# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

B Check this box	A	For the	e 2017 cale	endar year, or tax year beginning 07/01 , 2017, and endi	ing	06/	30 <b>, 20</b> 18	_		
Name change   Pol Box 2548   Pol	В	Check i	if applicable: C Name of organization Trees Matter				D Employer identification number			
Pobz. 2848   Covernorments   Pobz. 2849   Covernorment		Address	s change				81-0597674			
Print Instantive Members   Print Instantive Me		Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	one number	_		
First institution pending   Amended retains		Initial re	turn	PO Box 2648			(602)689-2896			
Application pending   Name and addiseas of promoted officer. Althoe Espositio   Month   Mont		Final retu	return/terminated City or town, state or province, country, and ZIP or foreign postal code				- <u>`</u>	_		
Applicate to pending   Runker and address of princing officer   Africa Espositio   SON 1st Street, Phoenix, 28, 8503   SON 1st Street, 28, 8503		Amende	mended return Phoenix, AZ, 85002				receipts \$ 322.53	37		
Book     State   Price   Pri		Applicat	Application pending F Name and address of principal officer: Aimee Esposito H(a) Is this a gro							
Tax-exempt status:				800 N 1st Street, Phoenix, AZ, 85003	-					
Veserite   Interestation   Cooperation   Interest   Association   Other   Name of terminion   Name of terminion   Name of the part of terminion   Name of terminion	1	Тах-өхө	mpt status:	<b>X</b> 501(c)(3)						
Second programment   Description   Descri	J	Website	e: ► tree		H(c) Group	exemption	number ▶			
Summary	K		organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms				_		
To inspire and promote an increased tree canopy in the Valley.    Check this box	P	art I	Summ	ary		·		_		
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300		1	Briefly de	scribe the organization's mission or most significant activities:				_		
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	8		To inspire	and promote an increased tree canopy in the Valley.						
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	nar	Ì					**************************************			
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	Ver	2	Check thi	s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	Ĝ	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	1	1		
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	જ	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	1	1		
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	Ë	5	Total num	nber of individuals employed in calendar year 2017 (Part V, line 2a) .		5		5		
b Net unrelated business taxable income from 990-T, line 34  Prior Year  Current Year  21,986  11,317  9 Program service revenue (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g)  308,003  308,003  310,898  11,317  9 Program service revenue (Part VIII, line 2g)  308,003  310,898  11,317  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  330,010  322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  17 Total assets (Part X, line 26)  Net assets (Part X, line 26)  Net asset (Part X, line 26)  Net asset or fund balances. Subtract line 21 from line 20  186,974  175,000  186,974  175,000  187  187  188  189  19 Prior Yyar  19 Prior Year  Current Year  19 30,003  300	₹	6	Total num	ber of volunteers (estimate if necessary)		6	30	6		
8 Contributions and grants (Part VIII, line 1h). 21,986 11,317 9 Program service revenue (Part VIII, line 2g) 308,003 310,898 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21 308,003 310,898 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 144,973 163,156 16a Professional fundraising gene (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (D), line 25) 7,790 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 296,136 314,511 19 Revenue less expenses. Subtract line 18 from line 12 3,3940 8,858 19 Total assets (Part X, line 16) 10 166,974 175,000 10 Total assets (Part X, line 26) 10 166,974 175,000 10 Total assets (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part IX, column (A), line 20 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 16) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 10 Total expenses (Part X, line 26) 10 166,974 175,000 11 Total expenses (Part X, line 26) 10 166,974 175,000 11 Total expenses (Part X, line 26) 10 166,974 175,000 11 Total expenses (Part X, line 26) 10 166,974 175,000 11 Total expenses (Part X, line 26) 10 166,974 175,000 11 Total expenses (Part X, line 26) 10	ĕ	7a	Total unre	elated business revenue from Part VIII, column (C), line 12 🕠 . 🕠 .		7a		0		
8 Contributions and grants (Part VIII, line 1h) 21,986 11,317 9 Program service revenue (Part VIII, column (A), lines 2g) 308,003 310,898 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21 322 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,010 322,537 13 Grants and similar amounts paid (Part IX, column (A), line 12) 330,010 322,537 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 0 0 0 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 (Part IX, column (A), line 11e) 19 (Part IX, colu		b	Net unrela	ated business taxable income from Form 990-T, line 34	<u>.</u>	7b		_		
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 21 322  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21 322  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,010 322,537  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 0  14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 144,973 163,156  16a Professional fundraising fees (Part IX, column (A), lines 11e) 0 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0 0  18 Total expenses (Part IX, column (A), line 11e) 0 0 0 0  19 Total fundraising expenses (Part IX, column (A), line 25) 7,790  19 Revenue less expenses. Subtract line 18 from line 12 33,874 8,026  20 Total assets (Part X, line 16) 170,914 183,858  21 Total liabilities (Part X, line 26) 3,940 8,858  21 Total liabilities (Part X, line 26) 3,940 8,858  22 Net assets or fund balances. Subtract line 21 from line 20 166,974 175,000  22 Total assets (Part X, line 26) 166,974 175,000  23 Total assets (Part X, line 26) 166,974 175,000  24 Total assets (Part X, line 26) 166,974 175,000  25 Ignature Block  26 James Positics from the transmitted this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is repart to perior, and complyin. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 James Positics Executive Director Type or prin name and title  28 James Positics Executive Director Type or prin name and title  29 James Positics and Control (Science Prints EIN Pol Pol Pol Reverse Incomplete of Pol Pol Pol Reverse Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete		1			Prior Ye	ar	Current Year	_		
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 0 32,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,010 322,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ē	8	Contributi	ions and grants (Part VIII, line 1h) [		21,986	11,31	7		
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 0 32,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,010 322,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	enc					308,003	310,89	8		
Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 0 32,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,010 322,537  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ě					21	32:	2		
Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ш.					0		ō		
Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (B), line 25) ▶ 7.790  7.790  7.790  7.790  7.790  7.790  7.790  8.790  7.790  7.790  8.790  7.790  7.790  8.790  7.790  7.790  8.790  7.790  8.79						330,010	322,53	7		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  5 Total fundraising expenses (Part IX, column (D), line 25)  7 Other expenses (Part IX, column (A), line 11e)  7 Other expenses (Part IX, column (A), line 25)  8 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  9 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  11 Total liabilities (Part X, line 16)  12 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  13 Jay40  144,973  151,153  151,355  151,355  151,163  151,163  151,163  151,163  151,355  16a Beginning of Current Year  170,914  183,858  170,914  183,858  184,971  185,0914  19 Signature Block  10 Jay2016  10 Jay						0		0		
Total fundraising expenses (Part IX, column (A), line 11e)							(	<u>0</u>		
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  31,940  38,858  22 Net assets or fund balances. Subtract line 21 from line 20  33,940  3,940  3,858  3,940  3,940  3,858  24 Index 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Signature Block  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Stevenson  29 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Typ	es Se				<del></del>		163,156	3		
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  31,940  38,858  22 Net assets or fund balances. Subtract line 21 from line 20  33,940  3,940  3,858  3,940  3,940  3,858  24 Index 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Signature Block  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Stevenson  29 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Typ	ë				and the second second	0		)		
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  31,940  38,858  22 Net assets or fund balances. Subtract line 21 from line 20  33,940  3,940  3,858  3,940  3,940  3,858  24 Index 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Signature Block  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Stevenson  29 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Type preparer's name  27 Index Print/Type preparer's name  28 Index Print/Type preparer's name  29 Index Print/Type preparer's name  20 Index Print/Type preparer's name  20 Index Print/Type preparer's name  21 Index Print/Type preparer's name  22 Index Print/Type preparer's name  23 Index Print/Type preparer's name  24 Index Print/Type preparer's name  25 Index Print/Type preparer's name  26 Index Print/Typ	ន្ត					20.00				
19   Revenue less expenses. Subtract line 18 from line 12   33,874   8,026	_							_		
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)  Total liabil							314,511	1_		
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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Image: Signature of officer			Revenue I			-		3		
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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Image: Signature of officer	Š	00	T-4-1	<u> </u>				_		
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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Image: Signature of officer	麗	21		_ ·			<del></del>	_		
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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.    Image: Ima				**** · · · · · · · · · · · · · · ·		166,974	1/5,000	_		
irue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Column   Colu								_		
ign   Signature of officer   Date	true	o, correct,	and complet	te. Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to the has any knowle	e best of m dge.	ly knowledge, and belief, it is	ŝ		
Signature of officer   Date			1	= quat		1010	212010	-		
Type or print name and title    Print/Type preparer's name	ig	n	Signat	ure of officer	Date	<del>'Y'</del>	42010	-		
Print/Type preparer's name Lisa Stevenson  Firm's name ▶ Stevenson, CPA, LLC  Firm's address ▶ 1613 E Montebello Ave. Phoenix AZ 85016  Print/Type preparer's name  Preparer's signature  Check ※ if self-employed P01781883  Po1781883  Po18684  Phone no. (602)319-9243  Ray the IRS discuss this return with the preparer shown above? (see instructions)	lei	re	Aime	e Esposito Executive Director						
Lisa Stevenson    Lisa Stevenson			Туре с	or print name and title				-		
Compare   Lisa Stevenson   Firm's name   Stevenson, CPA, LLC   Firm's ell   Firm's address   1613 E Montebello Ave.   Phoenix   AZ   85016   Phone no.   (602)319-9243	نو (	id	Print/Type	preparer's name Preparer's signature Dat	te ,	Ohari E	PTIN	-		
Se Only     Firm's name     ▶ Stevenson, CPA, LLC     Firm's EIN ▶     81-0918684       Firm's address ▶ 1613 E Montebello Ave. Phoenix AZ 85016     Phone no. (602)319-9243       lay the IRS discuss this return with the preparer shown above? (see instructions)     IX Yes No			Lisa Stev	enson (1) (A) (A)	0/1/18					
Firm's address ▶ 1613 E Montebello Ave. Phoenix AZ 85016 Phone no. (602)319-9243  ay the IRS discuss this return with the preparer shown above? (see instructions)		-		me ► Stevenson, CPA, LLC	Firm's			-		
ay the IRS discuss this return with the preparer shown above? (see instructions)	, JI	———	/					-		
	lay	the IR	S discuss				<del></del>	-		
	or I	Paperw	ork Reduct	ion Act Notice, see the separate instructions.  Gat. No.	o. 11282Y		Form <b>990</b> (2017)	,		

orm 9	990 (2017)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	] No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	71 N.o.
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	ed by
4a	(Code:) (Expenses \$251,818 including grants of \$) (Revenue \$301,073 )	
	Our Shade Tree Program provides shade tree education and distribution for local utility company. Salt River Project, in Arizona, Working with SRP, we help implement a valley-wide program that teaches thousands of residents how to plant trees strategically to reduce their air conditioning use while adding trees to the landscape. Residents take an hour and fifteen minute class on tree placement, planting, and maintenance; then are given 5 gallon trees to take home and plant. Annually with SRP, we distribute approximately 5,000 trees!	
		- <b></b>
	(Code:) (Expenses \$ 4,743 including grants of \$) (Revenue \$ 6,681 )  Qur. Utban. Food Forest Program offers classes, hands-on workshops, tours, events and education that engage the community on the bene trees through food. We provide quarterly classes on edible trees, many that are not conventionally known as food producing trees. In the p we have taught classes and had events on various trees such as Palo Verde, Ironwood, Mesquite, and Oak (acorn), Pecan, and Fruit tree pruning. We also host an urban food forest-group on Facebook with 22-members and share events and information about events and generation on trees for food. As a way to spread awareness we developed a 2018 calendar with months corresponding with harvestable tree that include recipes. Our largest event is our annual Mesquite Pancake Breakfast where we have the community try Mesquite and learn mo about our organization.	ast, ed
	(Code:) (Expenses \$2,236 including grants of \$) (Revenue \$3,144)	
; ;	Our newest program. Trees for Schools, aims to get more tree infrastructure into schools alongside teaching staff and students on the importance of trees and tree care. It goes beyond simply planting the tree—the maintenance and care of the tree that follows is critical to the success of the tree. We are determined to educate schools on this by having the students, staff, and maintenance crews be an integral part not only the planting itself, but also the education that informs them on how to care for their new trees in the long term. Since the program be at the end of 2016, we have planted 54 trees, engaged over 60 staff members, and more than 600 students. We have planted at 6 schools across the Valley. We have also developed a 'My Tree Activity Book' free on our website, that corresponds with 3rd grade level science standards and is a fun activity that can be done with family and friends too! We hope to grow this program and to focus on getting more trees school in the future:	egan -
	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses > 258.797	
4e '	Total program service expenses ► 258,797	

Page 3
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 (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	90 <b>0</b> 000 (1000
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		×
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		×
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		×
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	i	×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-	<u>x</u>
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	115	ļ	x
5	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	14b		
6	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.			<u>x</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		<u>x                                    </u>
8	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		<u>^</u>
9	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		<u>^</u>
			990 (2	
				,

Page 4

Part	Checklist of Required Schedules (continued)			
00	Didde		Yes	No
20 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		×
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		×
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		×
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		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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 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," complete Schedule L, Part II	26		×
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		×
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	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		×
10	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		×
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>~</u>
(	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>×</u>
3 ;	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	$\neg \uparrow$	×
4	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		×
b l	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
6 5	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		<u>х</u>
7 [ a	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
8 [	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	x	<u>×</u>
		Form (	390 12	017)

Form 990 (2017)

Statements Regarding Other IRS Filings and Tax Compliance

Part V

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | 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 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: b Gross income from other sources (Do not net amounts due or paid to other sources 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 . . . Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

F				
Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ir	nstruc	Page a "N tions
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	. [
		<del></del>	Yes	No
1a	I I I I I I I I I I I I I I I I I I I	1	777	
	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 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	-	X
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	IOD K. POUCIAR Unic Section & requirete intermetion about nations not required by the last west D			
	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			ode.) Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters	10a		No X
10a b	Did the organization have local chapters, branches, or affiliates?  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?	10a 10b	Yes	<u> </u>
10a b 11a	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a		<u> </u>
10a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a	Yes	<u> </u>
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a	Yes	<u> </u>
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10a 10b 11a 12a 12b	× × ×	<u> </u>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b	Yes X	<u> </u>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	Yes X X	<u> </u>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	X X X	<u> </u>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	X X X	<u> </u>
10a b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.	10a 10b 11a 12a 12b 12c 13 14	X X X X	<u> </u>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10a 10b 11a 12a 12b 12c 13 14	X X X X	<u> </u>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X	<u> </u>
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	×
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	×
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Dr. C. Disclosure	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	× ×
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Din C. Disclosure  List the states with which a copy of this Form 990 is required to be filed Paze.	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	× ×
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Disclosure  List the states with which a copy of this Form 990 is required to be filed PA	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x x x x x x x x x x x x	x x anniy)

State the name, address, and telephone number of the person who possesses the organization's books and records: Aimee Esposito 800 N 1st St, Phoenix, AZ, 85003 (602)689-2896

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

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

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

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

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

Check this box if neither the organization no	or any relate	d org	janiz	zati	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any	(do r box,	not cl unles er an	Pos heck ss po d a c	(C) sition c mor erson direct	e than is both tor/trus	one h an tee)	Reportable compensation	(E) Reportable compensation from	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Aimee Esposito	40							-		
Executive Director	† <del></del>	{		×				54,506		2.250
(2) Mark Huttlesz	2		H	-				- 0 1,000	<u> </u>	2,352
Director	†	×						o		
(3) Paula Cole	2	-	П							
Director		X			ļ			0		
(4) Kelly Saunders	2									
Director		×						0		
(5) Andrew Bernier	2				П					·
Director		×					ŀ	0		
(6) Nicole Rodriguez	2									
Director		×				1		o		
(7) Dr George Brooks	2								_	
Director		×				ľ		0		
(8) Lawrence Robinson	2					ľ				
Director		×						o		
(9) Robert McGehee	2									<del>-</del>
Board Secretary		×	ŀ	×		ŀ		o	1	
(10) Gary Williams	2								-	<del></del>
Board Treasurer		×		×		ľ		o	1	
(11) Nancy Bennett	2			$\neg$			寸			
Board Vice Chair		×		×				o		
(12) Krista Hicks	2			T					<del></del>	
Board Chair		×		x [	l	ı		o		
(13)										<del></del>
(14)			1	+	-					
		- 1	- 1	ı	1		- 1			

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Part \	Section A. Officers, Directors, Trust	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees (conti	nued)
	(A) Name and title		(C) Position (do not check more than box, unless person is bo officer and a director/tru				is both	ee)	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	ndivid or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)							0.	_			
(16)	•				=						
(17)											,
(18)					-						
(19)									! 		
											- · · · · · · · · · · · · · · · · · · ·
				$\dashv$	$\dashv$	$\dashv$					
					_	_	_				
										<del></del> .	
24)											
25)										. ,	
c T	Sub-total .  otal from continuation sheets to Part \ otal (add lines 1b and 1c)	/II, Section	ıΑ				. •	H	54,506 54,506	0	2,352
2 T	otal number of individuals (including but eportable compensation from the organiz	not limited						wh			
<b>3</b> D	old the organization list any former offi mployee on line 1a? If "Yes," complete S	cer, directo	or, or	tru	ıste ndiv	e, k				est compensate	Yes No
0	or any individual listed on line 1a, is the rganization and related organizations of the conditions of	greater tha	n \$18	50,0	00?	) If					е 🦪 💮
	olid any person listed on line 1a receive or or services rendered to the organization?									tion or individua	ı 🤼 💮
ection	B. Independent Contractors	.,							<u></u>		5 X
C	complete this table for your five highest co ompensation from the organization. Repo ear.										
	(A) Name and business addre	ess	·						(B) Description of ser	vices	(C) Compensation
	otal number of independent contractors						d to	tho	se listed abov	re) who	

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Form 990 (2017) Page **9** 

Pai	rt VIII	Statement of Rev	enue					1 490 🗸
*****		Check if Schedule (	O contains a	response or note	to any line in th	nis Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaign	s <u> </u>	1a		400	100 100 100	
Sra	b	Membership dues .	[_	1b				
S, (A	С	Fundraising events .		1c			20,000,000,000	EMECHAPIA CAR
Gifts,	d	Related organizations 1d		1d				
S. is	е	Government grants (cor		1e				
e iti	f	All other contributions, g	ifts, grants,					
Contributions, and Other Sim	İ	and similar amounts not inc		<b>1f</b> 11,31	7	Para la company	100	
<u>4</u> 9	g	Noncash contributions inclu					lease of the	
	h	Total. Add lines 1a-1	<u>f</u>		11,31	7		
ᆵ		<b>.</b>		Business Code				
eve	2a	Shade Tree		0	301,07	<del> </del>		
e E	b	Ticket Sales / Class Fee	es 	0	3,91			
Ξ̈́	C	Other Programs		0	5,90	8 5,908	3	
လ္ဆ	d		·			<u> </u>		
Ian	e	All other program ser	vice revenue	<u></u>			<del> </del>	
Program Service Revenue	g	Total. Add lines 2a-2			310,89			
	3	Investment income		· · · · · · · · · · · · · · · · · · ·	310,090	5	T T	
		and other similar amo			322	322	,	
	4	Income from investment	t of tax-exemp	t bond proceeds	- VE	022	·	
	5	D 111	'	, , , , , <b>&gt;</b>	-			
		·	(i) Real	(ii) Personal				
į	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		0 (	o (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	d	Net rental income or (		<u> ▶</u>		)	a yearin ner ya ya hankarari in a ya bahari ila	zenetazunetazune vatentetatultetat
	7a	Gross amount from sales of	(i) Securities	(ii) Other				u, u, u,
		assets other than inventory						
	b	Less: cost or other basis						ii,
	_	and sales expenses .						
	4   C	Gain or (loss)		0 0				
	d	Net gain or (loss) .		·				
ne	8a	Gross income from ful	ndraising			a de area, as a se		
/en		events (not including \$						
Other Revenue		of contributions reporte	d on line 1c).					
er		See Part IV, line 18 .		а			4	
₹	b	Less: direct expenses		b				
-	C	Net income or (loss) fr			0			> 10005. N. 166436.29 14674.25 14455.272 21734
	9a	Gross income from gai						
		See Part IV, line 19 .						
		Less: direct expenses		b				
	C	Net income or (loss) from			0			
- 1	IUa	Gross sales of invertures and allowance:	=		1			
	ь.			a				
		Less: cost of goods so Net income or (loss) fro		b[				
ŀ		Miscellaneous Re		Business Code	0			
}	11a		<del>-</del> -					
- 1	b			·	-		<del></del>	· · · ·
	c			*				
	ď	All other revenue .	· · · · ·					
ľ	e	Total. Add lines 11a-1	1d	<b>&gt;</b>	0			
	12	Total revenue. See ins	structions	<u> </u>	322,537	311,220	0	0

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Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0001	Chock if Schodulo O contains a reason	mpiete ali columns. A	All otner organizatio	ns must complete c	olumn (A).
Don	Check if Schedule O contains a respo ot include amounts reported on lines 6b, 7b,	nse or note to any li	ne in this Part IX		<u> </u>
8b, 9	b, 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		<u>-</u>		
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 5	Benefits paid to or for members	54,506	43,605	8,721	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			9,. 2.	2,,,00
7	Other salaries and wages	81,339	65,071	13,014	3,254
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,650	1,330	254	66
9	Other employee benefits	14,264	11,503	2,190	
10	Payroll taxes	11,397	9,203	1,738	456
11	Fees for services (non-employees):				
а	Management ,	7,846	5,577	2,169	100
b	Legal				
С	Accounting	13,313		13,313	
d	Lobbying				<u></u>
6	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				<del></del> -
13	Office expenses	6,211	4,969	1,242	0
14	Information technology	6,547	5,565	982	
15	Royalties	0,0 11	0,000	302	<del></del> _
16	Occupancy	8,400	6,552	1,848,	0
17	Travel	2,738	2,498	131	109
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				100
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,279	1,914	365	0
23	Insurance	8,063	7,579	484	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		A Company		
	(A) amount, list line 24e expenses on Schedule O.)	ar a			
_	Trees	71.040	74.000		
a	Event Costs and Teacher Fees	71,949	71,949		
b b	Supplies and Materials	12,689 5,769	12,689		200
d	Dues and Subscriptions	1,702	4,837 1,396	99	833
e	All other expenses	3,849	2,560	306 1,068	001
25	Total functional expenses. Add lines 1 through 24e	314,511	258,797	47,924	7,790
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	313,311	200,101	41,324	7,780

Form 990 (2017)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . Beginning of year End of year Cash – non-interest-bearing 139.640 154,505 2 3 25,493 22,114 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 2,929 6,666 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . . 10b 2.852 10c 11 Investments - other securities. See Part IV, line 11 . . . . . . . . 12 12 Investments – program-related. See Part IV, line 11 . . . . . . . . . 13 13 14 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 170 914 **16** 183,858 3,940 17 8,858 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 3,940 26 8,858 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕱 and complete lines 27 through 29, and lines 33 and 34. 166,974 **27** 175,000 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐ complete lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 166,974 **33** 175.000 

Form **990** (2017)

183.858

170,914 34

Page **11** 



	90 (2017)			Page <b>1</b>
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	322,53
2	Total expenses (must equal Part IX, column (A), line 25)	2		314,51
3	Revenue less expenses. Subtract line 2 from line 1	3		8,02
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		166,97
5	Net unrealized gains (losses) on investments	5		
6		6		
7		7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		175,00
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990: Cash 🗷 Accrual Cother			Yes No
		plain in		
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the com	 oiled or	2a	×
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 d on a	2b	×
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Tinvestment expenses Prior period adjustments The prior period adjustmen	2c			
	If the organization changed either its oversight process or selection process during the tax year, ex		20	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	orth in	3a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the	100	<del></del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	

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

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organiz	ation					Employer Identificati	on number	
Trees Matter						81-0	597674	
Part   Rea	son for Public Ch	arity Status (A	ll organizations mu	st comp	lete this	part.) See instruct	lons.	
The organization	is not a private found	dation because it	is: (For lines 1 through	gh 12, ch	eck only o	one box.)		
1 L A churcl	n, convention of chur	ches, or associa	tion of churches desc	ribed in	section 1	70(b)(1)(A)(i).		
2 ∐ A schoo	- Contract to Contract to Contract Cont							
3 ∐ A hospit	al or a cooperative h	ospital service o	rganization described	in section	on 170(b)	(1)(A)(iii).		
hospital	s name, city, and sta	ite:	conjunction with a ho					
section	section 170(b)(1)(A)(iv). (Complete Part II.)							
7 🔲 An orgai								
8 🗌 A comm	unity trust described	in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9 □ An agric or univer universit	ultural research orga sity or a non-land-gr y:	nization describe ant college of ag	ed in <b>section 170(b)(1</b> riculture (see instruct	)(A)(ix) o ions). Ent	er the na	me, city, and state o	of the college or	
receipts support acquired	An organization that normally receives: (1) more than 33½% 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 33½% 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.)							
			sively to test for publ					
12 An organ	ization organized and	d operated exclusions	sively for the benefit o	of, to per	form the f	unctions of, or to ca	irry out the purposes	
Check th	e box in lines 12a thr	ough 12d that de	ons described in <b>sect</b> scribes the type of su	pporting	organizat	ion and complete lin	es 12e, 12f, and 12g.	
the s	upported organization	n(s) the power to	d, supervised, or cont regularly appoint or e ete Part IV, Sections	elect a m	ajority of	orted organization(s) the directors or trus	, typically by giving tees of the	
contr	ol or management of	the supporting of	sed or controlled in co organization vested in IV, Sections A and C	the same	with its a	supported organizat that control or mar	ion(s), by having lage the supported	
с 🔲 Туре	III functionally integ	grated. A suppor	ting organization ope	rated in d	connectio	n with, and function	ally integrated with,	
d 🗌 Type that is	III non-functionally not functionally inte	<b>integrated.</b> A sugrated. The orga	ipporting organizatior inization generally mu complete Part IV, Sec	operate	d in conn a distribi	ection with its suppo ution requirement ar	orted organization(s) nd an attentiveness	
e 🗌 Chec	this box if the organ	nization received	a written determinationally integrated su	on from t	he IRS th	at it is a Type I. Type	e II, Type III	
	umber of supported							
g Provide the	following informatio	n about the supp	orted organization(s).	Ī				
(i) Name of sup	ported organization	(ii) EIN	(Iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization or governing ment?		(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
В)								
C)								
D)							***************************************	
E)								

Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2017 Schedule A (Form 990 or 990-EZ) 2017

Page 2

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 t	he box on lin	e 5, 7, or 8 of	f Part I or if th	e organizatio	n failed to qu	alify under
500	Part III. If the organization fails t	o quality und	er the tests li	sted below, p	lease comple	ete Part III.)	
	tion A. Public Support ndar year (or fiscal year beginning in)	(-) 0010	T (1) 0044	1 1 2 2 2 2	1 1 2 2 2 2	T	
Uale 1		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
,	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	18,760	4,705	3,490	21,986	11,317	60,258
2	Tax revenues levied for the						
	organization's benefit and either paid					]	
^	to or expended on its behalf	482,127	468,791	316,415	330,009	322,537	1,919,879
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	500,887	473,496	319,905	351,995	333,854	1,980,137
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,980,137
	ion B. Total Support	L					1,900,107
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	500,887	473,496	319,905	351,995	333,854	1,980,137
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		33		21	322	376
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructio	ns)			12	1,980,513
13	First five years. If the Form 990 is for th	e organization	's first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	<u>e.</u>		. <i></i>	<u></u>		🕨 📋
	on C. Computation of Public Suppor	t Percentage	)				
14	Public support percentage for 2017 (line 6					14	99.98 %
15	Public support percentage from 2016 Sch	edule A, Part II	, line 14		: :	15	100 %
16a	331/3% support test—2017. If the organization qualibox and stop here. The organization quali	zation did not ( ifipe se a public	check the box	on line 13, and	ıne 14 is 33¹	1/3% or more, c	heck this
þ	331/3% support test - 2016. If the organiz	ation did not d	heck a box or	n line 13 or 16a	i, and line 15 is	s 331/3% or mo:	re, check
	this box and <b>stop here.</b> The organization of						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts-a acts-and-circu	and-circumsta: mstances" tes	nces" test, che t. The organiza	eck this box ar ation qualifies	nd <b>stop here. E</b> as a publicly s	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	facts-and-cil: and-circumst-	rcumstances" ances" test. Ti	test, check th he organizatio	nis box and <b>st</b> on n qualifies as a	op here. publicly
18	<b>Private foundation.</b> If the organization did instructions	l not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	e •

Par		zations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked	the box on line	e 10 of Part I	or if the orga	nization failed	d to qualify ur	nder Part II.
	If the organization fails to qualif	y under the te	sts listed bel	ow, please co	omplete Part	ll.)	
	tion A. Public Support		<del></del>				
_	ndar year (or fiscal year beginning in)		<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del> </del>				
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose			]			
3	Gross receipts from activities that are not an						······································
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				-		
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						1
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from line 6.)						
	ion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	·						(
11	Add lines 10a and 10b	0	- 0	0	0	0	(
••	activities not included in line 10b, whether or not the business is regularly carried on					į	(
12	Other income. Do not include gain or						
-	loss from the sale of capital assets			,		1	
	(Explain in Part VI.)						(
13	Total support. (Add lines 9, 10c, 11, and 12.)	o	0	0	0	0	(
14	First five years. If the Form 990 is for the organization, check this box and stop he				or fifth tax yea		501(c)(3)
Secti	on C. Computation of Public Suppor		)				
15	Public support percentage for 2017 (line 8			3, column (f))		15	0 %
16	Public support percentage from 2016 Sch	nedule A, Part II	l, line 15	<u> </u>		16	%
Secti	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2017 (					17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/3% support tests—2017. If the organi						
_	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz						
00	line 18 is not more than 33½%, check this b						
_20_	Private foundation. If the organization die	a not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	nd see instruct	ions 🕨 🗌

#### 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 governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated 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 stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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) are 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)( 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")? "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)(E 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 Ell numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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
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Sched	dule A (Form 990 or 990-EZ) 2017	Page <b>5</b>
Par	t IV Supporting Organizations (continued)	
11 a b c Sect	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a   11b   11c
		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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	12-11-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Sect	ion D. All Type III Supporting Organizations	
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?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instructions).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the organization).</li> </ul>	see instructions).
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Schedule A (Form 990 or 990-EZ) 2017

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	a tr	ust on Nov. 20, 1970 (expla	in in Part VI). <b>See</b> ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	(
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	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	0	O
e Discount claimed for blockage or other factors (explain in detail in Part VI):		ing pagagang pagagang pagagang Pagagang pagagang pagagang pagagang pagagang pagagang pagagang pagagang pagagang	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally instructions)	y int	egrated Type III supporting	

Schedule A (Form 990 or 990-EZ) 2017

Page 7

	Idle A (1 0111 350 0) 950-EZ) 2017			Page i
	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	i <b>izations</b> (continued)	
Sec	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish	C		
2	The part of part of the country that an oatly faithful C/	rempt purposes of supp	orted	
	organizations, in excess of income from activity			0
3	The second secon	poses of supported org	anizations	0
	The state of the s	α.		0
<u>5</u>	The approval required	<u>)                                    </u>	-	0
$\frac{8}{7}$	Other distributions (describe in <b>Part VI</b> ). See instructions <b>Total annual distributions</b> . Add lines 1 through 6.	S		0
8		-1-11		0
O	Distributions to attentive supported organizations to white (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0
	The state of the s		(ii)	(iii)
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		0	
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013 0			
С	From 2014 0		PART OF THE PART OF THE	
d	From 2015 0			
е	From 2016 0			
f	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i_	Carryover from 2012 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years		0	
<u>b</u>	Applied to 2017 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		٥	
6	Remaining underdistributions for 2017. Subtract lines 3h	000000000000000000000000000000000000000	0	
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3			U
	and 4c.	o		
8	Breakdown of line 7:			
а	Excess from 2013 0			
b	Excess from 2014 0			
С	Excess from 2015 0			
d	Excess from 2016 0			
е	Excess from 2017 0			
		2000		



Page 8

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 D (Form 990)

2017

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ame of the organization		Employer identification number
rees Matter		81-0597674
Part I Organizations Maintaining Dono	or Advised Funds or Other Similar Fur	nds or Accounts.
Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during y	ear)	
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 h	eld in donor advised
funds are the organization's property, subject	t to the organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
5 Did the organization inform all grantees, dor	nors, and donor advisors in writing that grai	nt funds can be used
only for charitable purposes and not for the	benefit of the donor or donor advisor, or f	or any other nurpose
conferring impermissible private benefit? .	<u> </u>	· · · · · · · · · · · · · · · · · · ·
art II Conservation Easements.		
Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held be	y the organization (check all that apply).	
Preservation of land for public use (e.g., r	ecreation or education) 🔲 Preservation or	f a historically important land area
Protection of natural habitat		f a certified historic structure
☐ Preservation of open space		
Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation
easement on the last day of the tax year.		Held at the End of the Tax Yea
Total number of conservation easements .		2a
<ul> <li>Total acreage restricted by conservation ease</li> </ul>	ements	2b
<ul> <li>Number of conservation easements on a cert</li> </ul>	ified historic structure included in (a)	2c
l Number of conservation easements include		
historic structure listed in the National Regist		
Number of conservation easements modified	, transferred, released, extinguished, or tern	ninated by the organization during the
tax year ►		
Number of states where property subject to o		
Does the organization have a written police	cy regarding the periodic monitoring, insp	pection, handling of
violations, and enforcement of the conservati	on easements it holds?	Ves 🗌 Yes 🗎 No
Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations, and enforcing c	onservation easements during the year
Amount of expenses incurred in monitoring, insi		
Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing o	conservation easements during the year
\$		
Does each conservation easement reported of	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
In Part XIII, describe how the organization rep	orts conservation easements in its revenue	and expense statement, and
balance sheet, and include, if applicable, the	text of the footnote to the organization's fina	ancial statements that describes the
organization's accounting for conservation ea		
Organizations Maintaining Collect	tions of Art, Historical Treasures, or	Other Similar Assets.
	red "Yes" on Form 990, Part IV, line 8.	
If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
works of art, historical treasures, or other si public service, provide, in Part XIII, the text of	the footpote to its financial etetements that	cation, or research in furtherance of
If the organization elected, as permitted und	rer ShAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
works of art, historical treasures, or other si public service, provide the following amounts	miliar assets meid for public exhibition, edu	ication, or research in furtherance of
(i) Revenue included on Form 990, Part VIII, Ii (ii) Assets included in Form 990, Part X	ne 1	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		<b>▶</b> \$
in the diganization received of field works o	i art, historicai treasures, or other similar :	assets for financial gain, provide the
following amounts required to be reported und	ier ShAS 116 (ASC 958) relating to these ite	ms:
Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
Assets included in Form 990, Part X		<b>A</b>

Cat. No. 52283D

Schedule D (Form 990) 2017

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

	rt III Organizations Maintainin	a Collections of	Art Lie	torical	Tueses		M 01 11	Pa
3	rt III Organizations Maintainin Using the organization's acquisition	accession and c	ther reco	rde che	ok any of	the follo	otner Similar	Assets (continue
	collection items (check all that apply	/):	711101 10001	rus, cire	CK ally Of	ti lo itolic	owing mat are a	a signilicant use c
а	☐ Public exhibition		d	□ Loar	n or excha	nae pro	arams	
b	Scholarly research		e	Othe	er	ongo pro	grams	
C	Preservation for future generation	ns						
4	Provide a description of the organiz	ation's collections	and expla	in how	they furth	er the o	rganization's ex	empt purpose in
_	AIII.							
5	During the year, did the organizatio	n solicit or receive	donation	s of art,	historical	treasur	es, or other sim	nilar
Box	assets to be sold to raise funds rathe	er than to be maint	ained as p	part of th	e organiz	ation's c	ollection?	· 🗌 Yes 🗍
rai	Escrow and Custodial Ar			000	D - 1 D / 1			
	Complete if the organizatio 990, Part X, line 21.	ii alisweleu Tes	on Fon	n 990,	Part IV, II	ne 9, oi	r reported an a	amount on Form
1a	Is the organization an agent, trusted	e, custodian or oth	ner interm	ediary f	or contrib	utions o	or other seests	not
	included on Form 990, Part X?					utions t	other assets	
b	If "Yes," explain the arrangement in I	Part XIII and compl	ete the fol	lowing t	able <sup>,</sup>			· U Yes 🗌
				.om.ig	abio.			Amount
¢	Beginning balance					. 14		<u> </u>
d	Additions during the year					. 10	d	· <u></u>
е	Distributions during the year					. 10	е	<u> </u>
f	Ending balance					<u> 1</u>	f	
2a	Did the organization include an amou	int on Form 990, P	art X, line	21, for e	scrow or	custodia	al account liabili	ty? 🗌 Yes 🔲 I
b	It "Yes," explain the arrangement in F	Part XIII. Check her	e if the ex	planatio	n has bee	n provid	ed on Part XIII	<u> </u>
۲ar	Endowment Funds.		. –					
	Complete if the organization	(a) Current year					1	
1a	Beginning of year balance	(a) Current year	(b) Prior	year	(c) Two ye	ars back	(d) Three years ba	ck (e) Four years bad
b	Contributions	<del></del> -	<del></del>	<del></del>	ļ		<del></del>	
c	Net investment earnings, gains, and	<del></del>	<u> </u>					<del></del>
	losses							
d	Grants or scholarships		_					
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	0		Ó		0		0
2	Provide the estimated percentage of t	the current year en	d balance	(line 1g,	column (	a)) held a	as:	
a	Board designated or quasi-endowmen		<u></u> %					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶							
За	The percentages on lines 2a, 2b, and	2c should equal 10	10%. 	. 41 41				
<b>u</b>	Are there endowment funds not in the organization by:	a hossession of the	e organiza	ition tha	t are neid	and adi	ministered for the	<del></del>
	(i) unrelated organizations							Yes No
	(ii) related organizations			• • •				3a(i)
b	If "Yes" on line 3a(ii), are the related or	rganizations listed :	as require	d on Scl	hedule R2			3a(ii)
4	Describe in Part XIII the intended uses	of the organization	n's endow	ment fu	nds.			3b
art	VI Land, Buildings, and Equip	ment.		. <u></u>				
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, lind	e 11a. S	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or other	erbasis (b		other basis	(c) A	ccumulated preciation	(d) Book value
		(investme						
1a	Land	(Investme)				4.17		
		(Investme)						
b	Land	(investmei						
b c d	Land	(investmei	15,941				15,368	
b c d e	Land							

Schedule D (Form 990) 2017

Schedule D (Fo	rm 990) 2017				
Part VII	Investments—Other Securities.				Page
	Complete if the organization answered	d "Yes" on Fo	rm 990, Part IV, lii	ne 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valua Cost or end-of-year man	tion:
(1) Financial	derivatives				
	neld equity interests				
(3) Other			(		
(A)					
(B) (C)		*			
(D)					
(E)			<del></del> -		
(F)					
(G)	·				
(H)		*		- <u> </u>	
Total. (Column (b	) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments-Program Related.				ally a sale as all a so se the
	Complete if the organization answered	"Yes" on For	m 990, Part IV, lir	ie 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1)					
(2)					
(3)					
(4)					<del></del>
(5)					
(6)					<del></del>
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.) ▶	-	- 0		
Part IX	Other Assets.		···		<u> 18-00-line og de en /u>
	Complete if the organization answered	"Yes" on Form	m 990, Part IV, Iin	e 11d. See Form 990, Part	t X, line 15.
	(a) Descrip	otion		(b) B	ook value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)			,		<del></del> -
(9)					
	nn (b) must equal Form 990, Part X, col. (B) li	ne 15.)			0
	Other Liabilities.				
	Complete if the organization answered line 25.	"Yes" on Forn	n 990, Part IV, line	e 11e or 11f. See Form 990	), Part X,
		(b) Book value			
(1) Federal inc	ome taxes				
(2)					
(3)		<del></del>			
(3) (4) (5)					
(S)			_		
(6) (7)		·			
(8)					
(9)		· · · · · · · · · · · · · · · · · · ·			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

Schedu	le D (Form 990) 2017				Page <b>4</b>
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities			700	
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			7.4	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	- 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		l a c	
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	0
Part		nents With E	xpenses n	er Beturn	
	Complete if the organization answered "Yes" on Form 990,	Part IV line 1	2a	or riotarii.	
1	<b>-</b> 4.1			1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			77.	
- a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses		<del></del>	-{/*/-/	
d	Other (Describe in Part XIII.)				
3	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1	i		3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_			
	Investment expenses not included on Form 990, Part VIII, line 7b		-	49.1	
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	9 18.)	<u> </u>	5	0
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part t	to provide any	es 16 and 26 additional ir	o; Part V, line 4	4; Part X, line
				·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		••••	· · · · · · · · · · · · · · · · · · ·	
<b></b>			·		
	***************************************		***********		

Schedule D (Form 990) 2017

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number			
Trees Matter		81-0597674			
orm 990, Part VI, Line 11b: A copy of the completed 990 is provided to the board members for comment and approval prior to the filing of the return.					
Form 990, Part VI, Line 12c: A copy of the conflict of interest statement is given to new board membe is given a copy annually for disclosure and signature.	rs upon jo	oining and each returning board member			
Form 990, Part VI, Line 15b: The compensation of the Executive Director is reviewed using comparati	ve comp	ancation studies annually			
Toming So, Fait VI, Line 135. The compensation of the Executive Director is reviewed using comparati	ive comp	ensation studies annually.			
Form 990, Part VI, Line 19: The organization's 990 is available on the organization's website and on G are available upon request.	auidestar.	org. The year end financial statements			
	<u> </u>				
	··· <u>/</u>				
	····				
		_			
	-				

or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Cat. No. 51056K	Schedule O (Form 990 or 990-EZ) (2017)