|      |               | l |
|------|---------------|---|
| Form | <b>990-EZ</b> |   |

# Short Form

OMB No. 1545-0047

2019

**Open to Public** 

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

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

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

|            |              | f the Treasury<br>nue Service |   |            |                |                                   |  |  |
|------------|--------------|-------------------------------|---|------------|----------------|-----------------------------------|--|--|
| AF         | or the       | 2019 calenda                  | ar year, or tax year beginning 01/01 , 2019, and endi   | 12/31      | , <b>20</b> 19 |                                   |  |  |
| Bc         | heck if ap   | oplicable:                    | C Name of organization  | D Em       |                | entification number               |  |  |
| $\square$  | Address c    | hange                         | 2   | 5-1909869  |                |                                   |  |  |
|            | lame cha     | inge                          | ephone n  | umber      |                |                                   |  |  |
|            | nitial retur |                               | 1458 Mt Rainier Dr  |            | 65             | 0-814-9565                        |  |  |
|            | Amended      | n/terminated                  | City or town, state or province, country, and ZIP or foreign postal code  | F Gro      | oup Exe        | mption                            |  |  |
|            |              | n pending                     | South Lake Tahoe, CA, 96150   | Nu         | mber I         | •                                 |  |  |
| G A        | ccount       | ting Method:                  | 🗹 Cash 🗌 Accrual Other (specify) 🕨  | H Check    |                | if the organization is <b>not</b> |  |  |
|            | /ebsite      |                               | .sugarpinefoundation.org  | require    | ed to att      | ach Schedule B                    |  |  |
| JΤά        | ax-exen      | npt status (che               | eck only one) – 🗹 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527  | (Form      | 990, 99        | 0-EZ, or 990-PF).                 |  |  |
| ΚF         | orm of       | organization:                 | : 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other   |            |                |                                   |  |  |
|            |              |                               | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it                              |            | 3              |                                   |  |  |
| _          |              |                               | \$500,000 or more, file Form 990 instead of Form 990-EZ..........   |            | ► \$           | 128,273                           |  |  |
| Pa         | art I        |                               | ie, Expenses, and Changes in Net Assets or Fund Balances (see   |            |                | ,                                 |  |  |
|            |              |                               | the organization used Schedule O to respond to any question in this P   |            |                | 🗹                                 |  |  |
|            | 1            |                               | ons, gifts, grants, and similar amounts received  |            | 1              | 85,092                            |  |  |
|            | 2            |                               | ervice revenue including government fees and contracts  |            | 2              | 32,895                            |  |  |
|            | 3            |                               | ip dues and assessments   |            | 3              | 4,755                             |  |  |
|            | 4            | Investment                    |   |            | 4              | 2,286                             |  |  |
|            | 5a           |                               | bunt from sale of assets other than inventory <b>5a</b>   |            | 0              |                                   |  |  |
|            | b            |                               | or other basis and sales expenses   |            | 0              |                                   |  |  |
|            | с<br>6       |                               | ss) from sale of assets other than inventory (subtract line 5b from line 5a) and fundraising events:                  |            | 5c             | 0                                 |  |  |
|            | a            | -                             | ome from gaming (attach Schedule G if greater than  |            |                |                                   |  |  |
| ē          | a            |                               |   |            | 0              |                                   |  |  |
| ent        | b            |                               | ome from fundraising events (not including \$ 0 of contrib  |            |                |                                   |  |  |
| Revenue    |              |                               | raising events reported on line 1) (attach Schedule G if the  |            |                |                                   |  |  |
| Œ          |              |                               | ch gross income and contributions exceeds \$15,000) 6b  |            | 0              |                                   |  |  |
|            | с            |                               | et expenses from gaming and fundraising events 6c   |            | 0              |                                   |  |  |
|            | d            |                               | e or (loss) from gaming and fundraising events (add lines 6a and 6b and   | d subtract | -              |                                   |  |  |
|            |              | line 6c) .                    |   |            | 6d             | 0                                 |  |  |
|            | 7a           | Gross sale                    | s of inventory, less returns and allowances 7a  | 3,24       | 5              |                                   |  |  |
|            | b            | Less: cost                    | of goods sold   | 32         | 5              |                                   |  |  |
|            | С            | Gross prof                    | it or (loss) from sales of inventory (subtract line 7b from line 7a)  |            | 7c             | 2,920                             |  |  |
|            | 8            | Other reve                    | nue (describe in Schedule O)  |            | 8              | 0                                 |  |  |
|            | 9            |                               | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 🕨          | 9              | 127,948                           |  |  |
|            | 10           |                               | d similar amounts paid (list in Schedule O)   |            | 10             | 0                                 |  |  |
|            | 11           | -                             | aid to or for members   |            | 11             | 0                                 |  |  |
| es         | 12           |                               | ther compensation, and employee benefits  |            | 12             | 67,756                            |  |  |
| sue        | 13           |                               | al fees and other payments to independent contractors   |            | 13             | 900                               |  |  |
| Expenses   | 14           |                               | y, rent, utilities, and maintenance   |            | 14             | 690                               |  |  |
| ш          | 15           |                               | ublications, postage, and shipping  |            | 15             | 2,759                             |  |  |
|            | 16           |                               | enses (describe in Schedule O) .See Schedule O, Statement 1   |            | 16             | 11,830                            |  |  |
|            | 17           |                               | enses. Add lines 10 through 16  |            | 17             | 83,935                            |  |  |
| sts        | 18<br>10     |                               | (deficit) for the year (subtract line 17 from line 9)   |            | 18             | 44,013                            |  |  |
| sse        | 19           |                               | s or fund balances at beginning of year (from line 27, column (A)) (must a ar figure reported on prior year's return) |            | 10             | 400.071                           |  |  |
| Net Assets | 20           |                               |   |            | 19             | 120,374                           |  |  |
| Ne         | 20<br>21     |                               | nges in net assets or fund balances (explain in Schedule O) <u>.</u>  |            | 20<br>21       | 164 297                           |  |  |
| For        |              |                               |   |            | 21             |                                   |  |  |
| 101        | apen         | work neuucl                   | tion Act Notice, see the separate instructions. Cat. No. 10642  | a -        |                |                                   |  |  |

| Form § | 990-EZ (2019)  |   |                              |   |                | Page <b>2</b>                  |
|--------|--|---|------------------------------|---|----------------|--------------------------------|
| Pa     | t II Balance Sheets (see the instructions t  | for Part II)                                  |                              |   |                |                                |
|        | Check if the organization used Schedule  | O to respond to ar                            | ny question in this <b>I</b> | Part II....                                     |                | 🗸                              |
|        |  |   |                              | (A) Beginning of year                           |                | (B) End of year                |
| 22     | Cash, savings, and investments   |   | [                            | 97,025  | 22             | 146,038                        |
| 23     |  |   |                              | 0   | 23             | 0                              |
| 24     | Other assets (describe in Schedule O) See.Sch  | edule O, Statement 2                          | <u> </u>                     | 23,349  |                | 18,349                         |
| 25     |  |   |                              | 120,374   |                | 164,387                        |
| 26     | Total liabilities (describe in Schedule O)   |   |                              |   | 26             | 0                              |
| 27     | Net assets or fund balances (line 27 of column   | <u>, , , , , , , , , , , , , , , , , , , </u> | ,                            | 120,374   | 27             | 164,387                        |
| Par    |  | • •   |                              | ,   |                | Evenence                       |
|        | Check if the organization used Schedule  | · · · · · · · · · · · · · · · · · · ·         | - · ·                        | Part III 🗌                                      | (Red           | Expenses<br>guired for section |
| What   | is the organization's primary exempt purpose?  | See Schedule O, Sta                           | tement 3                     |   | 501            | (c)(3) and 501(c)(4)           |
|        | ribe the organization's program service accompli-  |   |                              |   | orga<br>othe   | anizations; optional for       |
|        | easured by expenses. In a clear and concise mons benefited, and other relevant information for ea            |   | e services provided          | , the number of                                 | Othe           | ::5.)                          |
|        |  |   |                              | and 1 000                                       |                |                                |
| 28     | 2011 Accomplishments: 1) Planted 20,000 resistant :<br>incense cedar seedlings to reforest 300 acres of land | ****  |                              |   |                |                                |
|        | (Continued on Schedule O, Statement 4)   |   |                              | r Project. 3)                                   |                |                                |
|        | -3   | includes foreign gra                          | nts check here               |   | 28a            | 46,012                         |
| 29     | 2012 Accomplishments: 1) Planted 8,000 resistant si  |   |                              |   | 208            | 40,012                         |
| 23     | Recruited 1100 volunteers to plant trees. 3) Collecter   | -**   |                              |   |                |                                |
|        | South Tahoe Environmental Education Coalition. 5)  |   |                              |   |                |                                |
|        |  | includes foreign gra                          |                              |   | 29a            | 47,400                         |
| 30     | 2013 Accomplishments: 1) Planted 13,000 resistant s  |   |                              |   |                |                                |
|        | Involved over 1000 local schoolchildren and 300 me   |   |                              |   |                |                                |
|        | (Continued on Schedule O, Statement 5)   |   |                              |   |                |                                |
|        |  | includes foreign gra                          | nts, check here .            | ► 🗌   | 30a            | 59,910                         |
| 31     | Other program services (describe in Schedule O)  | <u>v</u>                                      |                              |   |                |                                |
|        |  | includes foreign gra                          |                              |   | 31a            | 337,573                        |
| 32     | Total program service expenses (add lines 28a  | through 31a)                                  |                              | 🕨   | 32             | 490,895                        |
| Par    | IV List of Officers, Directors, Trustees, and Key  | / Employees (list each                        | n one even if not comp       | pensated-see the in                             | nstru          | ctions for Part IV)            |
|        | Check if the organization used Schedule  | O to respond to ar                            | · ·                          |   | <u> </u>       | 🔲                              |
|        |  | (b) Average                                   | (c) Reportable compensation  | (d) Health benefits,<br>contributions to employ | ee <b>(e</b> ) | Estimated amount of            |
|        | (a) Name and title   | hours per week<br>devoted to position         | (Forms W-2/1099-MISC)        | benefit plans, and                              |                | other compensation             |
|        |  |   | (if not paid, enter -0-)     | deferred compensation                           | _              |                                |
|        | cca Bryson   | 1.00  | 0                            |   | 0              | 0                              |
| Pres   |  |   |                              |   | _              |                                |
|        | a Mircheva   | 30.00   | 55,000                       |   | 0              | 0                              |
|        | utive Director   | 1.00  |                              |   | _              |                                |
|        | ard Marshall   | 1.00  | 0                            |   | 0              | 0                              |
|        | President and Treasurer  | 1.00  | 0                            |   | 0              | 0                              |
| Secr   |  | 1.00  | 0                            |   | 0              | U                              |
|        | j Olson  | 0.50  | 0                            |   | 0              | 0                              |
| Direc  |  | 0.50  | Ŭ                            |   | Ŭ              | v                              |
|        | elle Hughes  | 0.50  | 0                            |   | 0              | 0                              |
| Direc  |  |   | Ŭ                            |   | Ĭ              | · ·                            |
|        |  |   |                              |   | ~              | 0                              |
| Direc  | Bauleke  | 0.50  | 0                            |   | 0              |                                |
|        | Bauleke  | 0.50  | 0                            |   | 0              |                                |
| Tres   | tor  | 0.50  | 0                            |   | 0              | 0                              |
|        |  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |
|        | tor<br>sa Gibbard  | 1   | -                            |   | -              | 0                              |

| Form 99           | 90-EZ (2019)   |            | Р     | age 3    |
|-------------------|--|------------|-------|----------|
| Part              | V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   |            | ν.    |          |
| 33                | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33         | Yes   | No       |
| 34                | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  | 34         |       | ~        |
| 35a               | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a        |       | ~        |
| b<br>c            | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b<br>35c |       | ~        |
| 36                | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36         |       | ~        |
| 37a<br>b          | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0<br>Did the organization file <b>Form 1120-POL</b> for this year?   | 37b        |       | v        |
| 38a               | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a        |       | ~        |
| b<br>39<br>a<br>b | If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b                     | -          |       |          |
| 40a               | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0   |            |       |          |
| b                 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I        | 40b        |       | ~        |
| c<br>d            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed<br>on organization managers or disqualified persons during the year under sections 4912,<br>4955, and 4958   |            |       |          |
| е                 | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e        |       | ~        |
| 41                | List the states with which a copy of this return is filed  CA  |            |       | •        |
| 42a               | •  | 50-81      | 4-956 | 5        |
| h                 | Located at ► 1458 Mt Rainier Dr, South Lake Tahoe, CA 96150 ZIP + 4 ►<br>At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | 96         |       |          |
| D                 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country  | 42b        | Yes   | No<br>V  |
|                   | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |       |          |
| С                 | At any time during the calendar year, did the organization maintain an office outside the United States? .<br>If "Yes," enter the name of the foreign country  | 42c        |       | ~        |
| 43                | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |            | .     |          |
| 44a               | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a        | Yes   | No<br>V  |
| b                 | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b        |       | ~        |
| c<br>d            | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |       | <i>v</i> |
| 45a               | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a        |       | ~        |
| b                 | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  | 45b        |       | ~        |

| Form 99 | 90-EZ (2019)  |   |   |  |                           | Р       | Page 4 |
|---------|---|---|---|--|---------------------------|---------|--------|
|         |   |   |   |  |                           | Yes     | No     |
| 46      | Did the organization engage, directly or in                                       |   | 1 0   |  |                           |         |        |
|         | to candidates for public office? If "Yes," of                                     | complete Schedule C   | , Part I  |  | 46                        |         | ~      |
| Part    | VI Section 501(c)(3) Organization   | s Only  |   |  |                           |         |        |
|         | All section 501(c)(3) organization  | is must answer que  | stions 47–49b and                                       | 52, and complete the   | tables f                  | or line | es     |
|         | 50 and 51.  |   |   |  |                           |         |        |
|         | Check if the organization used Sc   | hedule O to respond   | l to any question in t                                  | his Part VI  |                           |         |        |
|         |   |   |   |  |                           | Yes     | No     |
| 47      | Did the organization engage in lobbying   |   |   |  |                           |         |        |
|         | year? If "Yes," complete Schedule C, Par  | tll   |   |  | 47                        |         | ~      |
| 48      | Is the organization a school as described i                                       | n section 170(b)(1)(A)(i                                    | i)? If "Yes," complete \$                               | Schedule E   | 48                        |         | ~      |
| 49a     | Did the organization make any transfers t   | o an exempt non-cha   | ritable related organiz                                 | zation?  | 49a                       |         | ~      |
| b       | If "Yes," was the related organization a se                                       | ection 527 organizatio                                      | on?   |  | 49b                       |         |        |
| 50      | Complete this table for the organization's employees) who each received more than |   |   |  |                           |         |        |
|         | (a) Name and title of each employee   | <b>(b)</b> Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimate<br>other con |         |        |
| None    |   |   |   |  |                           |         |        |
|         |   |   |   |  |                           |         |        |
|         |   |   |   |  |                           |         |        |
|         |   |   |   |  |                           |         |        |
|         |   |   |   |  |                           |         |        |

-----

\_\_\_\_\_

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|      | (a) Name and business address of each independent contractor  | (b) Type of service  | (c) Compensation |
|------|---|----------------------|------------------|
| None |   | -                    |                  |
|      |   | -                    |                  |
|      |   | -                    |                  |
|      |   | -                    |                  |
|      |   | -                    |                  |
| d    | Total number of other independent contractors each receiving  | over \$100,000 ... ► |                  |
| 52   | Did the organization complete Schedule A? Note: All se completed Schedule A   |                      |                  |
|      | penalties of perjury, I declare that I have examined this return, including accompany<br>rrect, and complete. Declaration of preparer (other than officer) is based on all info |                      |                  |

| Sign<br>Here     | Signature of officer<br>Maria Mircheva, Executive Director                      |                      |      | Date |                        |      |  |  |
|------------------|---|----------------------|------|------|------------------------|------|--|--|
|                  | Type or print name and title  |                      |      |      |                        |      |  |  |
| Paid<br>Preparer | Print/Type preparer's name  | Preparer's signature | Date |      | Check if self-employed | PTIN |  |  |
| Use Only         | Firm's name   |                      |      |      | Firm's EIN ►           |      |  |  |
|                  | Firm's address ►  |                      |      | Phon | e no.                  |      |  |  |
| May the IRS      | May the IRS discuss this return with the preparer shown above? See instructions |                      |      |      |                        |      |  |  |

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

| Name of the organization                               |
|--|
| Department of the Treasury<br>Internal Revenue Service |

Employer identification number

25-1909869

| SUGA | AR P | INE FO | UNDA | TIO | N |  |   |
|------|------|--------|------|-----|---|--|---|
|      |      |        |      |     |   |  | - |

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f  $\;$  Enter the number of supported organizations  $\;$  .  $\;$  .  $\;$  .  $\;$  .
  - **g** Provide the following information about the supported organization(s).

| (i) Name of supported organization |  |  | (iv) Is the o<br>listed in you | rganization<br>ur governing<br>nent? | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|--|--|--------------------------------|--------------------------------------|---|---|
|                                    |  |  | Yes                            | No                                   |   |   |
| (A)                                |  |  |                                |                                      |   |   |
| (B)                                |  |  |                                |                                      |   |   |
| (C)                                |  |  |                                |                                      |   |   |
| (D)                                |  |  |                                |                                      |   |   |
| (E)                                |  |  |                                |                                      |   |   |
| Total                              |  |  |                                |                                      |   |   |

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti          | on A. Public Support   |                                   |                                 |                                 |                                   |                                  |                                 |
|----------------|--|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| Calen          | dar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2015                   | <b>(b)</b> 2016                 | (c) 2017                        | (d) 2018                          | (e) 2019                         | (f) Total                       |
| 1              | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   |                                   |                                 |                                 |                                   |                                  |                                 |
| 2              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                   |                                 |                                 |                                   |                                  |                                 |
| 3              | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge  |                                   |                                 |                                 |                                   |                                  |                                 |
| 4              | Total. Add lines 1 through 3   |                                   |                                 |                                 |                                   |                                  |                                 |
| 5              | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f) |                                   |                                 |                                 |                                   |                                  |                                 |
| 6              | Public support. Subtract line 5 from line 4  |                                   |                                 |                                 |                                   |                                  |                                 |
|                | on B. Total Support  |                                   | •                               |                                 | 1                                 |                                  |                                 |
| Calen          | dar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2015                   | <b>(b)</b> 2016                 | (c) 2017                        | ( <b>d)</b> 2018                  | (e) 2019                         | (f) Total                       |
| 7              | Amounts from line 4  |                                   |                                 |                                 |                                   |                                  |                                 |
| 8              | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources   |                                   |                                 |                                 |                                   |                                  |                                 |
| 9              | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                   |                                 |                                 |                                   |                                  |                                 |
| 10             | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                   |                                 |                                 |                                   |                                  |                                 |
| 11<br>12<br>13 | <b>Total support.</b> Add lines 7 through 10<br>Gross receipts from related activities, etc.<br><b>First five years.</b> If the Form 990 is for the<br>organization, check this box and <b>stop he</b>             | ne organizatior                   | n's first, secon                | nd, third, fourth               | n, or fifth tax y                 | 12<br>ear as a sectio            |                                 |
| Secti          | on C. Computation of Public Suppor   |                                   |                                 |                                 |                                   |                                  |                                 |
| 14             | Public support percentage for 2019 (line 6   | 3, column (f) di                  | ivided by line 1                | 11, column (f))                 |                                   | 14                               | %                               |
| 15             | Public support percentage from 2018 Sch  |                                   |                                 |                                 |                                   | 15                               | %                               |
| 16a            | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2019.</b> If the organization qua   | lifies as a publ                  | licly supported                 | organization                    |                                   |                                  | 🕨 🗆                             |
| b              | <b>33</b> <sup>1</sup> /3% <b>support test—2018.</b> If the organi this box and <b>stop here.</b> The organization   |                                   |                                 |                                 |                                   |                                  |                                 |
| 17a            | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>10% or more, and if the organization me<br>Part VI how the organization meets the "<br>organization   | eets the "facts<br>facts-and-circ | -and-circumst<br>cumstances" te | ances" test, cleat. The organ   | heck this box<br>ization qualifie | and <b>stop here</b>             | . Explain in                    |
| b              | <b>10%-facts-and-circumstances test</b> — <b>20</b><br>15 is 10% or more, and if the organizat<br>Explain in Part VI how the organization in<br>supported organization   | ntion meets the fac               | he "facts-and-<br>ts-and-circum | circumstances<br>stances" test. | " test, check<br>The organizat    | this box and<br>ion qualifies as | stop here.<br>s a publicly<br>► |
| 18             | Private foundation. If the organization di instructions  |                                   |                                 |                                 |                                   |                                  |                                 |

Schedule A (Form 990 or 990-EZ) 2019

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

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

| Secti    | on A. Public Support  |                  |                 | , p.e.ee ee       |                  | ,               |                             |
|----------|---|------------------|-----------------|-------------------|------------------|-----------------|-----------------------------|
| Calen    | dar year (or fiscal year beginning in) ►  | <b>(a)</b> 2015  | <b>(b)</b> 2016 | (c) 2017          | ( <b>d)</b> 2018 | <b>(e)</b> 2019 | (f) Total                   |
| 1        | Gifts, grants, contributions, and membership fees   |                  |                 |                   |                  |                 |                             |
| -        | received. (Do not include any "unusual grants.")  | 66,000           | 89,739          | 59,088            | 99,070           | 89,8            | 47 403,744                  |
| 2<br>3   | Gross receipts from admissions, merchandise<br>sold or services performed, or facilities<br>furnished in any activity that is related to the<br>organization's tax-exempt purpose<br>Gross receipts from activities that are not an | 12,700           | 30,917          | 15,373            | 20,127           | 36,1            | 40 115,257                  |
| Ŭ        | 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   |                  | 4,050           | 1,950             | 3,375            | 1,8             | 00 11,175                   |
| 6        | Total. Add lines 1 through 5  | 78,700           | 124,706         | 76,411            | 122,572          | 127,7           | 87 530,176                  |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons  |                  |                 |                   |                  |                 |                             |
| b        | Amounts included on lines 2 and 3<br>received from other than disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year   |                  | 19,500          |                   | 54,500           | 84,0            | 00 158,000                  |
| с        | Add lines 7a and 7b   | 0                | 19,500          | 0                 | 54,500           | 84,0            | 00 158,000                  |
| 8        | Public support. (Subtract line 7c from line 6.)   |                  |                 |                   |                  | ·               | 372,176                     |
| Secti    | on B. Total Support   |                  |                 |                   |                  |                 |                             |
| Calen    | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015  | <b>(b)</b> 2016 | (c) 2017          | <b>(d)</b> 2018  | <b>(e)</b> 2019 | (f) Total                   |
| 9        | Amounts from line 6   | 78,700           | 124,706         | 76,411            | 122,572          | 127,7           | 87 530,176                  |
| 10a      | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties, and income from similar sources.  |                  |                 |                   | 589              | 2,2             | 86 2,875                    |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                  |                 |                   |                  |                 |                             |
| С        | Add lines 10a and 10b   | 0                | 0               | 0                 | 589              | 2,2             | 86 2,875                    |
| 11       | Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on   |                  |                 |                   |                  |                 |                             |
| 12       | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |                  |                 |                   |                  |                 |                             |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                  |                 |                   |                  |                 |                             |
| 14       | First five years. If the Form 990 is for th   | •                |                 |                   | •                |                 | ction 501(c)(3)             |
| Ce at    | organization, check this box and <b>stop he</b>   |                  |                 |                   |                  |                 | 🕨 📋                         |
|          | on C. Computation of Public Suppor<br>Public support percentage for 2019 (line 8  | -                |                 |                   |                  | 15              | <u> </u>                    |
| 15<br>16 | Public support percentage for 2019 (line 8<br>Public support percentage from 2018 Sch   |                  |                 |                   |                  | 15              | <u>69.82 %</u><br>84.24 %   |
|          | on D. Computation of Investment In  |                  |                 | <u></u>           | <u></u>          | 10              | 04.24 /0                    |
| 17       | Investment income percentage for 2019 (   |                  |                 | ov line 13. colu  | mn (f))          | 17              | 0.54 %                      |
| 18       | Investment income percentage from <b>2018</b>   |                  | ()              | •                 | ( ))             | 18              | 0.12 %                      |
| 19a      | $33^{1}/_{3}\%$ support tests – 2019. If the organ 17 is not more than $33^{1}/_{3}\%$ , check this box   | ization did not  | check the box   | on line 14, an    | id line 15 is m  | ore than 33     | <sup>1</sup> /3%, and line  |
| b        | <b>331</b> /3% support tests—2018. If the organiz line 18 is not more than 331/3%, check this l   | ation did not cl | neck a box on   | line 14 or line 1 | 9a, and line 16  | is more that    | an 33 <sup>1</sup> /3%, and |
| 20       | Private foundation. If the organization di  | -                | -               | -                 |                  |                 |                             |
|          |   |                  |                 |                   | Sch              | edule A (Form   | 1 990 or 990-EZ) 2019       |

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Page 5

2

1

Yes No

Yes No

| Part    | V Supporting Organizations (continued)   |     | Yes | No |
|---------|--|-----|-----|----|
| 11<br>а | Has the organization accepted a gift or contribution from any of the following persons?<br>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |     | 103 |    |
| u       | below, the governing body of a supported organization?   | 11a |     |    |
| b       | A family member of a person described in (a) above?  | 11b |     |    |
| С       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c |     |    |
| Secti   | on B. Type I Supporting Organizations  |     |     |    |
|         |  |     | Yes | No |
| 1       | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1   |     |    |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,  | •   |     |    |

#### Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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

#### Section D. All Type III Supporting Organizations

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | 0 |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3b

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

| Page |
|------|
|------|

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

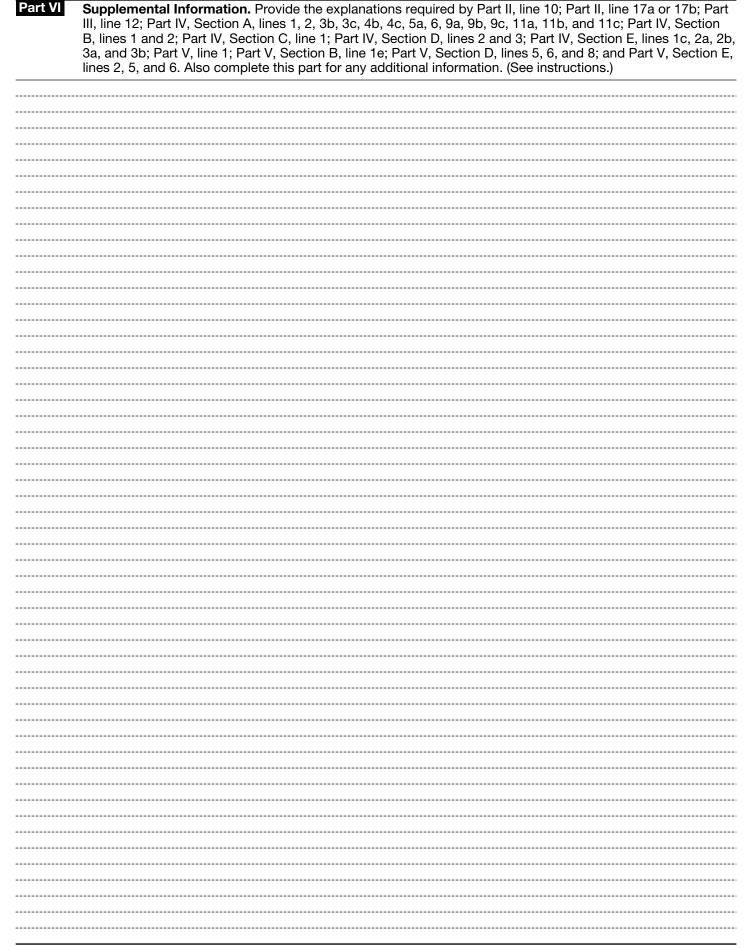
| Section A—Adjusted Net Income  |    | (A) Prior Year           | (B) Current Year<br>(optional) |
|--|----|--------------------------|--------------------------------|
| 1 Net short-term capital gain  | 1  |                          |                                |
| 2 Recoveries of prior-year distributions   | 2  |                          |                                |
| 3 Other gross income (see instructions)  | 3  |                          |                                |
| 4 Add lines 1 through 3.   | 4  |                          |                                |
| 5 Depreciation and depletion   | 5  |                          |                                |
| 6 Portion of operating expenses paid or incurred for production or                       |    |                          |                                |
| collection of gross income or for management, conservation, or                           |    |                          |                                |
| maintenance of property held for production of income (see instructions)                 | 6  |                          |                                |
| 7 Other expenses (see instructions)  | 7  |                          |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                           | 8  |                          |                                |
| Section B-Minimum Asset Amount   |    | (A) Prior Year           | (B) Current Year<br>(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                                       | 1c |                          |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d |                          |                                |
| e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ): |    |                          |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                           | 2  |                          |                                |
| 3 Subtract line 2 from line 1d.  | 3  |                          |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,           |    |                          |                                |
| see instructions).   | 4  |                          |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                       | 5  |                          |                                |
| 6 Multiply line 5 by .035.   | 6  |                          |                                |
| 7 Recoveries of prior-year distributions   | 7  |                          |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8  |                          |                                |
| Section C-Distributable Amount   |    |                          | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                  | 1  |                          |                                |
| 2 Enter 85% of line 1.   | 2  |                          |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3  |                          |                                |
| 4 Enter greater of line 2 or line 3.   | 4  |                          |                                |
| 5 Income tax imposed in prior year   | 5  |                          |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                   |    |                          |                                |
| emergency temporary reduction (see instructions).  | 6  |                          |                                |
|  |    | · · · <b>-</b> · · · · · |                                |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

| Section |  |                             | zations (continued)                    |   |
|---------|--|-----------------------------|--|---|
|         | on D—Distributions   |                             |  | Current Year                              |
| 1       | 1 Amounts paid to supported organizations to accomplish exempt purposes  |                             |  |   |
| 2       | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity   | mpt purposes of suppo       | orted                                  |   |
| 3       | Administrative expenses paid to accomplish exempt purp   | oses of supported orga      | nizations                              |   |
|         | Amounts paid to acquire exempt-use assets  | <u>~</u>                    |  |   |
|         | Qualified set-aside amounts (prior IRS approval required)  |                             |  |   |
|         | Other distributions (describe in Part VI). See instructions.   |                             |  |   |
|         | Total annual distributions. Add lines 1 through 6.   |                             |  |   |
| 8       | Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.  | h the organization is res   | sponsive                               |   |
| 9       | Distributable amount for 2019 from Section C, line 6   |                             |  |   |
|         | Line 8 amount divided by line 9 amount   |                             |  |   |
|         | on E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1       | Distributable amount for 2019 from Section C, line 6   |                             |  |   |
| 2       | Underdistributions, if any, for years prior to 2019<br>(reasonable cause required—explain in <b>Part VI</b> ). See<br>instructions.  |                             |  |   |
| 3       | Excess distributions carryover, if any, to 2019  |                             |  |   |
|         | From 2014  |                             |  |   |
|         | From 2015  |                             |  |   |
|         | From 2016  |                             |  |   |
| -       | From 2017  |                             |  |   |
|         | From 2018  |                             |  |   |
|         | Total of lines 3a through e  |                             |  |   |
| -       | Applied to underdistributions of prior years   |                             |  |   |
|         | Applied to 2019 distributable amount   |                             |  |   |
| i       | Carryover from 2014 not applied (see instructions)   |                             |  |   |
| i       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4       | Distributions for 2019 from<br>Section D, line 7: \$   |                             |  |   |
|         | Applied to underdistributions of prior years   |                             |  |   |
|         | Applied to 2019 distributable amount   |                             |  |   |
|         | Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5       | Remaining underdistributions for years prior to 2019, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |
| 6       | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                              |                             |  |   |
| 7       | <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| 8       | Breakdown of line 7:   |                             |  |   |
| а       | Excess from 2015   |                             |  |   |
| -       | Excess from 2016   |                             |  |   |
|         | Excess from 2017   |                             |  |   |
|         | Excess from 2018   |                             |  |   |
|         | Excess from 2019   |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019



## 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.

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



Employer identification number

25-1909869

Internal Revenue Service Name of the organization

Department of the Treasury

#### SUGAR PINE FOUNDATION

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| Schedule O, Statement 1     | SUGAR PINE FOUNDATION  |
|-----------------------------|------------------------|
| Form: Form 990-EZ (2019)    | EIN: <b>25-1909869</b> |
| Page: 1                     | Part I, Line 16        |
| Other Expenses Structured E | xplanation             |
| Description                 | Amount                 |
| Auto Expenses               | 1,440                  |
| Nursery Fees                | 3,389                  |
| Transportation              | 2,001                  |
| Depreciation                | 5,000                  |
| Total:                      | 11,830                 |

| Schedule O, Statement 2  | SUGAR PINE FOUNDATION |
|--------------------------|-----------------------|
| Form: Form 990-EZ (2019) | EIN: 25-1909869       |
| Page: 2                  | Part II, Line 24      |
| Other Assets Struct      | ured Explanation      |
| Description              | EOY Amount            |
| Vehicle                  | 18,349                |

18,349

Total:

Form: Form 990-EZ (2019)

Page: 2

### Primary Exempt Purpose

### SUGAR PINE FOUNDATION

EIN: 25-1909869

Part III

## Primary Exempt Purpose

The Sugar Pine Foundation is dedicated to restoring sugar pines and other white pines by involving the community in hands on restoration activities in order to inspire forest stewardship.

### Schedule O, Statement 4

Form: Form 990-EZ (2019)

Page: 2

#### First Program Service Accomplishments Description

#### Description

Educated and involved over 600 local schoolchildren and 400 members of the community in hands on forest restoration. 4) Collected cones from 85 western white and 36 sugar pines candidates for blister rust resistance testing. 5) Collaborated with the local Fire Safe Council to distribute seedlings in the Butte Lightning Fire Complex.

EIN: 25-1909869

Part III, Line 28

Form: Form 990-EZ (2019)

Page: 2

## Third Program Service Accomplishments Description

3) Collected 25 pounds of seed for future planting 4) Taught Junior Botany to 500 elementary school students 5) Provided service learning for 150 at risk youth.

EIN: 25-1909869 Part III, Line 30 Schedule O, Statement 6

Form: Form 990-EZ (2019)

Page: 2

SUGAR PINE FOUNDATION

EIN: 25-1909869

Part III, Line 31

| Page: 2 Part III, Line C<br>Other Program Service Accomplishments  |                           |                               |                                |  |
|--|---------------------------|-------------------------------|--------------------------------|--|
| Description  | Grants And<br>Allocations | Includes<br>Foreign<br>Grants | Program<br>Service<br>Expenses |  |
| 2014 Accomplishments: 1) Planted 10,130 sugar pine seedlings progeny of white pine blister rust resistant seed trees to reforest 200 acres of land. 2) Published a children's book. 3) Involved over 800 local schoolchildren and 500 members of the community in hands on forest restoration. 4) Collected 40 pounds of seed for future planting. 5) Taught "Trees are Terrific" curriculum to 1200 elementary school students.   | 0                         |                               | 52,815                         |  |
| 2015 Accomplishments: 1) Planted 10,060 white pine seedlings progeny of white pine blister rust resistant seed trees to reforest 200 acres of land. 2) Starred in a BBC Wild West Episode. 3) Set a Guinness Planting record with partner organizations 4) Worked with 700 local schoolchildren and 500 members of the community on forest restoration. 5) Started a western white pine planting program. 6) Taught "Trees are Terrific" and "Wonders of Water" to 800 elementary school students. 7) Reached 1500 FB likes and 300 total members.   | 0                         |                               | 57,581                         |  |
| 2016 Accomplishments: 1) Planted 10,250 white pine seedlings progeny of white pine blister rust resistant seed trees to reforest 205 acres of land. 2) Collected cones from 30 new western white pine candidates for resistance testing 3) Made a Sugar Pine Jeopardy Game 4) Worked with 730 local schoolchildren and 450 members of the community on forest restoration. 5) Grew our western white pine planting program. 6) Taught "Trees are Terrific" and "Wonders of Water" to 1000 elementary school students. 7) Reached 1750 FB likes and 320 total members.  | 0                         |                               | 58,221                         |  |
| 2017 Accomplishments: 1) Planted 9,450 white pine seedlings progeny of white pine blister rust resistant<br>seed trees to reforest 189 acres of land. 2) Collected 36 pounds of sugar pine seed 3) Got cones from 15<br>new western white pine candidates for resistance testing 4) Engaged 777 volunteers in forest restoration.<br>5) Reforested areas in 5 fires scars in California and Nevada. 6) Taught "Trees are Terrific" and "Junior<br>Botany" to 1000 elementary school students. 7) Reached 1845 FB likes and 340 total members.  | 0                         |                               | 53,526                         |  |
| 2018 Accomplishments: 1) Planted 10,490 white pine seedlings progeny of white pine blister rust resistant seed trees to reforest 209 acres of land. 2) Collected a pound of western white pine seed 3) Got cones from 25 new western white pine candidates for resistance testing 4) Engaged 1176 volunteers in forest restoration. 5) Reforested areas in 5 fires scars in California and Nevada. 6) Taught "Trees are Terrific" and "Junior Botany" to 1000 elementary school students. 7) Reached 1995 FB likes and 370 total members. 8) Raised funds for expanding operations. 9) Updated the Strategic Plan for the next 3 years.  | 0                         |                               | 56,170                         |  |
| 2019 Accomplishments: 1) Planted 10,000 white pine seedlings progeny of white pine blister rust resistant seed trees and 3000 native Jeffrey pines seedlings to reforest 210 acres of land. 2) Collected a pound of western white pine seed and 4 pounds of sugar pines seed 3) Got cones from 15 new western white pine candidates for resistance testing 4) Engaged 1205 volunteers in forest restoration. 5) Reforested areas in 5 fires scars in California and Nevada. 6) Taught "Parts of a Tree" and "Photosynthesis" to 1200 elementary school students. 7) Reached 2213 FB followers and 400 total members. 8) Raised funds for expanding operations. 9) Created a new website. | 0                         |                               | 59,260                         |  |

Total:

337,573