efile	e Pu	ublic Visu	ual Render	ObjectId: 2024	10136934931378	0 - Submissio	on: 2024-05	-15	T)	IN: 71-0721742		
	00	חר	Re	turn of Orga	nization Exe	mot From	Income	Tax	(	OMB No. 1545-0047		
Form	9:	90	Under section	501(c), 527, or 494	<b>7(a)(1) of the Inter</b>	- nal Revenue Cod	e (except priv	ate foundat	ions)	2023		
		f the Treasury nue Service			F <u>orm990</u> for instruc		•			Open to Public Inspection		
A F	or th	ne 2023 ca	alendar year, o	r tax year beginniı	ng 01-01-2023 , ai	nd ending 12-3	1-2023					
⊖ Ad	dress	applicable: change hange	C Name of organiz TURPENTINE CF	zation REEK FOUNDATION INC	<b>D Employ</b> 71-0721		ication number					
O Ini		-	Doing business	as								
		rn/terminated ed return	Number and str					E Telephone	e number			
		ion pending	239 TURPENTIN		s not delivered to street a	address) Room/sui	lte	(479) 2	53-5841			
					, and ZIP or foreign posta	al code						
			EUREKA SPRINC	·				G Gross red		,729,125		
			TANYA SMITH 239 TURPENTI	ddress of principal o NE CREEK LANE IGS, AR 72632	fficer:		H(a) Is this subore H(b) Are all	dinates?		□Yes ☑No		
I Tax	k-exei	mpt status:		501(c) ( ) (insert	no.) 4947(a)(1)	or 527	includ		ict Saa	Yes No instructions.		
J W	ebsi	te: WW	W.TURPENTINEC	.,.,.		51 - 527	H(c) Group					
<b>K</b> Forr	n of o	organization:	Corporation	C Trust C Associat	ion 🗌 Other		L Year of forma	tion: 1992	M State	of legal domicile: AR		
			cribe the organi		nost significant activit ED, ABUSED, AND NE		ATS WITH AN E	MPHASIS O	N TIGEF	RS, LIONS,		
Activities & Governance	3 4 5 6	Number o Number o Total num Total num	k this box ber of voting members of the governing body (Part VI, line 1a)							10 8 58 140 0		
	b	Net unrel	ated business ta	xable income from F	orm 990-T, Part I, line	e11			7b			
							Pric	or Year		Current Year		
en	8		5	(Part VIII, line 1h)				2,732,1		5,665,511		
Revenue	9	5		, 5,				1,152,4		1,319,190		
Re			,	, , , , ,	s 3, 4, and 7d) . 6d, 8c, 9c, 10c, and 1			-51,6 290,9		44,079 370,324		
					equal Part VIII, columr			4,123,8		7,399,104		
					ımn (A), lines 1-3 )					0		
	14	Benefits p	baid to or for me	mbers (Part IX, colur	mn (A), line 4) .					0		
8	15	Salaries,	other compensa	tion, employee bene	fits (Part IX, column (	A), lines 5–10)		1,264,8	30	1,695,992		
Exp enses	16a	a Professio	nal fundraising f	ees (Part IX, column	(A), line 11e)					0		
xbe			aising expenses (P									
ш			ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					2,434,1		2,124,085		
	18				, , , , , , , , , , , , , , , , , , , ,			3,699,0		3,820,077		
or	19	Revenue	iess expenses. S	Subtract line 18 from	line 12		Beginning o	424,8 of Current Ye		3,579,027 End of Year		
Net Assets or Fund Balances	20	Total acco	ats (Part X line 1	16)				5,349,7	58	8,973,076		
t As d B;								473,4		517,700		
Pun		Total liabilities (Part X, line 26)     Total liabilities (Part X, line 26)     Net assets or fund balances. Subtract line 21 from line 20						4,876,349 8,455,				
Da	irt II		ature Block						I	· · · · ·		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	2024-05-15											
Sign Here	-											
		e or print name and title	Duese		Data	DTIN						
Paic	t	Print/Type preparer's name		arer's signature	Date 2024-05-15	self-employed	51434					
	parer	Firm's name PIERCE FIRM	1 PLLC			Firm's EIN 47-45956	24					
Use	Only	Firm's address 2241 GREEN	ACRES ROAD E, AR 727030554			Phone no. (479) 249-	9916					
							<b>2</b>					
		cuss this return with the pre Reduction Act Notice, se	•				Yes No					
	aperwork	Reduction Act Notice, Se	e the separate	——— Page 2 ——	Cat. I	No. 11282Y	Form <b>990</b> (2023)					
Form	990 (2023)	)		-			Page <b>2</b>					
Par	t III St	atement of Program S	Service Accom	plishments								
	Ch	eck if Schedule O contains	a response or not	e to any line in this Part II			🗆					
1 TO PF		scribe the organization's misserible the organization in the second second second second second second second s		AND NEGLECTED BIG CAT	S WITH AN EMPH	ASIS ON TIGERS, LI	ONS, LEOPARDS, AND					
COUG			- , ,		-	,	,,					
	Did the er		ionificont our our		which were not li							
2		ganization undertake any s form 990 or 990-EZ?	5 1 5	n services during the year	which were not lis	sted on	🗌 Yes 🔽 No					
	•	escribe these new services										
3		ganization cease conducting		cant changes in how it co	nducts, any progra	ım						
	services?						🗌 Yes 🗹 No					
If "Yes," describe these changes on Schedule O.												
4	Section 50	he organization's program ( )1(c)(3) and 501(c)(4) orga ue, if any, for each progran	nizations are req	uired to report the amoun								
4a	(Code:	) (Expenses	\$ 2,687	,482 including grants of \$		) (Revenue \$	)					
		E LIFETIME REFUGE FOR ABANI			H AN EMPHASIS ON T		•					
4b	(Code:	) (Expenses	\$	including grants of \$		) (Revenue \$	)					
4c	(Code:	) (Expenses	¢	including grants of \$		) (Revenue \$	)					
	(00000	) (Expenses	4			) (nevenue ¢	)					
4d	Other pro	gram services (Describe in	Schedule O.)									
	(Expenses	\$	including gran	ts of \$	) (Revenue	\$	)					
4e	Total pro	gram service expenses	2,68	7,482								

– Page 3 –

Page **3** 

Pai	rt IV Checklist of Required Schedules	1		
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $5$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I 33.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😵	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b		No
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		No
d	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐒	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🐿	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	204		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		No

– Page 4 –

Par	Checklist of Required Schedules (continued)								
		T	Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b							
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> 😵	26	Yes						
27									
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 🧐								
с	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ldots$ 🔞								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
37									
38	<b>B</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.								
Pa	Statements Regarding Other IRS Filings and Tax Compliance	•							
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 48	I							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0								

Red also consider a construction of the constr https://projects.propublica.org/nonprofits/organizations/710721742/202401369349313780/full

2/26/25,	8:55	AM

Turpentine Creek Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica

c Dia the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2023)

1c

P	'a	a	ie	5

Page **5** 

No

Pa	tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
b	If "Yes," enter the name of the foreign country:						
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	50		Ne			
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No			
		5b		NU			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			

	5, 8:55 AM Turpentine Creek Foundation Inc - Full Filing - Nonprofit Explorer - ProPut			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc parachute payment(s) during the year?	iess 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	. 16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	it <b>17</b>		
			Form <b>99</b>	<b>0</b> (2023
	Page 6			
Form	990 (2023)			Page
Par	t VI         Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction Check if Schedule O contains a response or note to any line in this Part VI	s.		
Se	ction A. Governing Body and Management		<b>.</b>	1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	er 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or n members of the governing body?	nore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	or <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following:	r by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue Cod	e.)	· · · · · · · · · · · · · · · · · · ·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate	es,		

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c
13	Did the organization have a written whistleblower policy?	13
14	Did the organization have a written document retention and destruction policy?	14
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO, Executive Director, or top management official	15a
b	Other officers or key employees of the organization	15b
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

https://projects.propublica.org/nonprofits/organizations/710721742/202401369349313780/full

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

16a

2/26/25, 8:55 AM

Section C. Disclosure

Turpentine Creek Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica

status with respect to such arrangements? . . . . . . . . . . . . . . . . .

16b

17	List the states with which a copy of this F	orm 990 is requ	ired to		AR						
18	18 Section 6104 requires an organization to make its Form 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	<ul> <li>Own website Another's website Upon request Other (explain in Schedule O)</li> <li>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.</li> </ul>										
20	20 State the name, address, and telephone number of the person who possesses the organization's books and records:										
	CFO NETWORK 321 MAPLE STREET NO	RTH LITTLE RO	CK, AR	72114 (501)	374-	812	3			F	orm <b>990</b> (2023)
											, , , , , , , , , , , , , , , , , , ,
				Page 7 —							
Form	990 (2023)										Page <b>7</b>
Par	t VII Compensation of Officers, I and Independent Contracto		istee	s, Key Empl	oye	ees	, Hig	hes	st Compensat	ed Employee	s,
	Check if Schedule O contains a res		o any	line in this Par	t VII						🗆
	ction A. Officers, Directors, Truste			· · ·							
<b>1a</b> Co year.	omplete this table for all persons required t	o be listed. Rep	ort co	mpensation for	r the	e cal	endar	· yea	r ending with or	within the orga	nization's tax
	List all of the organization's <b>current</b> officen mpensation. Enter -0- in columns (D), (E),					als o	r orga	aniza	ations), regardle	ss of amount	
	ist all of the organization's <b>current</b> key en					defi	inition	of '	'key employee."		
who r	ist the organization's five <b>current</b> highest received reportable compensation (box 5 or rganization and any related organizations.										\$100,000 from
	ist all of the organization's <b>former</b> officers portable compensation from the organization				sate	ed e	mploy	ees	who received me	ore than \$100,0	00
• L orgar	ist all of the organization's <b>former directo</b> nization, more than \$10,000 of reportable o	ors or trustees compensation fr	that i om th	received, in the						trustee of the	
	he instructions for the order in which to list										
<u> </u>	Check this box if neither the organization nei		organiz	ation compens (C)		d an	y curr	ent	officer, director, (D)		(5)
(A) Name and title		(B) Average hours per week (list any hours	one of	ition (do not ch box, unless pe ficer and a dire	neck ersor ector	n is   r/tru	Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations
• •	RACY GARRY	1.00	v								
MEMB	ER		Х						U	U	0
(2) JU	ILIE HOWARD	1.00	х						0	0	0
MEMB		•	^						0	0	0
(3) JII	M JACKSON	1.00	х						0	0	0
MEMB	ER	•	~						0	0	
• •	RGINIA RANKIN	1.00	х		x				0	0	0
SECR		-							-		
• •	MANDA RIALS	1.00	х						0	0	0
MEMB		-							-		
(6) JR MEMB		1.00	х						0	0	0
• •	MANDA SMITH	40.00									
	SURER		Х		х				0	0	0
	COTT SMITH PRESIDE	40.00	х		x				0	0	0

(9) TANYA SMITH	40.00	х	х		0	0	0	
PRESIDENT	T	λ	~		0	0		
(10) DENEECE SQUIRES MEMBER	1.00	х			0	0	0	
					•	F	orm <b>990</b> (2023)	

– Page 8 –

Form 990 (2023)

Page 8

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

					•		-	·		,
(A) Name and title	(B) Average hours per week (list any hours	box,	(C) Position (do not check box, unless person is and a director/			in offic e)	er	compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
						2				
1b Sub-Total							T	[		
c Total from continuation sheet							┢			
d Total (add lines 1b and 1c) .										

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

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual • . . .

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150 0007 IF "Vec " complete Schedule 1 for such

Yes

з

No

No

5

Turpentine Creek Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica

individual	4	No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors					
Section B. Independent Contractors				+100 000 -f	
1 Complete this table for your five highest compen from the organization. Report compensation for					Densation
(A)	the calendar ye			(B)	(6)
(A) Name and business	address		Desc	(B) ription of services	(C) Compensation
				P	
2 Total number of independent contractors (including	g but not limited	d to those listed abo	ve) who received m	ore than \$100,000	of
compensation from the organization					
					Form <b>990</b> (2023)
		Page 9			
Form 990 (2023)					Page <b>9</b>
Part VIII Statement of Revenue					. ugo <b>-</b>
					$\cap$
Check if Schedule O contains a response	e or note to any				· · · U
		(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D) Revenue
		lotal revenue	exempt	business	excluded from
			function	revenue	tax under sections
			revenue		512 - 514
Federated campaigns 1a					
Contributions,					
Gifts, Grants, and Membership dues 1b					
DtherAmt 50,569 Similar					
Arhound Ic					
d Related organizations 1d					
e Government grants (contributions) 1e					
<b>f</b> All other contributions, gifts, grants,					
and similar amounts not included 1f					
above					
5,614,942					
<b>q</b> Noncash contributions included in					
lines 1a - 1f:\$ 1g					
1,638,683					
<b>h Total</b> . Add lines 1a-1f					
<u>.                                    </u>	5,665,511				
l le	Business Code				
2a ADMISSIONS		840,904	840,904		
LODGING     OTHER PROGRAM INCOME		338,775	338,775		
ave.					
		139,511	139,511		
COTHER PROGRAM INCOME		100,011	100,011		
ž					
88 I					
E					
er .					
ši i					
<b>f</b> All other program service revenue.					
g Total. Add lines 2a-2f	1,319,190				
					1
<b>3</b> Investment income (including dividends, interes similar amounts)	st, and other				
<b>4</b> Income from investment of tax-exempt bond pr	oceeds				
<b>5</b> Royalties	•				

/2:	5, 8:55 AM				Turpentine Creek	Foundation Inc	- Full	: - Full Filing - Nonprofit Expl
_			(i) Rea	I	(ii) Personal			
	<b>6a</b> Gross rents	6a						
	<b>b</b> Less: rental	6b						
	expenses c Rental income or	6c						
	(loss) d Net rental income	e or (	loss)				I	
			(i) Securi		(ii) Other			
	<b>7a</b> Gross amount	7a						
	from sales of assets other than inventory		11	18,133				
OMIDADL	b Less: cost or other basis and sales expenses	7b	7	74,054				
	℃ Gain or (loss)	7c	2	14,079				
ler	<b>d</b> Net gain or (loss)	) .				44,079		44,079
Other	<ul> <li>Gross income from ful (not including \$ contributions reporte See Part IV, line 18</li> </ul>	d on l	of ine 1c).	8a	127,462			
	<b>b</b> Less: direct expen	ises		8b	48,629			
	c Net income or (los			ng eve	ents	78,833		
9	<ul> <li>a Gross income from See Part IV, line 19</li> <li>b Less: direct expen</li> <li>c Net income or (los</li> </ul>	nses	· · ·	9a 9b ctivitie	es			
1	<b>Da</b> Gross sales of inver- returns and allowa	ances		10a	498,829			
	<b>b</b> Less: cost of good	ls sol	d	10b	207,338			201.404
.	<b>c</b> Net income or (los	ss) fro	om sales of i	nvento		291,491	ļ	291,491
	11a 				Business Code			
	b							
tre	er <b>R</b> evenueMiscAmt							
	d All other revenue			I			<u> </u>	
1	e Total. Add lines 1	1a-1	1d	• •				
	12 Total revenue. S	see in	structions .			7 399 104	1	654 760

Page 10

Form 990 (2023)

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).  $\square$ Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (C) Do not include amounts reported on lines 6b, (A) Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses 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 . . . . . . .

Page 10

## 2/26/25, 8:55 AM

	L Contraction of the second				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,520,887	1,064,621	304,177	152,089
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	71,008	49,705	14,202	7,101
10	Payroll taxes	104,097	72,868	20,819	10,410
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	65,575	13,115	26,230	26,230
d	Lobbying				
е	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)	119,449	75,031	22,209	22,209
12	Advertising and promotion	334,733	234,313		100,420
13	Office expenses	334,966	234,476	26,383	74,107
14	Information technology				
15	Royalties				
16	Occupancy	436,119	296,824	108,713	30,582
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	8,904		8,904	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	198,207	138,745	39,641	19,821
23	Insurance	63,072	44,151	12,614	6,307
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.)				
i	a ANIMAL CARE	436,740	436,740		
İ	b BANK CHARGES	67,265		67,265	
	c OTHER	42,704	17,082	25,622	
	d TAXES	16,351	9,811	4,905	1,635
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,820,077	2,687,482	681,684	450,911
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here if following SOP 98-2 (ASC 958-720).				

Form **990** (2023)

— Page 11 —

Form 990	(2023)			Page <b>11</b>
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	1,674,320	1	1,758,856
2	Savings and temporary cash investments	988,315	2	498,943
3	Pledges and grants receivable, net	24,653	3	114,336
л	Accounts receivable net		л	

2/26/2	25, 8:55	AM Turpentine Creek Foundation Inc - Full Filing	- Nonprofit Explorer - Pro	oPubli	ca
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5		
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
ŝ	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	621,456	8	1,747,305
d S	9	Prepaid expenses and deferred charges	56,847	9	85,763
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 4,727,322			
	ь	Less: accumulated depreciation <b>10b</b> 2,001,522	1,832,544	10c	2,725,800
	11	Investments—publicly traded securities .	7,546	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	141,507	14	132,578
	15	Other assets. See Part IV, line 11	2,570	15	1,909,495
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,349,758	16	8,973,076
	17	Accounts payable and accrued expenses	97,126	17	147,056
	18	Grants payable		18	
	19	Deferred revenue	31,383	19	36,136
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	159.879	22	121,111
Ĵ	23	Secured mortgages and notes payable to unrelated third parties	43,514	23	80,818
	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	141,507	25	132,579
	26	Total liabilities. Add lines 17 through 25	473,409	26	517,700
Balances		Organizations that follow FASB ASC 958, check here 🗹 and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	4,477,321	27	8,455,376
-		Net assets with donor restrictions	399,028	28	
or Func	29	Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
22	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,876,349	32	8,455,376
Net	33	Total liabilities and net assets/fund balances	5,349,758	33	8,973,076
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form <b>990</b> (2023)

Page 12 -----

Form	990 (2023)		Page <b>12</b>
Pa	Part XI Reconcilliation 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	7,399,104
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,820,077
3	Revenue less expenses. Subtract line 2 from line 1	3	3,579,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,876,349
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	
10	Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part Y, line 32, column (R))	10	8 455 376

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X line 32 column (B)) 10 https://projects.propublica.org/nonprofits/organizations/710721742/202401369349313780/full

8 455 37

12/36

Pa	Tt 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: Cash Cash Contexponent Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis       Consolidated basis       Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		
		F	orm <b>99</b>	<b>0</b> (2023

## Form 990 (2023)

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

efile Put	olic Visual	Render	ObjectId: 2	20240136934931	3780 - Subm	ission: 2024-	05-15	TIN: 71-0721742
SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service Particle A Department of the Treasury Internal Revenue Service Particle A Complete if the organization is a 4947(a)(1) no Attach to F Go to <u>www.irs.gov/Form990</u>					ion 501(c)(3) empt charitabl 990 or Form 9	organization or e trust. 90-EZ.	a section	OMB No. 1545-0047
	he organiza						Employer identifi	Inspection cation number
RPENTINE	CREEK FOUND	ATION INC					71-0721742	
Part I				us (All organization			See instructions.	
e organiz		•		e it is: (For lines 1 thro				
				ssociation of churches			(A)(I).	
$\cup$				1)(A)(ii). (Attach Sch				
	•	•	•	vice organization descied in conjunction with			2	Enter the bosnital's
	name, city,				a nospital desc	indea in section 1	()()()()()()()()()()()()()()()()()()()	
	170(Ď)(1)	(A)(iv). (Co	mplete Part II.)					ibed in <b>section</b>
			•	<sup>.</sup> governmental unit de a substantial part of it				ral public described in
	section 17	'0(b)(1)(A)	(vi). (Complete	e Part II.)		5	filt of from the gene	
3	A communi	ty trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
								llege or university or a
) 🔽	non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 <b>section 509(a)(2).</b> (Complete Part III.)							
	An organiza	ation organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
2	more public	ly supported	l organizations (	d exclusively for the be described in <b>section 5</b> s the type of supportin	<b>609(a)(1)</b> or se	ection 509(a)(2)	). See section 509(	he purposes of one or a)(3). Check the box
a 🗌	organizatio	n(s) the pow		ated, supervised, or cappoint or elect a majo				
b 🗌	manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
				supporting organizatio ions). <b>You must com</b>				ated with, its
<b>1</b>	Type III n functionally	on-function integrated.	ally integrate The organizatio	,	ization operated fy a distribution	in connection will requirement and	th its supported orga	nization(s) that is not quirement (see
				ved a written determir integrated supporting		IRS that it is a Ty	pe I, Type II, Type II	I functionally
F Enter					-			
				upported organization(				-
(i) №	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
tal	_	-						
	work Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	e A (Form 990) 2023
				Pa	ge 2			
hedule A	(Form 990)	2023						Page <b>2</b>
Part II	(Comple	ete only if y	ou checked th	<b>tations Described</b> ne box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qu	1)(A)(vi) alify under Part III.
Section	A. Public		Tanca to qual			acuse complete	· urt 111.j	
s://project		rg/nonprofits/c	organizations/710	721742/20240136934931	13780/full	I	I	I
project	-propuonea.0	-5' nonpronts/C	-5um2anons//10	· = : · · £ / £ 0 £ +0 : 5 0 / 5 + 7 5 5				

2/26/	25, 8:55 AM	Turpenti	ne Creek Foundation	n Inc - Full Filing - I	Nonprofit Explorer -	ProPublica	
	fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by						
5	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. ection B. Total Support						
	lendar year	(a) 2019	(h) 2020	(a) 2021	(d) 2022	(0) 2022	(f) Total
	fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	( <b>a</b> ) 2022	(e) 2023	(f) Iotai
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						
12	10 Gross receipts from related activities, e	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	-	-				ization chack
15	•	-			•		ization, check
	this box and stop here ection C. Computation of Public					••••	
	Public support percentage for 2023 (lin			column (f))		14	
	Public support percentage for 2023 (in Public support percentage for 2022 Sch						
15	<b>33</b> 1/3% support test-2023. If the					15 more check this l	
105	and <b>stop here.</b> The organization qualit						
h	<b>33</b> 1/3% support test—2022. If the	organization did i	not check a box or	n line 13 or 16a. a	nd line 15 is 33 1/	3% or more, chec	this
~	box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstanc	es" test, check th	is box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orga	inization
	meets the "facts-and-circumstances" te						
b	<b>10%-facts-and-circumstances tes</b> more, and if the organization meets the						
					• •		
18	meets the "facts-and-circumstances" f <b>Private foundation.</b> If the organization						🕨 🗆
10	instructions						► 🗆
						Schedule A (I	Form 990) 2023
			Page 3				
Sch	edule A (Form 990) 2023						Page <b>3</b>
	Part III Support Schedule for	or Organization	ns Described in	n Section 509(	a)(2)		
	(Complete only if you						er Part II. If
	the organization fails t	to qualify under	the tests listed	below, please c	omplete Part II.		
	ection A. Public Support						
	lendar year · fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	_					
	membership fees received. (Do not include any "unusual grants.") .	1,517,940	1,924,741	2,416,134	2,732,136	5,665,511	14,256,462
2			1	1		1	L
-	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	1,489,152	876,408	1,591,211	1,670,672	1,945,481	7,572,924
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						

**4** Tax revenues levied for the

2/26/25	5, 8:55 AM	Turpentii	ne Creek Foundation	1 Inc - Full Filing - N	Nonprofit Explorer -	ProPublica			
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5	3,007,092	2,801,149	4,007,345	4,402,808	7,610,9	92	21.8	829,386
	Amounts included on lines 1, 2, and	5,007,052	2,001,119	1,007,515	1,102,000	7,010,5	52	21,	020,000
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						_	21 8	829,386
	from line 6.)							21,	023,300
	ction B. Total Support	1		1	1		-		
	ndar year fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6	3,007,092	2,801,149	4,007,345	4,402,808	7,610,9	92	21,	829,386
10a	Gross income from interest,								
	dividends, payments received on	1,339							1,339
	securities loans, rents, royalties and	,							,
b	income from similar sources Unrelated business taxable income						-		
	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.	1.000							1 000
с 11	Add lines 10a and 10b. Net income from unrelated business	1,339					_		1,339
11	activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,	3,008,431	2,801,149	4,007,345	4,402,808	7,610,9	92	21,8	830,725
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for	the organization's	first second thir	d fourth or fifth t	tax vear as a sect	100, 501(c)(3), 0	naniza	ation cl	heck
14	this box and <b>stop here</b>	-			-		-		_
Se	ction C. Computation of Public				<u></u>				
15	Public support percentage for 2023 (I			column (f)) .		15		00	.990 %
16	Public support percentage from 2022		-			16			.990 %
10						10		33	.990 /0
60	stion D. Computation of Thuse	tmant Theoma	Dercentage						
	ction D. Computation of Inves			line 13 column (	f))				0.0/
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f) divided by	, ,		17			0 %
17 18	Investment income percentage for <b>20</b> Investment income percentage from	D23 (line 10c, colu 2022 Schedule A,	mn (f) divided by Part III, line 17 .			18	ino 17	lis pot	0%
17 18	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did	mn (f) divided by Part III, line 17 . not check the box	on line 14, and lin	ne 15 is more tha	<b>18</b> n 33 1/3%, and			
17 18 19a	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If the	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did i d <b>stop here.</b> The ne organization did	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	on line 14, and lin ifies as a publicly on line 14 or line	ne 15 is more tha supported organiz 19a, and line 16 is	<b>18</b> n 33 1/3%, and ation s more than 33	 1/3 <b>% a</b>	▶ 🗹 nd line	0 %
17 18 19a b	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18           1/3%, and           ation           more than 33           ganization	 1/3 <b>%</b> a	▶ <mark>✓</mark> Ind line	0 %
17 18 19a	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If the	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18           1/3%, and           ation           more than 33           ganization	 1/3 <b>%</b> a	▶ <mark>✓</mark> Ind line	0 %
17 18 19a b	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18           1/3%, and           ation           more than 33           ganization	1/3% a	►  Ind line ►	0 % 18 is
17 18 19a b	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18       ation       amore than 33       anization       instructions .	1/3% a	►  Ind line ►	0 % 18 is
17 18 19a b	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18       ation       amore than 33       anization       instructions .	1/3% a	►  Ind line ►	0 % 18 is
17 18 19a b	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18       ation       amore than 33       anization       instructions .	1/3% a	►  Ind line ►	0 % 18 is
17 18 19a b 20	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this box	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in ad <b>stop here.</b> The ne organization did x and <b>stop here.</b>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18       ation       amore than 33       anization       instructions .	1/3% a	▶ <mark>✓</mark> Ind line ▶ □ ■ 990)	0 % 18 is <b>2023</b>
17 18 19a b 20	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests—2022. If the not more than 33 1/3%, check this bo <b>Private foundation.</b> If the organizate	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, e organization did in the organization did x and <b>stop here.</b> tion did not check	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org	18       ation       amore than 33       anization       instructions .	1/3% a	▶ <mark>✓</mark> Ind line ▶ □ ■ 990)	0 % 18 is
17 18 19a b 20	Investment income percentage for <b>20</b> Investment income percentage from <b>33</b> 1/3% support tests-2023. If the more than 33 1/3%, check this box an <b>33</b> 1/3% support tests-2022. If the not more than 33 1/3%, check this bo <b>Private foundation.</b> If the organizat	D23 (line 10c, colu 2022 Schedule A, e organization did in d stop here. The ne organization did x and stop here. tion did not check	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lii ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checl	ne 15 is more tha supported organiz 19a, and line 16 is icly supported org this box and see	18       n 33 1/3%, and       ation       s more than 33       anization       instructions .       Schedule A		▶	0 % 18 is 2023
17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization dule A (Form 990) 2023 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete S	<ul> <li>D23 (line 10c, colu</li> <li>2022 Schedule A,</li> <li>e organization did in the organization did in the organization did x and stop here.</li> <li>cion did not check</li> <li>ns</li> <li>a box on line 12 cetions A and C. If</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	Part I, complete	18         n 33 1/3%, and         sation         smore than 33         janization         instructions .         Schedule A	 1/3% a  (Forr	▶ ✓ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023
17 18 19a 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be organizati</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	Part I, complete	18         n 33 1/3%, and         sation         smore than 33         janization         instructions .         Schedule A	 1/3% a  (Forr	▶ ✓ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023
17 18 19a 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization dule A (Form 990) 2023 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete S	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be organizati</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	Part I, complete	18         n 33 1/3%, and         sation         smore than 33         janization         instructions .         Schedule A	 1/3% a  (Forr	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be one of the organization did not check and be organizati</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	Part I, complete	18         n 33 1/3%, and         sation         smore than 33         janization         instructions .         Schedule A	 1/3% a  (Forr	▶ ✓ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023
17 18 19a 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section Are all of the organization's supported	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and be one of the organization of the organizations and D, and context and the organizations list or</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, co	Part I, complete mplete Sections A	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If you         tts?	 1/3% a  (Forr	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section Are all of the organization's supported If "No," describe in Part VI how the section (International Support of the support of the support of the organization's supported If "No," describe in Part VI how the section of the support of the organization's supported If "No," describe in Part VI how the section of the support of the organization's support of the organization's support of the organization's support of the organization of the organization's support of the organization's support of the organization's support of the organization of the organization's support of the	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check</li> <li><b>ns</b></li> <li>a box on line 12 of the organizations A and D, and constant A and C /li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, co	Part I, complete mplete Sections A	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If you         tts?	 1/3% a  (Forr	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section Are all of the organization's supported	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check</li> <li><b>ns</b></li> <li>a box on line 12 of the organizations A and D, and constant A and C /li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.)	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check ecked box 12a, of 12c, of Part I, co	Part I, complete mplete Sections A	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If you         tts?	 1/3% a  (Forr	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a b 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S ection A. All Supporting Organization of "No," describe in Part VI how the s describe the designation. If historic a Did the organization have any support	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in</li> <li>id <b>stop here.</b> The</li> <li>he organization did in</li> <li>x and <b>stop here.</b></li> <li>ion did not check</li> <li>ion did not check</li> </ul> <b>ns</b> <ul> <li>a box on line 12 controls</li> <li>extions A and C. If ons A and D, and controls</li> <li>d organizations lists</li> <li>supported organization state</li> <li>ited organization time relation</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designationship, explain. hat does not have	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 2 12c, of Part I, co e organization's go ted. If designated	Part I, complete mplete Sections A poverning documer by class or purport	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If young         its?         isse,         Sections A         its?         its? <td>B. If y</td> <td>▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■</td> <td>0 % 18 is 2023 Page 4 Ked</td>	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 5 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 21d,	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and a box on line 12 of the organizations and D, and continuing relations and continuing relations are organization to the organization the organization to the organization the organization to the organization</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designationship, explain. hat does not have	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 2 12c, of Part I, co e organization's go ted. If designated	Part I, complete mplete Sections A poverning documer by class or purport	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If young         its?         isse,         Sections A         its?         its? <td>B. If y</td> <td>▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■</td> <td>0 % 18 is 2023 Page 4 Ked</td>	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 5 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests—2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S ection A. All Supporting Organization of "No," describe in Part VI how the s describe the designation. If historic a Did the organization have any support	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>e organization did in the organization did not check and a box on line 12 of the organizations and D, and continuing relations and continuing relations are organization to the organization the organization to the organization the organization to the organization</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designationship, explain. hat does not have	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 2 12c, of Part I, co e organization's go ted. If designated	Part I, complete mplete Sections A poverning documer by class or purport	18         n 33 1/3%, and         sation         s more than 33         janization         instructions .         Schedule A         Sections A and         , D, and E. If young         its?         isse,         Sections A         its?         its? <td>B. If y</td> <td>▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■</td> <td>0 % 18 is 2023 Page 4 Ked</td>	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 5 20 Schee Par	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 20, of Part I, complete Section Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic a Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li><b>a</b> organization did in</li> <li><b>a</b> dstop here. The</li> <li><b>b</b> organization did in</li> <li><b>x</b> and stop here.</li> <li><b>c</b> on did not check</li> <li><b>a</b> box on line 12 of</li> <li><b>b</b> organizations list</li> <li><b>b</b> organizations list</li> <li><b>s</b> supported organization til</li> <li><b>Part VI</b> how the constraint of the organization til</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eted by name in the ations are designations tionship, explain. hat does not have organization deter	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 200 200 200 200 200 200 200 200 200 20	Part I, complete mplete Sections A poverning documer by class or purported ported organizat	18         an 33 1/3%, and         anion         a more than 33         anization         instructions .         instructions .         Schedule A         Sections A and         , D, and E. If young         its?         isse,         ler section         ion was	B. If you che	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 20 Schee Par 1 2	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 21d,	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li><b>a</b> organization did in</li> <li><b>a</b> dstop here. The</li> <li><b>b</b> organization did in</li> <li><b>x</b> and stop here.</li> <li><b>c</b> on did not check</li> <li><b>a</b> box on line 12 of</li> <li><b>b</b> organizations list</li> <li><b>b</b> organizations list</li> <li><b>s</b> supported organization til</li> <li><b>Part VI</b> how the constraint of the organization til</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eted by name in the ations are designations tionship, explain. hat does not have organization deter	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 200 200 200 200 200 200 200 200 200 20	Part I, complete mplete Sections A poverning documer by class or purported ported organizat	18         an 33 1/3%, and         anion         a more than 33         anization         instructions .         instructions .         Schedule A         Sections A and         , D, and E. If young         its?         isee,         ler section         ion was	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 20 Schee Par 1 2 3a	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 212d, of Part I, complete S 20 If "No," describe in Part VI how the s describe the designation. If historic a Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li>a organization did in the organization did not check and a box on line 12 of the organizations and D, and continuing relations are continued organization design and continuing design and continuing relations are continued and c</li></ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) red by name in the ations are designationship, explain. hat does not have organization deter	on line 14, and lin ifies as a publicly on line 14 or line if qualifies as a publicly in the second	Part I, complete mplete Sections A poverning document by class or purport (6)? If "Yes," ansi	18         an 33 1/3%, and         sation         smore than 33         janization         instructions .         instructions .         Schedule A         Sections A and         , D, and E. If yound         its?         isse,         der section         ion was         wer lines 3b and	B. If you che	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 20 Schee Par 1 2	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If the not more than 33 1/3%, check this bo Private foundation. If the organization (Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Complete only if you checked box 12b, of Part I, complete Section (If "No," describe in Part VI how the describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2). Did the organization have a supported	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li><b>a</b> organization did in</li> <li><b>a</b> dstop here. The</li> <li><b>b</b> organization did in</li> <li><b>x</b> and stop here.</li> <li><b>c</b> on did not check</li> <li><b>a</b> box on line 12 of</li> <li><b>b</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>s</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>c</b> organization the</li> <li><b>Part VI</b> how the column of the organization des</li> <li><b>b</b> supported organization des</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eted by name in the ations are designation tionship, explain. hat does not have organization deter cribed in section s	on line 14, and lin ifies as a publicly on line 14 or line if qualifies as a publicly iqualifies as a publicly in the section solution of the second expected box 12a, of it 12c, of Part I, co is 12c, of Part I, co is constructed of the second of the section solution of the second solution of the second of the second is solution of the second of the second solution of the second of the second is solution of the second of the second is solution of the second of the second solution of the second of the second of the second of the second solution of the second of the second of the second of the second of the second solution of the second of t	Part I, complete mplete Sections A poverning document by class or purport (6)? If "Yes," ansi c)(4), (5), or (6)	18         an 33 1/3%, and         anion         a more than 33         anization         instructions .         instructions .         Schedule A         Sections A and         , D, and E. If yound         its?         isse,         ler section         ion was         wer lines 3b and         and satisfied	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked
17 18 19a 20 Schee Par 1 2 3a	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2023. If the more than 33 1/3%, check this box an 33 1/3% support tests-2022. If th not more than 33 1/3%, check this bo Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete S 20, of Part I,	<ul> <li><b>D23</b> (line 10c, colu</li> <li><b>2022</b> Schedule A,</li> <li><b>a</b> organization did in</li> <li><b>a</b> dstop here. The</li> <li><b>b</b> organization did in</li> <li><b>x</b> and stop here.</li> <li><b>c</b> on did not check</li> <li><b>a</b> box on line 12 of</li> <li><b>b</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>s</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>c</b> organizations list</li> <li><b>c</b> organization the</li> <li><b>Part VI</b> how the column of the organization des</li> <li><b>b</b> supported organization des</li> </ul>	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch f you checked box omplete Part V.) eted by name in the ations are designation tionship, explain. hat does not have organization deter cribed in section s	on line 14, and lin ifies as a publicly on line 14 or line if qualifies as a publicly iqualifies as a publicly interval (19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Part I, complete mplete Sections A poverning document by class or purport (6)? If "Yes," ansi c)(4), (5), or (6)	18         an 33 1/3%, and         anion         a more than 33         anization         instructions .         instructions .         Schedule A         Sections A and         , D, and E. If yound         its?         isse,         ler section         ion was         wer lines 3b and         and satisfied	B. If y	▶ ♥ Ind line ▶ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	0 % 18 is 2023 Page 4 Ked

2/26/25	5, 8:55 AM Turpentine Creek Foundation Inc - Full Filing - Nonprofit Explorer - ProPublica			
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		┣──
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the	-		
с	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
-	organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		<u> </u>
	Schedule A	(Forn	1 990)	2023
	Page 5			
Sche	dule A (Form 990) 2023			Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			_
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		$\vdash$

**b** A family member of a person described on 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.

## Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

# Section C. Type II Supporting Organizations

Yes No

11b

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

#### Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant 3 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. з

#### 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):

- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
	h Did the evention the evention of the back of divertion even the policies are send activities of each of the			

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.

3b Schedule A (Form 990) 2023

Pa	a	ρ	6
i u	'9		0

Schedule A (Form 990) 2023

Page 6

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). 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):	1						
ā	Average monthly value of securities	1a						
Ŀ	Average monthly cash balances	1b						
	: Fair market value of other non-exempt-use assets	1c						
C	I Total (add lines 1a, 1b, and 1c)	1d						

	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by 0.035	6		
'	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
;	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
ŀ	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting	organization (see

– Page 7 -

## Schedule A (Form 990) 2023

Section D - Distributions				Current Year
				current real
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	sive ( <i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
LO Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ons	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required <i>explain in Part VI</i> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018				
<b>b</b> From 2019				
<b>c</b> From 2020 <b>. . . . . .</b>				
<b>d</b> From 2021	-			
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
<ul> <li>h Applied to 2023 distributable amount</li> <li>i Carryover from 2018 not applied (see instructions)</li> </ul>				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<ul> <li>4 Distributions for 2023 from Section D, line 7:</li> </ul>				
Ψ	1			

https://projects.propublica.org/nonprofits/organizations/710721742/202401369349313780/full

Page 7

<b>b</b> Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li><b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>		
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
<b>b</b> Excess from 2020		
<b>c</b> Excess from 2021		
<b>d</b> Excess from 2022		
<b>e</b> Excess from 2023		
	Sch	nedule A (Form 990) (2023)

Page 8 -

Schedule A (Form 990) 2023

Page **8** 

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

**Facts And Circumstances Test** 

Explanation

Return Reference

Schedule A (Form 990) 2023

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Ren	nder Objectld: 202401369349313780 - Submission: 2024-05-15		TIN: 71-0721742	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	m 990) ► Attach to Form 990, 990-EZ, or 990-PF. truent of the Treasury ► Go to www.irs.gov/Form990 for the latest information.			
Name of the organization TURPENTINE CREEK FOU		Employer id	entification number	
		71-0721742	71-0721742	
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a privat	e foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private for	undation		
	$\Box$ 501(c)(3) taxable private foundation			

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

#### **General Rule**

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

### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Page 2

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)
------------------------------

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
RESTRICTED		\$ RESTRICTED	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Schedule B (Form 990) (2023)		

Schedule B (Form 990) (2023)

– Page 3 –

Schedule I	B (Form 990) (2023)		Page 3
Name of or TURPENTIN	ganization IE CREEK FOUNDATION INC	Employer identificatio	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	71-0721742	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

2/26/25, 8:55	AM Turp	entine Creek Foundation Inc - Full Filing	g - Nonprofit	Explorer - ProPubl	ica
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) instructions)	(d) Date received
-				\$	
					Schedule B (Form 990) (2023)
		Dana 4			
		Page 4			
Schedule	B (Form 990) (2023)				Page 4
Name of or	rganization NE CREEK FOUNDATION INC			Employer ider	ntification number
Part III				71-0721742	
Faltin	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, ch structions.)▶ \$	rough (e)	and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
_					
ŀ		(e) Transfer of gift		p of transferor to	
-	Transferee's name, address, and				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
_		 			
ŀ		(e) Transfer of gift		I	
-	Transferee's name, address, and	ZIP 4 F	Relationshi	p of transferor to	o transferee

2/26/25, 8:55 AM	1	ine Creek Foundation Inc - Full Filing - Nonprofi	1		
Part I		(c) Use of gift	(u) Description of now gift is neith		
.  =	-				
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relationsh	nip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relationsh	nip of transferor to transferee		

# Schedule B (Form 990) (2023)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visua	l Render	ObjectId: 2024013	69349313780 - Submiss	ion: 2024-05-15	5	TIN: 71-0721742
SCHEDULE D (Form 990)		Supplemen	tal Financial State	ements		OMB No. 1545-0047
Department of the Treasury	1	Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," l0, 11a, 11b, 11c, 11d, 11e, ▶ Attach to Form 990.			<b>ZUZZ</b> Open to Public
Internal Revenue Service			1990 for instructions and the			Inspection
Name of the organ TURPENTINE CREEK FOL					l <b>oyer ident</b> 721742	ification number
Part I Organi	zations Mai	ntaining Donor Advi	sed Funds or Other Simil	ar Funds or Acc	ounts.	
Comple	te if the orga	nization answered "Yes	s" on Form 990, Part IV, lin (a) Donor advised fu			
<b>1</b> Total number at	end of year		(a) Donor advised ful	nas	(D) Funds a	nd other accounts
		ns to (during year)				
<b>3</b> Aggregate value						
4 Aggregate value	at end of year					
			rs in writing that the assets hel clusive legal control?		unds are the	e 🗌 Yes 🗌 No
charitable purpo	ses and not fo	or the benefit of the donor	onor advisors in writing that gra or donor advisor, or for any ot	ner purpose conferri		ssible
	vation Ease			- 7		
			s" on Form 990, Part IV, lin nization (check all that apply).	e /.		
		oublic use (e.g., recreation		ervation of an histori	ally import	ant land area
			,			
$\Box$	of natural hab			rvation of a certified	nistoric str	ucture
	on of open spa		qualified conservation contribu	tion in the form of a	conconvotio	n
easement on the						he End of the Year
a Total number of	conservation e	easements		2a		
<b>b</b> Total acreage res	stricted by con	servation easements		2b		
c Number of conse	ervation easem	nents on a certified histori	c structure included in (a)	· · · 2c		
historic structure	e listed in the l	National Register	ired after July 25, 2006, and no			
3 Number of const tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or te	rminated by the org	anization dı	uring the
4 Number of state	s where prope	rty subject to conservatio	n easement is located <b>&gt;</b>		-	
			ne periodic monitoring, inspecti s?			Yes 🗌 No
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and	d enforcing conserva	tion easeme	ents during the year
7 Amount of expe ▶\$	nses incurred	in monitoring, inspecting,	handling of violations, and enfo	orcing conservation e	easements o	luring the year
and section 170	(h)(4)(B)(ii)?		above satisfy the requirements		C	Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its rever footnote to the organization's t ts.			
			of Art, Historical Treasu		nilar Asse	ets.
	2		s" on Form 990, Part IV, lin C 958, not to report in its reve		alance shee	et works of art.
historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for publ ote to its financial statem	lic exhibition, education, or rese ents that describes these items	earch in furtherance	of public se	rvice, provide, in
<ul> <li>If the organizati historical treasu following amour</li> </ul>	res, or other s	imilar assets held for publ	C 958, to report in its revenue lic exhibition, education, or rese	statement and balar earch in furtherance	of public se	rvice, provide the
					·	
(ii)Assets included	in Form 990,	Part X			▶\$	
following amour	its required to	be reported under FASB A	cal treasures, or other similar a ASC 958 relating to these items	:		the
					·	
b Assets included						ule D (Form 990) 202

				Page 2							
Sche	dule D	(Form 990) 2022									Page 2
	III	Organizations Maintaining Col	lections of Art,	Histori	cal Tr	easures, o	r Other	Similar As	sets (cont	inued)	ruge i
3		the organization's acquisition, accession									
		(check all that apply):			,	5		5			
а		Public exhibition		d		Loan or exch	ange prog	irams			
b		Scholarly research		e		Other					
с		Preservation for future generations									
4	Provi Part X	de a description of the organization's col XIII.	lections and explain	how the	ey furth	er the organi	zation's ex	empt purpos	e in		
5		ng the year, did the organization solicit of to be sold to raise funds rather than to							□ <b>x</b>		• -
Par	t IV	Escrow and Custodial Arrange	ments						U Yes		lo
rui		Complete if the organization answ line 21.		rm 990	, Part I	V, line 9, oi	r reporte	d an amoun	t on Form	990,	Part X,
1a		e organization an agent, trustee, custodi									
	inclu	ded on Form 990, Part X?							🗌 Yes		lo
							<b></b>				_
b		es," explain the arrangement in Part XIII						An	nount		_
c	-	nning balance					1c				
d		ions during the year					1d				
e		ibutions during the year					1e				
f	Endir	ng balance					1f				
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or custodial a	account lia	bility?	🗌 Yes		lo
b	If "Ye	es," explain the arrangement in Part XIII	. Check here if the e	explanati	on has	been provide	d in Part X	(III			
Pa	rt V	Endowment Funds.			_						
		Complete if the organization answ	vered "Yes" on Fo (a) Current year		<u>, Part 1</u> Prior year		ears back	(d) Three year	rs back (a)	Fourvor	rc back
1a	Beainn	ning of year balance		(0) -	noi yeai	(C) 100 y	years back	(u) mee year	S DACK (C)	Tour yea	ars back
	-	butions									
		vestment earnings, gains, and losses									
		s or scholarships									
		expenditures for facilities									
		ograms									
f	Admin	istrative expenses									
g	End of	year balance									
2		de the estimated percentage of the curre		e (line 1	g, colun	nn (a)) held a	as:		I		
а	Board	d designated or quasi-endowment									
b	Perm	anent endowment 🕨									
с		endowment 🕨									
_		percentages on lines 2a, 2b, and 2c shou	•								
3a		here endowment funds not in the posses nization by:	sion of the organiza	ition that	t are he	ld and admin	listered for	r the		Yes	No
	-	nrelated organizations							3a(i)		
	(ii) F	Related organizations							3a(ii)		
b	If "Ye	es" on 3a(ii), are the related organizatior	ns listed as required	on Sche	dule R?				3b		
4	Desci	ribe in Part XIII the intended uses of the	organization's endo	wment f	funds.						
Par	t VI	Land, Buildings, and Equipme								_	
	Doccr	Complete if the organization answ iption of property (a) Cost or oth		rm 990 t or other				m 990, Part lepreciation		). ook valu	0
	Destr	(investme			56515 (0						C
1a	Land				1	1,915					11,915
		ıgs			1,87	2,531		1,028,540			843,991
		nold improvements									
		nent			1,50	2,546		629,511			873,035
						0,330		343,471			996,859
-		lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colu	mn (B),	line 10(c).)		•		2	,725,800
		· · ·	· ·			,		Sche	dule D (Fo		

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)			of valuation:
(including name of security)	Book value			ear market value
1) Financial derivatives				
2) Closely-held equity interests				
3)Other				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
н)				
<b>Total.</b> (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 For	·m 990, Pa	rt X, line 13.
(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
1)				· · · · ·
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
<b>total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, I	Dart IV/	ing 11d Soc For	m 000 Par	t Vilino 15
(a) Description	art iv, i			(b) Book value
1)CONSTRUCTION IN PROGRESS				1,875,00
2)OTHER ASSETS 2)				34,49
3)				
4)				
5)				
6)				
7)				
8)				
9)				
			1	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1.

(1) Enderal income taxos

	I
LEASE LIABILITY	132,579
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	► 132,579
2. Liebility for uncertain terr positions. In Dark VIII, any ide the terr of the fortune to the	even simplifying a financial statements that you sute the

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

— Page 4 —

## Schedule D (Form 990) 2022

chedule D (Form 990) 2022			Page <b>4</b>
	udited Financial Statements With Revenue per I red 'Yes' on Form 990, Part IV, line 12a.	Return.	
1 Total revenue, gains, and other support per audit	ted financial statements	1	7,655,071
2 Amounts included on line 1 but not on Form 990,	, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
<b>d</b> Other (Describe in Part XIII.)	<b>2d</b> 255,96	7	
e Add lines 2a through 2d		2e	255,967
Subtract line <b>2e</b> from line <b>1</b>		3	7,399,104
Amounts included on Form 990, Part VIII, line 12	2, but not on line <b>1</b> :		
a Investment expenses not included on Form 990,	Part VIII, line 7b . 4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		4c	
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must eq	ual Form 990, Part I, line 12.)	5	7,399,104
	Audited Financial Statements With Expenses per	Return.	
	red 'Yes' on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial s		1	4,076,044
Amounts included on line 1 but not on Form 990,	· · ·		
Donated services and use of facilities			
Prior year adjustments			
COther losses	<u>2</u> c		
<b>d</b> Other (Describe in Part XIII.)	<b>2d</b> 255,96	7	
Add lines 2a through 2d		2e	255,967
Subtract line <b>2e</b> from line <b>1</b>		3	3,820,077
Amounts included on Form 990, Part IX, line 25,	but not on line 1:		
a Investment expenses not included on Form 990,	Part VIII, line 7b 4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must e	qual Form 990, Part I, line 18.)	5	3,820,077
art XIII Supplemental Information			
	i, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par omplete this part to provide any additional information.	t V, line 4; Par	t X, line 2; Part XI,
Return Reference	Explanation		
CHEDULE D, PAGE 4, PART XI, LINE 2D	GIFT SHOP PURCHASES 207,338 SPECIAL EVENT PURCH	ASES 48,629	
CHEDULE D, PAGE 4, PART XII, LINE 2D	GIFT SHOP PURCHASES 207,338 SPECIAL EVENT PURCH	ASES 48,629	

Schedule D (Form 990) 2022

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual Ro	ender	ObjectId: 202	240136	934931	3780 - Submission	2024-05	-15	TIN: 71-0721742
SCHEDULE G (Form 990) Department of the Treasury	Cor	Fund mplete if the organiza	raisir	<b>1g Or</b> ered "Yes" d more tha	Drmation Rega Gaming Activi on Form 990, Part IV, lines n \$15,000 on Form 990-EZ, 990 or Form 990-EZ.	ties 17, 18, or 19,	or if the	OMB No. 1545-0047 <b>2023</b> Open to Public
Internal Revenue Service		►Go to www.			instructions and the latest i	nformation.		Inspection
Name of the organization TURPENTINE CREEK FOUN	DATION II	٩C					Employer ide 71-0721742	entification number
	-	<b>ies.</b> Complete if re not required t	-		answered "Yes" on F part.	orm 990, I	Part IV, line 1	.7.
<b>1</b> Indicate whether the	organizat	ion raised funds th	rough an	y of the f	ollowing activities. Check	k all that ap	ply.	
a 🗌 Mail solicitations				e	Solicitation of nor	n-governme	nt grants	
<b>b</b> Internet and ema	il solicitat	ions		t	f Solicitation of gov	/ernment gr	ants	
c 🗌 Phone solicitation	S			ç	🛛 🗌 Special fundraisin	ig events		
d 🗌 In-person solicita	tions							
or key employees list	ed in Forr: ighest pai	m 990, Part VII) or d individuals or ent	entity in tities (fun	connectio	vidual (including officers on with professional fund pursuant to agreements	raising serv	ices?	es 🗌 No er is
(i) Name and address of in or entity (fundraise		(ii) Activity	fundrai custo cont contrib	) Did ser have ody or trol of putions?	(iv) Gross receipts from activity	(or ret fundrais	punt paid to ained by) ser listed in ol. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			• • •	.►				
<b>3</b> List all states in which licensing.	the organ	ization is registered	d or licens	sed to sol	icit contributions or has	been notifie	d it is exempt	from registration or
			· · ·			5000011		
For Paperwork Reduction Ac	π Notice, s	ee the Instructions	TOR FORM		0-EZ. Cat. No	. 50083H	S	chedule G (Form 990) 2023
Schedule G (Form 990) 20					-			Page 2
than \$15,00	00 of fun				inswered "Yes" on For gross income on Forr			

2/

/26/2	25, 8:55 AM	Turpentine Creek Found	lation Inc - Full Filing - Nong	profit Explorer - ProPublica	
		(a)Event #1 SPECIAL EVENTS	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
	1 Gross receipts	127,462			127,462
	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li></ul>	127,462			127,462
	4         Cash prizes         . <td< td=""><td></td><td></td><td></td><td></td></td<>				
Direct Expenses	6   Rent/facility costs   .   .				
ă	7 Food and beverages				
ğ	8 Entertainment				
ŏ	9 Other direct expenses	48,629			48,629
	10 Direct expense summary. Add lines 4 th	nrough 9 in column (d)		🕨	48,629
	<b>11</b> Net income summary. Subtract line 10			🕨	78,833
Pa	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	inization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
at Exp	3 Noncash prizes          4 Rent/facility costs				
Dice					
	5 Other direct expenses	□ Yes%_	□ Yes%	□ Yes%	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 th	nrough 5 in column (d)		►	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	🕨	
9 a b	Enter the state(s) in which the organization licensed to conduct ga If "No," explain:	ming activities in each of	these states?		
10a b	Were any of the organization's gaming lice If "Yes," explain:		l or terminated during the	e tax year?	Yes No

Schedule G (Form 990) 2023

Sche	dule G (Form 990) 2023				Page <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?	· · 🗌 Yes	
12	Is the organization a grantor, b formed to administer charitable		member of a partnership or other entity	· · · · Yes	
13	Indicate the percentage of gam	ing activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility		[	13b	%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and reco	ords:	
	Name 🕨 👘				
15a	Address F Does the organization have a c		m the organization receives gaming		
b		aming revenue received by the org ained by the third party <b>&gt;</b> \$	anization 🕨 \$ and the		
с	If "Yes," enter name and addre	ss of the third party:			
	Name 🕨				
	Address 🕨				
16	Gaming manager information: Name	ı▶\$			
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а	•		stributions from the gaming proceeds to		
b	Enter the amount of distribution		ited to other exempt organizations or spent	· · U Yes	U No
Par	t IV Supplemental Info	rmation. Provide the explanat	ions required by Part I, line 2b, columns ( licable. Also provide any additional inform		
	Return Reference		Explanation		
		ł	Schedule	e G (Form 990) 2	023
Ac	lditional Data			Return	to Form

Software ID: Software Version:

Page 2	efile Public Vis	ObjectI	bjectId: 202401369349313780 - Submission: 2024-05-15							TIN: 71-0721742					
Description in property of a period System 1990 F2 mm S90 F2		Complete	if the organ	ization and 28b, or 28	swered "Yes' c, or Form 99	' on Form 99 0-EZ, Part V	0, Part IV, lir , line 38a or 4	nes 25	a, 25	b, 26,	_				
TUMPMTINE CREEK POURDANIES       71.0721742         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2)) organization onlyb.       (d) Corrected?.         1       (e) Name of disqualified person       (e) Relationship between disqualified persons during the year under section       (d) Corrected?.         2       Enter the amount of tax, ir any, on line 2, above, reinbursted by the organization       (e) Selection of tax incurred by the organization managers or disqualified persons during the year under section       (e) Selection of tax incurred by the organization       (f) Relationship between disqualified persons during the year under section         2       Enter the amount of tax, ir any, on line 2, above, reinbursted by the organization       (f) Balance       (g) Interested Persons.       (g) Interested Persons.         3       Complete it if the organization answered "Yes" on Form 990-EZ, Part V, line 38, or Form 990. Part IV, line 26; or if the organization answered "Yes" on Form 990. Part IV, line 26; or if the organization answered "Yes" on Form 990. Part IV, line 26; or Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, line 27; Net Vestame in answered "Yes" on Form 990. Part IV, lin		y C		Attac	h to Form 99	0 or Form 9	Э0-EZ.		ation			Open	to Pu	blic	
Complete If the organization answered "Yes" on Form 990, Part IV, line 25s or 25b, or 70m 990-EZ, Fart V, line 40b, editional field person and for granization       (d) Corrected Yes       No         1       (a) Name of disqualified person       (d) Corrected Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section       3935.         3       Enter the amount of tax, if any, on line 2, above, reinhursed by the organization									-	-	entific	ation	numbe	r	
1       (a) Name of disqualified person       (b) Relationship between disqualified person and of transaction       (c) Corrected?         1       (a) Name of disqualified person       (c) Corrected?       No         2       Enter the amount of tax incurred by the organization managers or disqualified person during the year under section       4958.         3       Enter the amount of tax incurred by the organization												-			
3 955       Senter 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 "Ks" on form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization interested Persons.       (a) Name of interested Persons.       (b) Purpose of the organization answered "Ks" on Form 990-EZ.       (c) Part IV.       (d) Balance (g) In Approved or person organization answered "Ks" on Form 990, Part IV, line 28, 28b, or Zet.       (d) Interested Persons.       (f) Purpose of assistance for Nov (G) Part IV.       (g) In Approved or person organization       (f) Purpose of assistance       No       Yes       No       Yes       No         11/TANYA       PRESIDENT       ACCRUED       X       125,399       121,111       No       Yes       No       Yes       No         10 and the person of interested Persons.       Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (g) Name of interested person and the organization answered "Yes" on Form 990 or 990-ez       (g) Name of interested person and the organization       (g) Part IV       (h) Purpose of assistance         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-ez       Cat. No. 5036A       Schedule L (Form 990) 2023       Schedule L (Form 990) 2023       Page 2					(b) Relationship between disqualified person and					Descrip	otion of	(	<u> </u>		
3 955       Senter the amount of tax, if any, on line 2, above, reimbursed by the organization															
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 form 990 part X, line 5, or 22.       (a) Name of interested person       (b) Purpose of loan of form 990 part X, line 5, or 22.       (c) Annow of the organization principal principal and principal principal principal and principal pri	4958. <b>3</b> Enter the am	ount of tax, if a	ny, on line 2,	above, rein	bursed by the			ne year	r unde						
Interested person       Relationship organization       Purpose base (I) INTEREST       The organization Interest INTEREST       Original Interest INTEREST       Original Interest Inter Interest Interest Interest Interest Interest Interest Interest In	Com	plete if the orgai	nization answ	ered "Yes" o	on Form 990-E	Z, Part V, line	38a, or Form	990, P	art IV,	line 26	5; or if	the org	ganizati	วท	
(1) TANYA       PRESIDENT       ACCRUED       X       156,593       121,111       No       Yes       No         SMITH       INTEREST	interested	Relationship with	Purpose of	<b>(d)</b> Loa the org	n to or from ganization?	Original principal				App by bo	roved bard or				
Total       Subscription       \$ 121,111         Part III       Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Ves" on Form 990, Part IV, line 27.       (a) Name of interested person interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (a) Name of interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Cat. No. 50056A       Schedule L (Form 990) 2023         Page 2		RESIDENT		-	From	156,593	121,111		-		No	Yes		-	
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         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Cat. No. 50056A       Schedule L (Form 990) 2023         Page 2       Page 2         Schedule L (Form 990) 2023       Page 2         Can Name of interested person       (b) Relationship between interested persons. Complete if the organization answered "Yees" on Form 990, Part IV, line 28a, 28b, or 28c.       (c) Amount of transaction         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         Part V       Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).       (see instructions).	SMITH		INTEREST												
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         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Cat. No. 50056A       Schedule L (Form 990) 2023         Page 2       Page 2         Schedule L (Form 990) 2023       Page 2         Can Name of interested person       (b) Relationship between interested persons. Complete if the organization answered "Yees" on Form 990, Part IV, line 28a, 28b, or 28c.       (c) Amount of transaction         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         Part V       Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).       (see instructions).															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: State of Part IV       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: State of Part IV       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: State of Part IV       Page 2       Image: State of Part IV       Schedule L (Form 990) 2023         Part IV       Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (e) Sharing organization         (a) Name of interested person       (c) Amount of transaction       (d) Description of transaction       (e) Sharing organization         (a) Name of interested person       (c) Amount of transaction       (d) Description of transaction       (e) Sharing organization's revenues?         (a) Name of interested person       (c) Amount of transaction       (d) Description of transaction       (e) Sharing organization's revenues?         (1) TANYA SMITH       PRESIDENT       60,000 RENT       Image: Part V       No         (1) TANYA SMITH       PRESIDENT       60,000 RENT       Image: Part V       Image: Part V       Supplemental Information	Total .					\$	121,111	l							
(a) Name of interested person interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (d) Type of assistance       (e) Purpose of assistance       (e) Purpose of assistance       (e) Purpose of assistance         (a) Name of interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (a) Name of interested person       (c) Amount of assistance       (c) Amount of assistance       (c) Amount of assistance         For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Cat. No. 50056A       Schedule L (Form 990) 2023         Page 2							/. line 27.								
Page 2         Schedule L (Form 990) 2023         Page 2         Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (d) Description of transaction       (e) Sharing of organization's revenues?         (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?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         Part V         Part V       Supplemental Information for responses to questions on Schedule L (see instructions).		ested person (I	b) Relationsh iterested pers	ip between on and the				e of as	sistan	ice	<b>(e)</b> Pu	irpose	of assis	tance	
Page 2         Schedule L (Form 990) 2023         Page 2         Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (d) Description of transaction       (e) Sharing of organization's revenues?         (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?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         Part V         Part V       Supplemental Information for responses to questions on Schedule L (see instructions).															
Page 2          Page 2         Schedule L (Form 990) 2023       Page 2         Part IV       Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (d) Description of transaction       (e) Sharing of organization's revenues?         (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?         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         (1) TANYA SMITH       PRESIDENT       60,000 RENT       No         Part V       Supplemental Information       Image 2         Provide additional information for responses to questions on Schedule L (see instructions).       Image 2															
Schedule L (Form 990) 2023       Page 2         Part IV       Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.       (d) Description of transaction       (e) Sharing of organization's revenues?         (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?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         (1) TANYA SMITH       PRESIDENT       60,000       RENT       Image: Complete in the person and the organization is revenues?         Part V       Supplemental Information       Image: Complete information is provide additional information for responses to questions on Schedule L (see instructions).       Image: Complete information is provide additional informaticon is provide additional information is pre	For Paperwork Redu	iction Act Notice,	see the Instr	uctions for F	orm 990 or 990	D-EZ.	Cat. No. 50056A				Sched	ule L (	Form 99	0) 2023	
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?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         (1) TANYA SMITH       PRESIDENT       60,000       RENT       I         Part V       Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).       Issee instructions).					——— Ра	ge 2									
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 reverues?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         Part V       Supplemental Information       Information       Information       Information         Provide additional information       For responses to questions on Schedule L (see instructions).       Information       Information	Schedule L (Form 9	90) 2023												Page <b>2</b>	
(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?         (1) TANYA SMITH       PRESIDENT       60,000       RENT       No         Image: Construction of transaction of transaction organization       Image: Construction of transaction of transaction       (e) Sharing of organization's revenues?         Image: Construction of transaction organization       Image: Construction of transaction       Image: Construction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction of transaction       Image: Construction of transaction of transaction of transaction       Image: Construction of transaction of transaction       Image: Construction of transaction of transaction       Image: Construction of transaction       Image: Construction of transaction of transaction       Image: Construction of transaction of transaction       Image: Construction of transaction       Image: Construction of transac							/, line 28a, 2	8b, o	r 28c						
(1) TANYA SMITH       PRESIDENT       60,000       RENT       No         Image: Construction of the second secon				<b>(b)</b> Rel between person	ationship interested and the	(c) Amo	unt of	-			transac	tion	organi reve	of zation's nues?	
Provide additional information for responses to questions on Schedule L (see instructions).	(1) TANYA SMITH			PRESIDENT			60,000 RE	NT					Yes	-	
Provide additional information for responses to questions on Schedule L (see instructions).															
Provide additional information for responses to questions on Schedule L (see instructions).															
Provide additional information for responses to questions on Schedule L (see instructions).	Part V Supr	plemental Inf	formation												
	Provid	de additional info		esponses to	questions on	Schedule L (s		5).							

Schedule L (Form 990) 2023

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efi	e Public Visua	l Render	ObjectId: 20	02401369349313780 -	Submission: 2024-0	5-15	TIN: 71	0721	.742
SCF	IEDULE M			Ioncash Contri			OMB No. 1		
(For	m 990)		ľ		bullons		20	າງ	
		=	-	ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	ZJ	I
		► Attach to F		990 for the latest informa	tion		0	. D. la	li e
	ment of the Treasury I Revenue Service	- do to <u></u>	<u></u>				Open to Inspo		
Nam	e of the organizat					Employer iden			
TURP	ENTINE CREĒK FOUN	IDATION INC				71-0721742			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q		(d) d of determi ontribution a		IS
1	Art—Works of art				5				
2	Art—Historical tre								
3 4	Art—Fractional in Books and public								
5	Clothing and hou				5,000	FAIR MARKET \	/ALUE		
-	goods		X						
6 7	Cars and other v Boats and planes		Х	1	9,500	FAIR MARKET \	ALUE		
8	Intellectual prope								
9	Securities-Public	,							
10	Securities—Close Securities—Partr								
	or trust interest								
	Securities-Misce								
13	Qualified conserv contribution—Hi structures	istoric							
14	Qualified conserve contribution—Of								
15	Real estate—Res								
16	Real estate—Con								
17 18	Real estate—Oth Collectibles								
19	Food inventory		Х	1	1,395,038	B FAIR MARKET \	/ALUE		
20	Drugs and medic								
	Taxidermy .								
22 23	Historical artifact Scientific specim								
	Archeological art								
25	Other ► ( VARIO		X	1	229,145	FAIR MARKET \	/ALUE		
26 27	Other ► ( Other ► (								
28	Other ► (	)							
-	Number of Forms	s 8283 received		tion during the tax year for		20			
	for which the org	janization comp	oleted Form 8283	3, Part IV, Donee Acknowledg	gement	29			
30a	During the year	did the organi	zation receive by	contribution any property r	enorted in Part I lines 1 th	rough 28 that it	must	Yes	No
500	hold for at least	three years fro	om the date of th	e initial contribution, and wh	nich isn't required to be use		muse		
	purposes for the	e entire holding	period?				30a		No
b	If "Yes," describ	e the arrangem	ent in Part II.						
31	Does the organi	zation have a g	lift acceptance p	olicy that requires the review	v of any nonstandard contri	butions?	31		No
32a	Does the organi contributions?	zation hire or u	se third parties	or related organizations to so	blicit, process, or sell nonca	ish	32a		No
b	If "Yes," describ								1
33	If the organizati describe in Part		t an amount in c	olumn (c) for a type of prop	erty for which column (a) is	checked,			
For P	aperwork Reduction	on Act Notice, se	ee the Instruction	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (	(2023)
				Page 2 -					

Schedule M (Form 990) (2023)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also

# complete this part for any additional information. Return Reference Explanation Schedule M (Form 990) (2023) **Additional Data Return to Form** Software ID: Software Version:

efile Public	Visual R	lender	ObjectId:	2024013693	493137	'80 - Subn	nission: 202	4-05-15		71-0721742
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.				Op	OMB No. 1545-0047			
Name of the organization TURPENTINE CREEK FOUNDATION INC						<b>Employer ide</b> 71-0721742	Employer identification number 71-0721742			
Return Reference						Explanation	1			
FORM 990, PAGE 6, PART VI, LINE 2	TANYA SMITH SCOTT SMITH HUSBAND AND WIFE AMANDA SMITH TANYA AND SCOTT SMITH DAUGHTER-IN-LAW									
FORM 990, PAGE 6, PART VI, LINE 11B	THE OF	THE OFFICERS REVIEW THE 990 AND PROVIDE TO BOARD FOR APPROVAL PRIOR TO FILING.								
FORM 990, PAGE 6, PART VI, LINE 12C	MATTER ACKNO	BOARD MEMBERS ARE REQUIRED TO DISLOSE 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.								
FORM 990, PAGE 6, PART VI, LINE 15A	BOARD	EVALUATI	ES AND APPR	OVES EXECUT	IVE DIRE	CTOR'S CO	MPENSATION	I BASED ON MAR	KET.	
FORM 990, PAGE 6, PART VI, LINE 15B	BOARD	EVALUATI	ES AND APPR	OVES COMPEN	ISATION	OF KEY EM	PLOYEES AN	D OFFICERS BAS	ED ON MA	ARKET.
FORM 990, PAGE 6, PART VI, LINE 19		THE ORGANIZATION WILL PROVIDE GOVERNING DOCUMENTS, 990, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.								
FORM 990, PART XI, LINE 9		IOP PURC ASES -48,6		38 SPECIAL EV	ENT PUR	CHASES 48	,629 GIFT SHO	OP PURCHASES -	-207,338 S	PECIAL EVENT
For Paperwork Redu	uction Act Not	tice, see the In	structions for Form	n 990 or 990-EZ.		Cat. No.	51056K		Scheo	dule O (Form 990) 2023

# **Additional Data**

**Return to Form** 

Software ID: Software Version: