#### EXTENDED TO MAY 15, 2018

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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

b

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection JUL 1, 2016 and ending  $\overline{JUN}$  30, 2017 A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SACRAMENTO TREE FOUNDATION Name change 94-2825234 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 924-8733 191 LATHROP WAY, SUITE D (916)termin-ated 2,243,366. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SACRAMENTO, CA 95815 H(a) Is this a group return Applica-F Name and address of principal officer: RAY TRETHEWAY Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SACTREE.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1982 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD HEALTHY, LIVABILITY Activities & Governance COMMUNITIES BY GROWING THE BEST REGIONAL URBAN FOREST IN THE NATION. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) <u>22</u> Number of independent voting members of the governing body (Part VI, line 1b) 32 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 1600 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 840,772. 649,995. Contributions and grants (Part VIII, line 1h) Revenue 1,302,070 1,218,575. Program service revenue (Part VIII, line 2g) 1, 185.3,355. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 95,956. 64,906. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,049,206. 2,127,608. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,111,882. 1,081,376. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 751,216. 708,363. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,863,098. 1,789,739. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 186,108. 337,869. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,619,270. 2,050,333. 20 Total assets (Part X, line 16) 646,934. 565,049. 21 Total liabilities (Part X, line 26) 054,221. 403,399. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RAY TRETHEWAY, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed Paid DARLA A. COLSON DARLA A. COLSON 05/02/18 P00027123 Firm's name GILBERT ASSOCIATES, INC. 68-0037990 Preparer Firm's EIN Firm's address 2880 GATEWAY OAKS DR, STE 100 Use Only Phone no. 916-646-6464 SACRAMENTO, CA 95833

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  EDUCATE AND COORDINATE THOUSANDS OF VOLUNTEERS ANNUALLY TO PLANT AND
	CARE FOR SHADE TREES IN THEIR HOME YARDS, SCHOOL YARDS, PARKS AND
	OTHER PUBLIC SPACES; CARE FOR AND MONITOR 2-3,000 NATIVE OAK
	SEEDLINGS; TEACH OVER 1,500 YOUTH ABOUT THE IMPORTANCE OF TREES AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 770,171. including grants of \$ ) (Revenue \$ 756,430.)
	SACRAMENTO SHADE: THROUGH A LONG-STANDING PARTNERSHIP WITH THE
	SACRAMENTO MUNICIPAL UTILITY DISTRICT, THE SACRAMENTO TREE FOUNDATION
	IN FISCAL YEAR 2017 PROVIDED OVER 6,000 FREE SHADE TREES TO RESIDENTS
	IN SACRAMENTO COUNTY TO MAXIMIZE THEIR ENERGY SAVINGS. AS PART OF THE
	SHADE TREE PROGRAM, THE RESIDENTS RECEIVED VALUABLE INFORMATION ON HOW
	TO PLANT AND CARE FOR THEIR TREES. IN ADDITION, WE PROVIDED OVER 4,000
	SHADE TREES FOR PUBLIC SPACES, SUCH AS PARKS, SCHOOLS AND STREETS TO
	REDUCE THE URBAN HEAT ISLAND EFFECT, REDUCE STORM WATER RUNOFF, IMPROVE
	AIR QUALITY, PROVIDE SHADE, INCREASE PROPERTY VALUES, AND IMPROVE
	PUBLIC HEALTH OUTCOMES AND BEHAVIORS. THE TREES WERE PLANTED WITH THE
	HELP OF VOLUNTEERS AND THE EXPERT STAFF AT THE SACRAMENTO TREE
	FOUNDATION.
4b	(Code:) (Expenses \$
	OUR NATURE PROGRAM WORKS TO REPLENISH AND SUSTAIN THE NATIVE FLORA AND
	FAUNA OF SACRAMENTO COUNTY BY REPLANTING AND PROTECTING NATIVE TREES
	AND WOODLANDS. THROUGH PARTNERSHIPS WITH THE COUNTY OF SACRAMENTO AND
	PRIVATE DEVELOPERS, THE SACRAMENTO TREE FOUNDATION IN FISCAL YEAR 2017
	PLANTED MORE THAN 1200 NATIVE TREES TO MITIGATE FOR TREE REMOVAL AND
	MONITORED OVER 4,000 TREES. THE TREES WERE PLANTED AND CARED FOR WITH
	THE HELP OF HUNDREDS OF VOLUNTEERS AND THE EXPERT STAFF AT THE
	SACRAMENTO TREE FOUNDATION.
	175 716
4c	(Code: ) (Expenses 175,716. including grants of \$ ) (Revenue \$ 28,978.) OTHER PROGRAMS INCLUDE EDUCATION, VOLUNTEER AND COMMUNITY COORDINATION
	AND URBAN FOREST MONITORING. TO GROW OUR COMMUNITY'S AWARENESS AND
	SUPPORT FOR THE BEST URBAN FOREST IN THE NATION, IN JANUARY 2017, WE
	HELD THE FIFTH GREENPRINT SUMMIT, A DAY-LONG CONFERENCE, AT THE GUILD
	THEATER WITH MORE THAN 100 SUPPORTERS IN ATTENDANCE.
	THEATER WITH MORE THAN 100 SOFFORTERS IN ATTEMPANCE.
	FOLLOWING ARE SPECIFIC EXAMPLES OF OUR PROGRAMS: STF MANAGES IN-DEPTH
	TECHNICAL STUDIES IN PARTNERSHIP WITH REGIONAL AND NATIONAL GOVERNMENT
	AGENCIES TO INCREASE THE SCIENTIFIC UNDERSTANDING OF THE BENEFITS OF
	THE URBAN FOREST.
	Value 1 4 Value 4 7
	WITH OUR HELP, NEIGHBORHOODS DEVELOP LOCAL PARTNERSHIPS, ORGANIZE
<u>4</u> d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \(\bigs\) 1,410,361.

## Form 990 (2016) SACRAMENTO To Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		τ,	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			~
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	445		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X

## Form 990 (2016) SACRAMENTO TREE FO Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2016) SACRAMENTO TREE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

tender the number reported in Box 3 of Form 1006. Enter O- if not applicable 10 10 10 10 10 10 10 10 10 10 10 10 10		Check if Schedule O contains a response of note to any line in this part v					
be Enter the number of Forms W2G included in line 1a. Enter 9-6 froit applicable   10   10   10   10   10   10   10   1						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (as ambibling) winnings to prize winners?  2a 32  35  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  36  If at least one is reported on line 22, did the organization file all required federal employment tax returns?  37  38  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  38  39  If the organization have unrelated business gross income of \$10,000 or more during the year?  30  31  31  32  34  35  35  36  36  37  37  38  38  38  38  39  39  30  30  30  30  30  30  30  30			_				
(agambling) winnings to prize winnors?  2 Enfort the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5 It at least one is reported on line 2a, did the organization lie all required federal employment tax returns?  8 It all teast one is reported on line 2a, did the organization lie all required federal employment tax returns?  8 It all the organization have unrelated business gross income of \$1,000 or more during the year?  8 If Y'es, * last if field a Form 990 The firsh year if "I" *\%", * fin #\@ 1.00 your your de an explanation in Schedule 0  9 If Y'es, * and * filed a Form 990 The firsh year if "I" *\%", * fin #\@ 1.00 your your de an explanation in Schedule 0  9 If Y'es, * enter the name of the foreign country.  9 See instructions for filing requirements for FindCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF).  9 See instructions for filing requirements for FindCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  9 See instructions for filing requirements for FindCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  9 See instructions for filing requirements for FindCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  9 See 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 forem 88867 to \$1.00,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  9 See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  10 Jim the organization than than yerceive deductible contributions under section 170(c).  10 Jim the organization than than yerceive deductible contributions of any the year of year year year year year year y							
2a Enter the number of employees reported on Form W.3, Transmittal of Woge 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 tederal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-//le (see instructions)  B Did the organization have unretated business gross income of \$1,000 or more during the year?  3a X  If Yes, *Inas It filed a Form 9901 for this year? If *No,** To line 3b, provide an explanation in Schedule O  4a A tany time during the calendary ear, 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; or other accounts of the other financial account; or other financial account; or other accounts or other accounts or other accounts or other accounts. (FBAR).  5a Was the organization approach or programation that was or is a party to a prohibited tax shelfer financial account; or other accounts of the organization solicity and accounts of the organization solicity and the organization file organization solicity or other vehicles, or	С						
flietd for the calendary year ending with or within the year covered by this return.    1			 T	 I	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 a Did the organization have unrelated business pross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business pross income of \$1,000 or more during the year?  3 a X  3 b If "Yes," has it filled a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; when the name of the organization has the organization at the two repairs and the two properties of the name of t	2a			,,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c A Vany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? yet a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. It is seen as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. It is seen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization and the organization file Form 888-1?  5c Uses the organization have annual gross receipts that the series a party to a prohibited tax shelter transaction?  5c Van bid any taxable party notify the organization file Form 888-1?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?  6c Van Year Year of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Van Year Year of Van						37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4c 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 (P)  5c Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial account (FBAR).  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5d Was the organization selection of spinitudinary (Possible of the contributions of the foreign bank and Financial Accounts (FBAR).  5d Was the organization include with every solicitation at any time during the tax year?  5d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Was the "If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  a Did the organization selective a payment in excess of \$75 made partly as a contribution of quality of goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made partly as a contribution of undersective of the goods or services provided?  7c Did t	b				2b		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, escurities account, or other financial account?) 4b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See Set See Association for the Author of Contribution of Part See Set See See See See See See See Se			s)				v
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  13c  Did the organization receive any payments for indoor tanning services during the tax year?	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
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Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Ida bid the organization receive any payments for indoor tanning services during the tax year?  Ida bid the organization receive any payments for indoor tanning services during the tax year?	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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.)  11a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c	8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	d by th	е			
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b					8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12							
Initiation fees and capital contributions included on Part VIII, line 12					-		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a 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.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ls the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a  X					9b		
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a 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.)  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X			-				
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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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.  13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X			1110	I			
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 12b			Ha				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 13b 13c 14a 15c 14a 15c 14a 15c	b		11h				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X	12a			?	12a		
I3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X			1	İ			
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X							
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X					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  c Enter the amount of reserves on hand  13c  14a  X		-					
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  13b  13c  13c  14a  X	b						
c Enter the amount of reserves on hand			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b									
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а									
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•	•					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	SACRAMENTO TREE FOUNDATION - (916)924-8733								
	191 LATHROP WAY, SUITE D, SACRAMENTO, CA 95815								

Form 990 (2016)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	111126		C)	прсі	iisat	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(** 2. *********************************		and related
	below	idual	Institutional trustee	-e	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) RYAN HOOPER	1.00									
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) JANINE BERA	1.00									
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) MICHAEL BENOFF	1.00									
TREASURER	1 00	Х		Х				0.	0.	0.
(4) MELISSA WILLIAMS	1.00	,,		,,					0	0
SECRETARY	1 00	Х		Х	_		_	0.	0.	0.
(5) CHRISTI BLACK-DAVIS	1.00	X							0	0
BOARD MEMBER	1.00	Α						0.	0.	0.
(6) MICHELLE SMIRA BRATTMILLER	1.00	Х						0.	0.	0.
BOARD MEMBER (7) CHERYL DELL	1.00	^				$\vdash$		0.	0.	0.
(7) CHERYL DELL BOARD MEMBER	1.00	X						0.	0.	0.
(8) ERIC DOUGLAS	1.00	Δ			_	┝	$\vdash$	0.	0.	<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
(9) DELLA GILLERAN	1.00					$\vdash$			<u> </u>	
BOARD MEMBER		x						0.	0.	0.
(10) ALLISON HARRIS	1.00	<del> </del>				$\vdash$		•		
BOARD MEMBER		Х						0.	0.	0.
(11) WILLIAM ISHMAEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) STEVE JOHNS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOHN LANE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHARLES METZINGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TOM ROTELLI	1.00									_
BOARD MEMBER	1 1 1 1	Х						0.	0.	0.
(16) JEAN SHAW	1.00									_
BOARD MEMBER	1 00	Х				<u> </u>	_	0.	0.	0.
(17) ROBERT SHERRY	1.00	,,							_	•
BOARD MEMBER	<u> </u>	X						0.	0.	0.

632007 11-11-16 Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ገ e than	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	erson	is bot	th an		compensation	1	an	nount (	of
	week (list any	-	T a	10 a 0	I	) i i us	1	from	from related			other	
	hours for	irecto						the	organizations		l .	pensa	
	related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	U)	l	om the anizati	
	organizations	ruste	l trus		e e	nben		(***2/1099*****100)			ı ~	d relate	
	below	dualt	tiona		nploy	st co I	_				l	anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ĭ		
(18) JEFF TOWNSEND	1.00	<del>                                     </del>	<del>                                     </del>	Ť	Ť					$\neg$			
BOARD MEMBER		Х						0.		0.			0.
(19) HONEY WALTERS	1.00				T	T	Т			$\neg$			
BOARD MEMBER		Х						0.		0.			0.
(20) JOHN WEBRE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) BOB WASTE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(22) CAYLYN WRIGHT	1.00												
BOARD MEMBER		Х						0.		0.			0.
(23) RAY TRETHEWAY	40.00										_		
EXECUTIVE DIRECTOR				Х				104,909.		0.	2	1,7	10.
			_		_		$\vdash$						
		ļ											
		_	┝		┝	-	⊢						
		-											
dh. Ooda Asaad				<u> </u>			Ļ	104,909.		0.	2	1,7	1 ∩
1b Sub-total								104,909.		0.		<b>⊥</b> ,/.	0.
c Total from continuation sheets to Part VI								104,909.		0.	2	1,7	
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 of war and all			<b>,</b> /.	10.
2 Total number of individuals (including but n	ot iimited to tr	iose	IIST	eu a	VOG	e) wi	no r	eceived more than \$100	,000 of reportable	3			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	ısta	o ka	av er	mnlr	)VAA	or	highest compensated a	mnlovee on	1			
line 1a? If "Yes," complete Schedule J for s				•		•		•			3		Х
4 For any individual listed on line 1a, is the su											_		
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	=				-						5		Х
Section B. Independent Contractors	,				,								
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of com	pens	ation	rom	
the organization. Report compensation for	the calendar y	ear	end	ing v	with	or w	/ithir	n the organization's tax	year.				
(A)								(B)			(0		
Name and business	address	N	INC	E				Description of s	ervices	C	ompe	nsatior	1
							_						
							$\dashv$						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi						0						990 (c	24.0

Form 990 (2016) SACRAMET Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
iran		Membership dues	I					
Å,G		Fundraising events		37,572.				
ar/ar/		Related organizations	·····	-				
s, G		Government grants (contributi		344,762.				
ion		All other contributions, gifts, grant	· —	-				
but		similar amounts not included abov		458,438.				
ÖĘ	а	Noncash contributions included in lines		180,578.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			840,772.			
$\neg$				Business Code				
ø	2 a SACRAMENTO SHADE 11000				756,430.	756,430.		
P K	b	MITIGATION		110000	452,268.	452,268.		
Se	С	URBAN GREENING		110000	5,650.	5,650.		
am	d	URBAN WOOD RESC	UE	110000	4,227.	4,227.		
Program Service Revenue	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,218,575.			
	3	Investment income (including						
		other similar amounts)			3,355.			3,355.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enue		Gross income from fundraising including \$ 37,5	g events (not					
Other Rever		contributions reported on line						
¥		Part IV, line 18		161,563.				
ţ.	b	Less: direct expenses	b	115,758.				
١	С	Net income or (loss) from fund	draising events		45,805.			45,805.
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale:	s of inventory	<b></b>				
ļ		Miscellaneous Revenu	е	Business Code		10.10		
	11 a	OTHER INCOME		900099	19,101.	19,101.		
	b							
	С							
		All other revenue			10 101			
		Total. Add lines 11a-11d			19,101.			40 160
	12	Total revenue. See instructions.			2,127,608.	ц,⊿3/,6/6。	0.	49,160.

# Form 990 (2016) SACRAMENTO TREE FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	126,619.	104,573.	16,763.	5,283.
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	827,625.	683,521.	109,574.	34,530.
8	Pension plan accruals and contributions (include				<u> </u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,318.	47,338.	7,589.	2,391.
10	Payroll taxes	69,814.	57,658.	9,243.	2,913.
11	Fees for services (non-employees):		,	- ,	,
	Management				
b	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	834.	632.	202.	
q	Other. (If line 11g amount exceeds 10% of line 25,		0020	2020	
9	column (A) amount, list line 11g expenses on Sch 0.)	246,570.	186,811.	59,759.	
12	Advertising and promotion	3,349.	3,056.	250.	43.
13	Office expenses	49,819.	33,711.	8,145.	7,963.
14	Information technology	47,693.	34,130.	13,513.	50.
15	Royalties	=: / == :	3 2 7 2 3 3		
16	Occupancy	94,144.	69,181.	24,738.	225.
17	Travel	,	37,2321		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,990.	12,980.	5,234.	1,776.
20				3,231	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,852.		42,852.	
23	Insurance	46,563.	36,287.	8,803.	1,473.
24	Other expenses. Itemize expenses not covered	=1,000	22,237	- 70000	=, = . 3 ·
2-1	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.)				
а	TREES AND MATERIALS	72,387.	72,138.		249.
h	VEHICLES	51,578.	51,470.	108.	
2	EQUIPMENT	14,648.	12,544.	2,104.	
d	FEES	12,253.	977.	11,232.	44.
-	All other expenses	5,683.	3,354.	2,304.	25.
25	Total functional expenses. Add lines 1 through 24e	1,789,739.	1,410,361.	322,413.	56,965.
26	Joint costs. Complete this line only if the organization	_,,,,	_,,	322,113.	20,203
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110WILING SOF 38-2 (ASC 338-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 870,427. 1,193,596. Cash - non-interest-bearing 1 142,084. 142,198. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 381,476. 315,349. Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 126,000. 9,500. 8 Inventories for sale or use 27,304. 16,211. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 420,376. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 280,539. 79,868. 139,837. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 108,611. 117,142. 15 Other assets. See Part IV, line 11 15 1,619,270. 2,050,333. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 145,894. 17 107,834. 17 Accounts payable and accrued expenses 18 18 Grants payable 419,155. 539,100. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 565,049. 646,934. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 977,516. 1,296,849. 27 Unrestricted net assets 20,000. 28 Temporarily restricted net assets 86,550. 76,705. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,054,221. 1,403,399. Total net assets or fund balances ..... 33 33 1,619,270. 2,050,333. Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		2,12			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,78			
3	Revenue less expenses. Subtract line 2 from line 1	3			69.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,05			
5	Net unrealized gains (losses) on investments	5	1	1,3	09.	
6	Donated services and use of facilities					
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) 10					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	1 Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes No.  Yes No.  2a X					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SACRAMENTO TREE FOUNDATION 94-2825234

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

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

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	544,987.	730,224.	379,504.	649,995.	840,772.	3,145,482.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	544,987.	730,224.	379,504.	649,995.	840,772.	3,145,482.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						219,265.				
6	Public support. Subtract line 5 from line 4.						2,926,217.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	544,987.	730,224.	379,504.	649,995.	840,772.	3,145,482.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	2,225.	660.	5,691.	1,185.	3,335.	13,096.				
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.)	1,326.	8,300.	10,616.	14,323.	19,101.	53,666.				
11	Total support. Add lines 7 through 10						3,212,244.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 7	,826,160.				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop	here					<b>&gt;</b>				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	91.10 %				
	Public support percentage from 2015					15	93.92 %				
16a	33 1/3% support test - 2016. If the o	•		•		*					
	stop here. The organization qualifies										
b	33 1/3% support test - 2015. If the o										
	and <b>stop here.</b> The organization qual										
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	i <b>ere.</b> Explain in Par	t VI how the orgar	nization				
	meets the "facts-and-circumstances"	-	=								
b	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or				
	more, and if the organization meets the				-		•				
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s				

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(a) 2014	(d) 2015	(a) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(u) 2013	(e) 2016	(f) Total
٠	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							<del>                                     </del>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						<del>                                     </del>
7 6	A Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(d) 2015	(a) 2016	(f) Total
		(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6  Gross income from interest,				<u> </u>	-	<del>                                     </del>
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>	-	<del>                                     </del>
ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	onguired ofter June 20, 1075						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		<del> </del>		+	<del> </del>	<del>                                     </del>
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the evacuization'	o first second this	d founds or fifth t	l	 	
14	First five years. If the Form 990 is for	· ·			-		zation,
<u>S</u>	check this box and stop here ction C. Computation of Publi		rcentage				
	-			actume (f)		15	0/
	Public support percentage for 2016 (li					16	<u>%</u>
	Public support percentage from 2015 ction D. Computation of Inves					16	<u>%</u>
	<u> </u>					17	
	Investment income percentage for 20						<u>%</u> %
	Investment income percentage from 2						
198	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che						
<b>2</b> U	Private foundation. If the organization	in alla flot check a	DOX OF THE 14, 19	a, or 190, Check t	ins bux and see in	อน นบนบทรั	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
2-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Su		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9с		
10a		
ioa		
10b		
m 990 or 99	90-EZ	2016

Pa	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 in (b) and (c)		
	below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in <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.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion 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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s <u>).</u>	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A			
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	janization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
secu	ion E - Distribution Allocations (see instructions)		P16-2010	Alliount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

94-2825234	Page 8
I7b: Part III. line 12:	

Schedule A	Form 990 or 990-E2) 2016 SACKAMENTO TREE FOUNDATION 94-2025254 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.)
	· · · · · · · · · · · · · · · · · · ·

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

SACRAMENTO TREE FOUNDATION

94-2825234

Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year		
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

## SACRAMENTO TREE FOUNDATION

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	2729 PROSPECT PARK DR RANCHO CORDOVA , CA 95670	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	1415 L STREET STE 280 SACRAMENTO, CA 95814	\$ <u>134,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	1110 W CAPITOL AVE WEST SACRAMENTO , CA 95691	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	955 UNIVERSITY AVE STE A SACRAMENTO, CA 95825	\$\$	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	2495 NATOMAS PARK DR STE 62 SACRAMENTO, CA 95833	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	1130 IRON POINT ROAD #150 FOLSOM, CA 95630	\$	Person X Payroll

## SACRAMENTO TREE FOUNDATION

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	703 B STREET MARYSVILLE, CA 95901	\$5,480.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PO BOX 944246  SACRAMENTO, CA 94244	\$ 70,963.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PO BOX 944246  SACRAMENTO, CA 94244	\$ 268,297.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	436 W SCOTTS AVE STOCKTON , CA 95203	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	915 I STREET SACRAMENTO, CA 95814	\$33,125.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	4354 TOWN CENTER BLVD #114 EL DORADO HILLS, CA 95762	\$8,281.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### SACRAMENTO TREE FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	6301 S ST  SACRAMENTO, CA 95817	\$16,563.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, ausi 665, una Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

## SACRAMENTO TREE FOUNDATION

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	TREE LOGS		
10		_	
		\$	06/30/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	TREE LOGS		
11		<del>-</del>	
		33,125.	06/30/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	TREE LOGS	_	
12		_	
		\$\$	06/30/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- 10	TREE LOGS	_	
13		_	
		\$16,563.	06/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_ _	
		\ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		_	
623453 10-1	0.16	Schedule R (Form 9	990. 990-EZ. or 990-PF) (2016)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

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SACRAMENTO	TREE	FOUNDATION

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations descri	bed in section	n 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,00	onowing inte 00 or less for th	e year. (Enter this info once )
	Use duplicate copies of Part III if addition			(Enter this miss. Shoot.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Turti				
		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No.	4.5			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		()7		
	Transferse's name address as	(e) Transfer of		alationship of transferor to transferor
İ	Transferee's name, address, ar	10 ZIF + 4	ne	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(a) Tunnafari ef	aift	
	Transferee's name, address, ar	(e) Transfer of		elationship of transferor to transferee
			ne	nationally of national to nationale

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SACRAMENTO TREE FOUNDATION

Employer identification number 94-2825234

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	-	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		<b>•</b> •

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	dule D (Form 990) 2016 SACRAMED  † III Organizations Maintaining C	NTO TREE FO		easures or Oth		-2825234	
3	Using the organization's acquisition, accession		-			•	
•	(check all that apply):	,	s, emecinally en une		o.goa a.oo .		
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other	3 1 3			
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	he organization's ex	empt purpose ir	n Part XIII.	
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma					Yes	☐ No
Pai	t IV Escrow and Custodial Arrang					rt IV. line 9. or	
	reported an amount on Form 990, Par		3		,	, ,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets no	ot included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			••	
	, ,	•	J			Amount	
С	Beginning balance				1c	,	
	Additions during the year						
	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include an amount on Fo				oility?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	III		
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four	r years back
1a	Beginning of year balance	76,705.	80,323.	35,868.	. 29,	367.	
b	Contributions			44,059.	1,	000.	
	Net investment earnings, gains, and losses	11,309.	-2,037.	1,485.	5,8	851.	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	1,464.	1,581.	1,089.	,	350.	
g	End of year balance	86,550.	76,705.	80,323.	35,8	868.	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 100.00	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.					
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organization	n <u>r</u>	
	by:					$\longrightarrow$	Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answered						
	Description of property	(a) Cost or ot	1 ' '	' '	Accumulated	(d) Book	k value
		basis (investm	ent) basis	(other) d	epreciation		
1a	Land	1	1			4	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
	Equipment		420,376.	280,539.	139,837.
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10c.)	<b></b>	139,837.
					/

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 SACRAMENTO	TREE FOUNDAT:	TON	94-	2825234	Page :
Part VII Investments - Other Securities.					1 age v
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, F	art X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	uation: Cost or end-o	f-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of va	uation: Cost or end-o	f-year market v	alue
(1)					
(2)		-			
(3)					
(4)		-			
(5)		-			
(6)		-			
(7)		+			
(8)		+			
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	on Form 000 Port IV line	11d Soo Form 000 F	ort V line 15		
Complete if the organization answered "Yes"	Description	e i i d. See i oiiii 990, F	art X, iii le 15.	(b) Book va	lue
(1) INVESTMENTS - ENDOWMENT	20001112111				,120
(2) 501 AGENCY TRUST ASSET					,022
(3)					022
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	= 15.)		<b>•</b>	117,	,142
Part X Other Liabilities.	,				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
	l'				

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

Sche	edule D (Form 990) 2016 SACKAMENTO TREE FOUNDATIV	OIA		J4-	ZOZOZO4 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,269,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	11 200		
а	Net unrealized gains (losses) on investments		11,309.	.	
b			47,739.	.	
С	1 / 3		20 500	.	
d		2d	-32,582.		26 466
	Add lines 2a through 2d			2e	26,466.
3	Subtract line 2e from line 1			3	2,243,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	, , , , , , , , , , , , , , , , , , , ,		-115,759.	-	
b		4b	-115,/59.	1 1	115 750
	Add lines 4a and 4b			4c	-115,759.
5				5	2,127,608.
Ра	Reconciliation of Expenses per Audited Financial State		n Expenses per	Ketu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 000 CEE
1	Total expenses and losses per audited financial statements			1	1,920,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	47 720		
а			47,739.	-	
b	, , ,			.	
С			115 750	-	
d	7		115,759.		162 400
	Add lines 2a through 2d			2e	163,498.
3	Subtract line 2e from line 1			3	1,757,157.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	, , , , , , , , , , , , , , , , , , , ,		22 502	-	
b		-	32,582.	1 1	20 500
	Add lines 4a and 4b			4c	32,582.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,789,739.
	art XIII Supplemental Information.				V. "
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
וגכו	DM W ITNE 4.				
PA.	RT V, LINE 4:				
ישת	DMANIENMI V DECMOTOMED NEM ACCEMO AM TINE	20 2017		משח	TNI
PE.	RMANENTLY RESTRICTED NET ASSETS AT JUNE	30, 2017	ARE INVES	TED	TIN
וים מ	RPETUITY WITH THE SACRAMENTO REGION COMM	IINITMV EC	ATTATO A TO TO ATTA	COM	MITAT T MAZ
P C.	RPEIOIII WITH THE SACRAMENTO REGION COMM	UNIII FC	MDAIION (	COM	MONTII
r∩i	UNDATION) BASED ON AN ENDOWED AGENCY FUN		וביאות אוא דיבי מו	тти	mur
r O	UNDATION, BASED ON AN ENDOWED AGENCY FOR	D AGREEM	IENI MADE M	тіп	105
r∩i	TINDATION TO DECVIDE FINDS FOR DIAMNING	CADE AND		M O	c muc
r O	UNDATION TO PROVIDE FUNDS FOR PLANNING,	CARE AND	PROIECTIO	IN O.	r iur
C 7.	CDAMENHO DECTON'C HDDAN EODECH				
SA	CRAMENTO REGION'S URBAN FOREST.				
יגם	DM YT ITNE 2D _ OMUED ADTHOMENMO.				
rA.	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
<u>ر</u>	ST OF DIRECT BENEFIT				_21 7/7
CUi	OI OL DIVECI DEMELII				-31,747.
יזא ד	VESTMENT MANAGEMENT FEE				-835.
T 1/	ABOTHEMI MUMORHEME LEE				-033.
י∩ית	TAL TO SCHEDULE D, PART XI, LINE 2D				-32,582.
T ()	THE TO DOMEDONE D' EWLT WI' HIME AD				54,504.

Schedule D (Form 990) 2016 SACRAMENTO TREE FOUNDATION  Part XIII   Supplemental Information (continued)	94-2825234 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	-115,759.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	115,759.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEE	835.
COST OF DIRECT BENEFIT	31,747.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	32,582.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SACRAMENTO TREE FOUNDATION

Employer identification number

94-2825234 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	_	of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF	1	(add col. (a) through
			TREE HERO	TOURNAMENT	1	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue		Oue and the second seco	153,693.	33,297.	12,145.	199,135.
Re	ו'	Gross receipts	133,093.	33,291.	12,143.	199,133.
	,	Less: Contributions	21,592.	15,980.		37,572.
	~	2000. Ochanbationio				0.70.2.
	3	Gross income (line 1 minus line 2)	132,101.	17,317.	12,145.	161,563.
	4	Cash prizes				
	_		21 502	15 000		27 572
Ś	5	Noncash prizes	21,592.	15,980.		37,572.
Direct Expenses	ء ا	Rent/facility costs				
xpe	ľ	nentraciiity costs				
ğ	7	Food and beverages	11,735.	2,547.	2,330.	16,612.
Dire		<b>3</b>			-	-
	8	Entertainment				
	9	Other direct expenses		17,938.	5,214.	61,574.
		Direct expense summary. Add lines 4 through				115,758.
Pa	11 rt	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		2000 Dort IV line 10 or		45,805.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered tes on Forn	1990, Part IV, line 19, or	reported more than	
		\$15,000 0111 01111 990-L2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
Œ	1	Gross revenue				
Se	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
ect	_	Pont/facility costs				
ä	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		Not assist in the second of th	Character of a selection (al)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					

Sch	nedule G (Form 990 or 990-EZ) 2016 SACRAMENTO TREE FOUNDATION 94-	2825	234	Page 3
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	1		
	a The organization's facility		<del>                                     </del>	<u>%</u>
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14	Efficient the frame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
			.,	<b></b>
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖	Yes	∟ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party  \$\Bigs\\$ \			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	daming manager information.			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□ No
ŀ	retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	103	
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
_				

Schedule G	(Form 990 or 990-EZ)	SACRAMENTO	TREE	FOUNDATION	94-2825234	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)				

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Types of Property

SACRAMENTO TREE FOUNDATION

Employer identification number 94 - 2825234

		Check if applicable	Number of contributions or	Noncash contrib amounts reporte		Method of de noncash contribu	termin	•	e
		applicable		Form 990, Part VIII,		HOHCASH COHTHIDO	tion a	HOUITE	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (TREES)	X	1		755.F				
26	Other (SUPPLIES)	X	1	35,	823.F	MV			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi				_				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
				5				Yes	No
30a	During the year, did the organization receive b								
	must hold for at least three years from the date						00		X
	exempt purposes for the entire holding period	?					30a		
	If "Yes," describe the arrangement in Part II.	naliau Haat	andros the manifere	of any non-t	o o natrilla i di	ana?	0.4		Х
31	Does the organization have a gift acceptance					UIIS?	31	$\dashv$	
32a	Does the organization hire or use third parties						20-		Х
L	contributions?						32a		Λ
	If "Yes," describe in Part II.	nali imare (=) f=	r o tupo of man	u for which salves /	ا - حاء ما (م	rad			
33	If the organization didn't report an amount in o	olumn (c) fo	a type of propert	y for which column (	a) is checi	keu,			
	describe in Part II.	the leature	tions for Form 00			Cobodulo M	/F aa	000) (	0046)

Part II	<b>Supplemental Information.</b> 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.

Schedule M (Form 990) (2016) SACRAMENTO TREE FOUNDATION

94-2825234

Page 2

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SACRAMENTO TREE FOUNDATION

Employer identification number 94-2825234

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUE OF THEIR URBAN FOREST; COORDINATE REGIONAL INITIATIVE (SIX

COUNTIES AND 22 CITIES) TO PROMOTE THE ADVANCEMENT, AND INVESTMENTS IN,

TREES AND URBAN FORESTRY.

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

PROJECTS, AND BECOME EMPOWERED TO ENHANCE THEIR TREES AND LANDSCAPES.

WE PROVIDE EDUCATIONAL MATERIALS, TRAINING, PRACTICAL TOOLS, AND

LOGISTICAL SUPPORT TO DEVELOP AND MAINTAIN THE LOCAL SKILLS AND FOCUS

NEEDED TO BUILD TRULY GREAT NEIGHBORHOOD TREE PROGRAMS AND GROUPS.

IN FY 2017, WE RELAUNCHED THE SAVE THE ELMS PROGRAM( STEP) AFTER MORE

THAN A DECADE LONG HIATUS. THE STEP PROGRAM TRAINS VOLUNTEER CITIZENS

SCIENTISTS TO HELP IDENTIFY DUTCH ELM DISEASE SYMPTOMS IN ORDER TO SLOW

THE SPREAD OF THE DISEASE. DURING THE SUMMER OF 2016 MORE THAN 700

PUBLIC AMERICAN AND ENGLISH ELM TREES WERE MONITORED.

IN FY 2017, MORE THAN 1000 STUDENTS PARTICIPATED IN OUR SEED TO

SEEDLING PROGRAM. GROWING NATIVE ACORNS INTO YOUNG SEEDLINGS ON THE

WINDOWSILL OF CLASSROOMS INVITES YOUNG STUDENTS TO ENTER THE NATURAL

WORLD OF EXPLORATION, WONDER, AND EXCITEMENT. AFTER A FEW MONTHS, THESE

SEEDLINGS ARE TRANSFERRED TO A CORRECTIONAL CENTER NURSERY AND GROWN TO

A SIZE APPROPRIATE FOR REPLANTING AT SCHOOLS AND LOCAL PARKS.

FORM 990, PART VI, SECTION A, LINE 2:

JEFF TOWNSEND IS EMPLOYED BY JACOBS. JACOBS IS UNDER CONTRACT TO PROVIDE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization SACRAMENTO TREE FOUNDATION Employer identification number 94-2825234

LANDSCAPE DESIGN PLANS, SPECIFICATIONS AND ESTIMATE SERVICES FOR THE HANAMI
LINE WHICH THE TREE FOUNDATION HAS COMMENCED DISCUSSIONS TO RAISE FUNDS
FOR.

JEFF WILL BE DIRECTED TO RECLUSIVE HIMSELF FROM ALL BOARD MATTERS

CONCERNING THE HANAMI LINE.

JOHN WEBRE IS A PRINCIPLE AT DREYFUSS BLACKFORD WHO HAS ENTERED INTO

CONTRACTUAL SERVICES WITH JACOBS TO PERFORM LANDSCAPE DESIGN PLANS,

SPECIFICATIONS AND ESTIMATES FOR THE HANAMI LINE WHICH THE TREE FOUNDATION

HAS COMMENCED DISCUSSIONS TO FUND RAISE FOR THESE SERVICES.

JOHN WILL BE DIRECTED TO RECLUSIVE HIMSELF FROM ALL BOARD MATTERS

CONCERNING THE HANAMI LINE.

DELLA GILLERAN IS THE PRINCIPLE AT MARKETING BY DESIGN THAT HAS A

MULTI-YEAR BUSINESS RELATIONSHIP WITH THE TREE FOUNDATION FOR GRAPHIC

DESIGN AND PRODUCTION SERVICES. THE BOARD UNDERSTANDS THIS RELATIONSHIP

HAS BEEN MAINTAINED TO RETAIN CONTINUITY AND CONSISTENCY IN OUR 'LOOK' AND

BRAND FOR OUR PRINTED MATERIALS. MARKETING BY DESIGN HAS ALSO MAINTAINED A

GENEROUS LEVEL OF PRO-BONO SERVICE FOR THE TREE FOUNDATION. ALSO,

MARKETING BY DESIGN IS NOT THE SOLE PROVIDER FOR ALL TREE FOUNDATION DESIGN

AND PRINT SERVICES.

IN CONSIDERATION OF THE IMPORTANCE IN MAINTAINING OUR IMAGE AND BRAND IN

OUR PRINT MATERIALS, MARKETING BY DESIGN WILL CONTINUE TO PROVIDE SOME BUT

NOT ALL OF THE TREE FOUNDATION'S GRAPHIC AND PRINT SERVICES IN FISCAL YEAR

2017.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization  SACRAMENTO TREE FOUNDATION	Employer identification number 94-2825234
BY MANAGEMENT AND THE FINANCE COMMITTEE. ALL QUESTIONS A	ARE RESOLVED BEFORE
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER IS REQUIRED TO FOLLOW THE RESPONSIBILITIES AND	
OBLIGATIONS SET FORTH IN THE CONFLICT OF INTEREST POLICY. SHOULD A	
POTENTIAL CONFLICT OF INTEREST ARISE, THE BOARD WOULD DISCUSS THE	
CIRCUMSTANCES AT THE NEXT BOARD MEETING AND, IF A CONFLIC	CT IS FOUND TO
EXIST, DEVELOP THE APPROPRIATE CORRECTIVE ACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE FINANCE COMMITTEE IS CHARGED WITH REVIEWING, EVALUATION	ING AND DETERMINING
THE COMPENSATION OF THE EXECUTIVE DIRECTOR ANNUALLY AND V	VHENEVER A
MODIFICATION IN COMPENSATION IS PROPOSED. THE REVIEW INCI	LUDES CONSIDERATION
OF PERFORMANCE AND AN APPROPRIATE CONSIDERATION OF COMPAR	RABILITY DATA.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S GOVERNING DOCUMENTS, POLICIES, AUDITED E	FINANCIAL
STATEMENTS AND EXEMPT ORGANIZATION TAX RETURNS ARE AVAILA	ABLE FOR INSPECTION
UPON REQUEST OF THE BUSINESS OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	69,269.
MANAGEMENT AND GENERAL EXPENSES	22,159.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,428.

Name of the organization SACRAMENTO TREE FOUNDATION	Employer identification number 94-2825234
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	117,542.
MANAGEMENT AND GENERAL EXPENSES	37,600.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	155,142.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	246,570.
FORM 990 PART XII LINE 1C	
THERE WERE NO CHANGES TO THE OVERSIGHT OR SELECTION PROCE	SS IN THE
CURRENT TAX YEAR.	