00		11,732
228	2004 Chevy C1500	03302018	10,734		100.00		10,734
229	Ranch Vehicles (2)	08272018	12,600		100.00		12,600
230	Meat Trailer	09012018	9,100		100.00		9,100
231	Greenhouse Kit	01012018	3,322		100.00		3,322
232	Computer - Best Buy	01292018	2,729		100.00		2,729
233	Computer - Best Buy	02012018	3,103		100.00		3,103
234	Tub - Staff Housing	02282018	1,534		100.00		1,534
235	Hot Tub	05092018	5,000		100.00		5,000
236	Wireinternet Equipmen	12142018	10,643		100.00		10,643
176	Asset(s) Sold Jeep	02272014	3,500		100.00		3,500
Totals			3,578,312	140,534			3,478,616

Land Amount = Net Depreciable Cost = 3,578,312

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
222	40	SL	MM	.521		290		290
223	20	SL	HY	2.5		636		636
224	5	SL	HY	10		240		240
225	5	SL	HY	10		100		100
226	5	SL	HY	10		753		753
227	5	SL	HY	10	1,173	1,173		1,173
228	5	SL	HY	10	1,073	1,073		1,073
229	5	SL	HY	10	1,260	1,260		1,260
230	7	SL	HY	7.143	650	650		650
231	10	SL	HY	5	166	166		166
232	5	SL	HY	10	273	273		273
233	5	SL	HY	10	310	310		310
234	7	SL	HY	7.143	110	110		110
235	7	SL	HY	7.143	357	357		357
236	7	SL	HY	7.143	760	760		760
176	5	SL	MQ	20	3,295	612		613
Totals					1,639,164	176,955		176,959

ST ADJ:

Depreciation Reconciliation for Turpentine Creek Foundation Inc

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	3,386,155	3,286,459	167,604	1,629,813	
Placed in Service in Current Year	192,157	192,157	9,351	9,351	
Removed from Service in Current Year	3,500	3,500	612	3,295	
End of Year	3,574,812	3,475,116	176,343	1,635,869	

Next Year's Depreciation Worksheet

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

Turpentine Creek Foundation Inc

71-0721742

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Utility Trailer	07172006	2,000	SL	7	
PRG	1	Computers	07212006	7,363	SL	5	
PRG	1	B&B Home	12311998	211,621	SL	25	8,465
PRG	1	Tree House	10051999	15,000	SL	15	
PRG	1	Mobile Home Intern 87	12311998	24,562	SL	20	
PRG	1	Mobile Home Residence	12311998	31,200	SL	20	
PRG	1	Storage Trailer	08052003	5,000	SL	20	250
PRG	1	Property Investments	12311998	163,804	SL	15	
PRG	1	Property Improvements	07012000	36,334	SL	15	
PRG	1	Property Improvements	07012002	19,652	SL	15	
PRG	1	Property Improvements	07012003	3,697	SL	15	
PRG	1	RV Park Improvements	07012003	15,758	SL	20	788
PRG	1	New Stage	06152003	2,481	SL	15	
PRG	1	Property Improvements	07262004	1,465	SL	10	
PRG	1	Caging Supplies	08022003	372	SL	7	
PRG	1	Natural Habitat	12311998	21,635	SL	20	
PRG	1	Caging	07012000	7,465	SL	10	
PRG	1	Caging	07012001	2,428	SL	10	
PRG	1	Habitat - Pine Panels	08132001	1,040	SL	15	
PRG	1	Concrete and Gravel	09302001	7,049	SL	15	
PRG	1	Caging Improvements	07012002	3,314	SL	15	
PRG	1	Natural Habitat - Piping	04122002	3,921	SL	15	
PRG	1	Caging	06152004	2,021	SL	10	
PRG	1	Habitat - Pipe Panels	07222004	401	SL	10	
PRG	1	Furniture and Fixtures	12311998	11,766	SL	7	
PRG	1	Bed Frame	08271999	34	SL	7	
PRG	1	Office Chair	08142000	79	SL	7	
PRG	1	Kitchen Gas Stove	05042001	259	SL	7	
PRG	1	Washer and Dryer	06272001	500	SL	7	
PRG	1	Dishwasher - Lowes	06282001	229	SL	7	
PRG	1	Air Conditioner - Sommer	07062001	1,600	SL	7	
PRG	1	Air Conditioner - Walmar	07072001	245	SL	7	
PRG	1	Air Conditioner - Arch S	04262001	1,450	SL	7	
PRG	1	Washer and Dryer	02132002	500	SL	5	
PRG	1	Bed - Williams Home Cent	08222002	680	SL	5	
PRG	1	Furniture - Sears	09182002	296	SL	5	
PRG	1	Furniture - Sam's Disco	01082003	234	SL	7	
PRG	1	Furniture - Bvl Pre-owne	01081990	150	SL	7	
PRG	1	Home Improvements	12201999	3,770	SL	15	
PRG	1	Office Improvements	04191999	2,979	SL	15	
PRG	1	Bunk House Improvements	12021999	1,768	SL	15	
PRG	1	Equipment/trailers/welde	12311998	25,325	SL	7	
PRG	1	Walk - In Freezer	08011999	4,950	SL	10	
PRG	1	Hot Water Heater	01121999	301	SL	7	
PRG	1	Gas Heater	03161999	325	SL	7	
PRG	1	Clothes washer - Roberts	03171999	270	SL	7	
PRG	1	Equipment - Nat'l Home C	03221999	484	SL	7	
PRG	1	Equipment	04051999	25	SL	7	
PRG	1	television	05111999	290	SL	7	
PRG	1	Ceiling Fan	05181999	27	SL	7	
PRG	1	Garbage Disposal	05311999	60	SL	7	
PRG	1	Ceiling Fan	06011999	50	SL	7	

Next Year's Depreciation Worksheet

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2018

Name(s) as shown on return

Tax ID Number

Turpentine Creek Foundation Inc

71-0721742

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Air Conditioners	06291999	1,098	SL	7	
PRG	1	Office Equipment	12311998	25,887	SL	7	
PRG	1	Office Equipment	03281999	70	SL	7	
PRG	1	Laminator	07301999	160	SL	7	
PRG	1	Computer	11011999	1,100	SL	5	
PRG	1	Speed Light	10201999	328	SL	7	
PRG	1	Camera	11131999	381	SL	7	
PRG	1	Discount Audio	01011999	799	SL	7	
PRG	1	Camera	08181999	249	SL	7	
PRG	1	Propane Tank	10181999	2,248	SL	7	
PRG	1	Fork Lift	06141999	250	SL	7	
PRG	1	Trimmer Mower	08072000	913	SL	7	
PRG	1	Printer	03192000	213	SL	5	
PRG	1	Office Equipment - Mille	05252000	731	SL	5	
PRG	1	Camera	06152000	139	SL	5	
PRG	1	Canopy	06152000	200	SL	5	
PRG	1	Welder	07012001	1,597	SL	7	
PRG	1	Post Hole Driver	07032001	192	SL	7	
PRG	1	Typewriter	01172001	44	SL	5	
PRG	1	Kimes Auto	10122002	419	SL	5	
PRG	1	Warren Welding	10142002	1,950	SL	5	
PRG	1	Surplus City	10242002	750	SL	5	
PRG	1	Nikon Camera	07242002	1,983	SL	5	
PRG	1	Microphone	08202002	174	SL	5	
PRG	1	Air Conditioner	07262003	238	SL	7	
PRG	1	Oven	07312003	922	SL	7	
PRG	1	Swings	08072003	260	SL	7	
PRG	1	Swings	08052003	1,944	SL	7	
PRG	1	Tractor/Dozer/Equipment	03122003	7,600	SL	7	
PRG	1	Photowild Camera	01012004	1,631	SL	7	
PRG	1	Vehicles	12311998	39,045	SL	5	
PRG	1	2001 GMC Truck	01152002	33,786	SL	5	
PRG	1	2005 Rangers	07082005	15,844	SL	7	
PRG	1	ATV's (2) 2006 Polaris	09182007	12,100	SL	10	
PRG	1	Memorial Park	09012007	3,693	SL	15	246
PRG	1	Building Improvements	09012007	29,174	SL	40	729
PRG	1	Restrooms	10012007	27,969	SL	40	699
PRG	1	Safari Village Improveme	07012007	95,697	SL	30	3,190
PRG	1	Tractor	09182007	30,500	SL	10	
PRG	1	Golf Cart	08082007	9,700	SL	10	
PRG	1	Loader	09182007	5,000	SL	10	
PRG	1	2006 Dodge Truck	07012006	46,887	SL	5	
PRG	1	Commissary Improvements	07012008	27,556	SL	30	919
PRG	1	Habitat Creation	07012008	31,559	SL	30	1,052
PRG	1	Building Improvements	07012008	41,106	SL	30	1,370
PRG	1	Restrooms	01192008	3,324	SL	10	
PRG	1	Safari Village Improveme	07012008	19,104	SL	30	637
PRG	1	Bobcat Utility Vehicle	07012008	13,267	SL	10	
PRG	1	Computer	03242008	698	SL	5	
PRG	1	Freezer Unit-Commissary	05172008	6,010	SL	7	
PRG	1	Concession Trailer	06192008	2,000	SL	7	
PRG	1	Restaurant Equipment	06192008	8,000	SL	7	

Next Year's Depreciation Worksheet

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2018

Name(s) as shown on return

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Turpentine Creek Foundation Inc

71-0721742

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Computer	09202008	718	SL	5	
PRG	1	Bobcat Utility Vehicle 5	07012008	13,267	SL	10	
PRG	1	Habitat Creation	07012009	26,952	SL	30	898
PRG	1	Shop	07012009	22,697	SL	39	582
PRG	1	Mobile Home 28x44	07102009	20,000	SL	27	741
PRG	1	Mobile Home 24X48	07102009	20,000	SL	27	741
PRG	1	Building Improvements	07042009	33,585	SL	30	1,119
PRG	1	Well Pump	02022009	4,116	SL	7	
PRG	1	Welder	02202009	3,155	SL	7	
PRG	1	Clorine Water System	06052009	3,800	SL	7	
PRG	1	TVS (2())	07212009	835	SL	7	
PRG	1	Propane Tank	09032009	1,729	SL	7	
PRG	1	Habitat Creation	07012010	13,261	SL	30	442
PRG	1	Building Improvement	07012010	9,017	SL	30	301
PRG	1	Skytrak	07062010	12,500	SL	5	
PRG	1	Transmission Replacement	07192010	4,948	SL	5	
PRG	1	MWP - 4X10 Work Platform	07192010	1,945	SL	5	
PRG	1	5-pc Table Set	11102010	197	SL	7	
PRG	1	Dell Computer	08252010	894	SL	5	
PRG	1	Computer	11102010	1,049	SL	5	
PRG	1	Two Mobile Homes	07062010	4,000	SL	27	148
PRG	1	1983 Dump Truck	07062010	2,500	SL	5	
PRG	1	Perimiter Fencing	07012011	35,770	SL	10	3,577
PRG	1	Mobile Home - 2002 South	07212011	30,420	SL	27	1,127
PRG	1	Mobile Home - Site Prep	07212011		NDA	0	
PRG	1	Received in trade for as	12272011	29,096	SL	7	
PRG	1	Rebuilt Radiator	07282011	2,444	SL	5	
PRG	1	ATV KAW	06052012	250	SL	5	
PRG	1	Dodge Ram	06052012	1,250	SL	5	
PRG	1	Camper Trailer	08282012	1,500	SL	5	
PRG	1	Meat Trailer	01162012	1,600	SL	5	
PRG	1	ATV and vehicle parts	04022012	20,750	SL	7	742
PRG	1	Concrete Habitat	01202012	2,270	SL	30	76
PRG	1	Septic and Dens	01252012	788	SL	15	53
PRG	1	Gate opener & Solar pane	02232012	478	SL	5	
PRG	1	Habitat Creation	02072012	10,488	SL	30	350
PRG	1	Dirt Work	01042012	1,618	SL	5	
PRG	1	Downtown Improvements	04112012	885	SL	15	59
PRG	1	New Heater	03062012	434	SL	5	
PRG	1	Transmission - Dodge	08012012	5,430	SL	5	
PRG	1	Obsolete Assets	12312012		SL	10	
PRG	1	Rescue Ridge	08012013	134,478	SL	15	8,965
PRG	1	Habitat Signs	06102013	2,520	SL	15	168
PRG	1	BAM BAM Habitat	11302013	92,766	SL	15	6,184
PRG	1	Dirtwork for Vet Clinic	04092013	6,000	SL	15	400
PRG	1	Mobile Home	01042013	15,037	SL	15	1,002
PRG	1	A/C Unit	07312013	3,516	SL	15	234
PRG	1	Decks	08202013	2,886	SL	15	192
PRG	1	Sidewalks	08212013	5,000	SL	15	333
PRG	1	Roofing	11262013	1,865	SL	15	124
PRG	1	Canvas Tops for Safari L	10012013	8,459	SL	15	564
PRG	1	1999 Blazer	02192013	2,400	SL	5	

Next Year's Depreciation Worksheet

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2018

Name(s) as shown on return

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Turpentine Creek Foundation Inc

71-0721742

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Ranch Truck	03142013	2,500	SL	5	
PRG	1	Repair on travel trailer	06032013	3,559	SL	5	
PRG	1	1996 Ddoge 4x4	07182013	2,700	SL	5	
PRG	1	Victors Truck	08242013	1,245	SL	5	
PRG	1	Vehicle Repair	08312013	1,027	SL	5	
PRG	1	Tractor Repair	07292013	2,354	SL	5	
PRG	1	2 New Polaris Rangers	10012013	20,542	SL	5	
PRG	1	New Engine for 4 Seater	10012013	2,052	SL	5	
PRG	1	Camera Lens	06032013	1,070	SL	5	152
PRG	1	Megabyte Computer	09012013	2,074	SL	10	207
PRG	1	Cricket Adventures for n	09012013	1,069	SL	10	107
PRG	1	Received in trade for as	02012013	53,935	SL	5	
PRG	1	Housing	02082013	10,930	SL	15	729
PRG	1	Habitat Creation	07092014	46,423	SL	15	3,095
PRG	1	Backhoe	02062014	12,923	SL	5	214
PRG	1	Freezer	12092014	60,661	SL	10	6,066
PRG	1	Heater	01312014	1,500	SL	10	150
PRG	1	Tire Balancer	09152014	3,995	SL	10	399
PRG	1	Welder/Trailer	09242014	1,600	SL	10	160
PRG	1	Victors Truck Repair	06102014	2,700	SL	10	270
PRG	1	Bobcat Repairs	10302014	2,510	SL	5	418
PRG	1	Backhoe Repairs	11042014	2,217	SL	5	371
PRG	1	Tractor Repairs	12232014	8,875	SL	5	1,775
PRG	1	Building Improvements	12302014	26,824	SL	15	1,788
PRG	1	Habitat Additions	07012014	24,363	SL	15	1,624
PRG	1	Veternary Hospital	12302015		NDA	0	
PRG	1	Buildings and Improvemen	07012015	74,933	SL	40	1,873
PRG	1	Habitat Additions	12012015	25,131	SL	15	1,675
PRG	1	Safari Village Improve	10012015	16,950	SL	15	1,130
PRG	1	Vehicles	10312015	61,578	SL	5	12,316
PRG	1	Furniture and Equipment	07012015	19,468	SL	7	2,781
PRG	1	Veterinary Hospital Equi	07012016	6,557	SL	10	656
PRG	1	Veterinary Hospital	07012016	396,406	SL	40	9,910
PRG	1	Habitat Creation	07012016	54,493	SL	15	3,633
PRG	1	Colorado Project	07012016	197,900	SL	40	4,947
PRG	1	Buildings and Improvemen	07012016	3,219	SL	40	80
PRG	1	Safari Village Improve	07012016	9,240	SL	40	231
PRG	1	Vehicles	07012016	43,194	SL	5	8,639
PRG	1	Fixtures & Equipment	07012016	6,648	SL	10	665
PRG	1	Front Entrance Fence	03172017	37,114	SL	15	2,474
PRG	1	Storm Shelter	11102017	7,100	SL	20	355
PRG	1	Bear Habitat	07012017	40,595	SL	20	2,030
PRG	1	1995 Polaris ATV	01312017	1,500	SL	5	300
PRG	1	2017 Ram 3500	01242017	56,209	SL	5	11,242
PRG	1	1992 Box Van	01312017	2,000	SL	5	400
PRG	1	2 Hummers	05262017	5,000	SL	5	1,000
PRG	1	2008 Ford Bus	06282017	17,094	SL	7	2,442
PRG	1	2003 Ford F150	08302017	6,000	SL	5	1,200
PRG	1	Tahoe	10262017	2,000	SL	5	400
PRG	1	Tractor	04012017	19,861	SL	5	3,972
PRG	1	Ambulance and Conversion	08012017	7,110	SL	5	1,422
PRG	1	Kodiak Flat Trailer	08152017	7,800	SL	7	1,114

Next Year's Depreciation Worksheet

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2018

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Tax ID Number

Turpentine Creek Foundation Inc

71-0721742

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Computer Equipment	07012017	2,694	SL	3	898
PRG	1	Fixtures and Equipment	07012017	17,937	SL	7	2,562
PRG	1	Case 1845C Skidsteer	07012017	11,300	SL	7	1,614
PRG	1	Building Improveme - Dec	06122018	5,182	SL	20	259
PRG	1	Refrigerator - Gift Shop	07012018	2,777	SL	7	397
PRG	1	Ice Machine	07012018	3,221	SL	7	460
PRG	1	Couch - Staff Housing	07012018	2,796	SL	7	399
PRG	1	Storm Shelter	07242018	4,400	SL	20	220
PRG	1	Shelters (2 ea 6x8,7x10)	07242018	8,600	SL	20	430
PRG	1	Fridge & Stand	08012018	1,535	SL	20	77
PRG	1	Front Gate Repair	09212018	856	SL	7	122
PRG	1	Desk & Equipment - Vet C	10092018	248	SL	7	35
PRG	1	Bear Habitat	10092018	55,656	SL	40	1,391
PRG	1	African Animal Habitat	12182018	25,452	SL	20	1,273
PRG	1	New Motor for Truck	02012018	2,403	SL	5	481
PRG	1	Ranch Vehicle	02192018	1,000	SL	5	200
PRG	1	2006 Chevy 2500	03302018	7,534	SL	5	1,507
PRG	1	2006 Ford F-150	03302018	11,732	SL	5	2,346
PRG	1	2004 Chevy C1500	03302018	10,734	SL	5	2,147
PRG	1	Ranch Vehicles (2)	08272018	12,600	SL	5	2,520
PRG	1	Meat Trailer	09012018	9,100	SL	7	1,300
PRG	1	Greenhouse Kit	01012018	3,322	SL	10	332
PRG	1	Computer - Best Buy	01292018	2,729	SL	5	546
PRG	1	Computer - Best Buy	02012018	3,103	SL	5	621
PRG	1	Tub - Staff Housing	02282018	1,534	SL	7	219
PRG	1	Hot Tub	05092018	5,000	SL	7	714
PRG	1	Wireinternet Equipment &	12142018	10,643	SL	7	1,520
		TOTAL					166,469

FOR TAX YEAR 2018

TURPENTINE CREEK FOUNDATION INC

The Killingsworth Firm CPA PLLC

414 North Springfield

Berryville, AR 72616

(870)423-3135

The Killingsworth Firm CPA PLLC

414 North Springfield
Berryville, AR 72616
david@killingsworthfirm.com
Phone: (870)423-3135 | Fax: (870)423-7485

July 24, 2019

Turpentine Creek Foundation Inc
239 Turpentine Creek Lane
Eureka Springs, AR 72632

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (870)423-3135.

Sincerely,

David Killingsworth
The Killingsworth Firm CPA PLLC

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Tax Exempt
Diagnostic Summary

2018

Name
Turpentine Creek Foundation Inc

Employer Identification #
71-0721742

Demographics

Mailing Address:

239 Turpentine Creek Lane
Eureka Springs, AR 72632

Phone: (479) 253-5841

Resident State: AR

Diagnostics

Preparer: David Killingswor

Invoice:

Date: 07-24-2019

Return Information

Item on Return	2018 Federal	2017 Federal (If available)
Total Revenue	2,470,454	2,546,934
Total Expenses	2,447,250	2,311,913
Net Excess (Deficit)	23,204	235,021
Net Assets or Fund Balances	2,174,377	2,151,173

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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