Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20 01/01 C Name of organization **B** Check if applicable: D Employer identification number Address change SUGAR PINE FOUNDATION 25-1909869 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 650-814-9565 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ South Lake Tahoe, CA, 96150 Application pending Other (specify) ▶ G Accounting Method: ✓ Cash ☐ Accrual **H** Check ▶ ☐ if the organization is **not** required to attach Schedule B www.sugarpinefoundation.org J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or 527 **K** Form of organization: Corporation Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 144,446 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ~ 1 82,364 2 Program service revenue including government fees and contracts 2 45,152 3 3 5,385 4 4 2,137 Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses 0 С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d 0 Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold 282 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 9,126 8 Other revenue (describe in Schedule O) 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 144,164 10 Grants and similar amounts paid (list in Schedule O) . 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 84,190 13 Professional fees and other payments to independent contractors 13 1,325 14 Occupancy, rent, utilities, and maintenance 14 802 15 15 2,940 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 1 16 14,134 17 17 103,391 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 40,773 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 164,387 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 205,160

Form 990-EZ (2020) Page **2**

Pai	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		
		<u>.</u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[146,038	22	191,811
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 2	[18,349	24	13,349
25	Total assets			164,387	25	205,160
26	Total liabilities (describe in Schedule O)			0		0
27	Net assets or fund balances (line 27 of column			164,387	27	205,160
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for	Part III)		
	Check if the organization used Schedule	e O to respond to ar	ny question in this	Part III		Expenses
What	t is the organization's primary exempt purpose?	See Schedule O, Sta	itement 3			quired for section (c)(3) and 501(c)(4)
as m	eribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			orga	anizations; optional for
28	2011 Accomplishments: 1) Planted 20,000 resistant	sugar pine seedlings,	3,000 Jeffrey pines	, and 1,000		
	incense cedar seedlings to reforest 300 acres of lan					
	(Continued on Schedule O, Statement 4)					
		includes foreign gra	ints, check here .	▶ □	28a	46,012
29	2012 Accomplishments: 1) Planted 8,000 resistant s					
	Recruited 1100 volunteers to plant trees. 3) Collecte					
	South Tahoe Environmental Education Coalition. 5)					
		includes foreign gra			29a	47,400
30	2013 Accomplishments: 1) Planted 13,000 resistant					
	Involved over 1000 local schoolchildren and 300 me					
	(Continued on Schedule O, Statement 5)		ing in nanas on ion	31103101011		
		includes foreign gra	ints, check here	•	30a	59,910
31	Other program services (describe in Schedule O)					37,710
٠.		includes foreign gra			31a	401,228
32	Total program service expenses (add lines 28a				32	
Par						
	Check if the organization used Schedule					
	<u> </u>					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-		``	Estimated amount of other compensation
Gavi	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and	``	
		hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n	other compensation
Pres	n Back	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n	other compensation
Pres Maria	n Back ident	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n 0	other compensation 0
Pres Maria Exec	n Back ident a Mircheva	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0	other compensation 0
Pres Maria Exec Rich	n Back ident a Mircheva cutive Director	hours per week devoted to position 1.00 35.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0	other compensation 0 360
Pres Maria Exec Rich Vice	n Back ident a Mircheva cutive Director ard Marshall	hours per week devoted to position 1.00 35.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0	other compensation 0 360
Pres Maria Exec Rich Vice	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke	hours per week devoted to position 1.00 35.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0 0 0	other compensation 0 360
President Maria Execution Rich Vice Kelly Secre	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke	hours per week devoted to position 1.00 35.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0 0 0	other compensation 0 360
President Maria Execution Rich Vice Kelly Secre	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke etary Church	hours per week devoted to position 1.00 35.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0	other compensation 0 360 0
Pres Maria Exec Rich Vice Kelly Secre Matt	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke etary Church	hours per week devoted to position 1.00 35.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0	other compensation 0 360 0
Pres Maria Exec Rich Vice Kelly Secre Matt	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty	1.00 35.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation 0 360 0 0
Pres Maria Exec Rich Vice Kelly Secr Matt Direc Ging	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty	1.00 35.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation 0 360 0 0
Pres Maria Exec Rich Vice Kelly Secr Matt Direc Ging	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke etary Church ctor ler Flairty ctor d Doherty	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0
Pres Maria Exec Rich Vice Kelly Secr Matt Direc Todo Direc	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer y Bauleke etary Church ctor ler Flairty ctor d Doherty	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer by Bauleke etary Church ctor ger Flairty ctor d Doherty ctor	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0
Press Maria Exec Rich Vice Kelly Secr Matt Direc Ging Direc Tress	n Back ident a Mircheva cutive Director ard Marshall President and Treasurer / Bauleke etary Church ctor per Flairty ctor d Doherty ctor sa Gibbard	hours per week devoted to position 1.00 35.00 1.00 1.00 1.00 1.00 1.00 1.00	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0	other compensation 0 360 0 0 0 0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
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		>
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	0.4		. 4
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)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
С	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	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<i>'</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 ▶			
42a	The organization's books are in care of ► Maria Mircheva Telephone no. ► 6	550-81	4-956	5
	Located at ► 1458 Mt Rainier Dr, South Lake Tahoe, CA 96150 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		150	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶	12.0		
	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? . 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 Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
			Yes	No
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		/
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		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O			
45 -	explanation in Schedule O	44d		
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-F7. See instructions	15h		•

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-orm 99	U-EZ (20	J2U)								P	age 🕶
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		stions 47–49b ar	nd 52, an	d com	plete th	e tab	les fo	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					
										Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			ring the	tax	47		~
48		organization a school as described in							48		'
49a		ne organization make any transfers to		_				- +	49a		✓
b 50		s," was the related organization a se plete this table for the organization's			 other than		 re directo		49b	s and	d kov
30		byees) who each received more than									и кеу
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) F contribution	Health be	enefits, employee ad deferred	(e) Es	timate	d amou pensati	
None											
f 51	Comp	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ent contra	 ctors v	who each	rece	eived	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
None											
d	Total	number of other independent	votoro angle rangistica	over \$100,000							
52	Did t	number of other independent contra he organization complete Schedu leted Schedule A	-	ction 501(c)(3) or	J			n a ▶ ☑	Yes		lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowled	ge and	belief,	it is
Sign		Signature of officer				Date					
Here		Maria Mircheva, Executive Directo	r								
		Type or print name and title Print/Type preparer's name	Preparer's signature		Date			. F	PTIN		
Paid	I	Time Type preparer Smalle					Check L	if	•		
Prepa Use (Firm's name ▶	1			Firm's	EIN ►				
<u> </u>	Jilly	Firm's address ▶				Phone					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				ightharpoons	Yes		10

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number

	SUGAR PINE FOUNDATION 25-1909869							
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The o	organization is not a private founda		,		-	•		
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section							
3	A hospital or a cooperative hos					, , , ,		
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)			•		al unit described ir	
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)(receives a subs	tantial part of its sup				n the general public	
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organizer university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its	
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).		
12	☐ An organization organized and of one or more publicly suppo Check the box in lines 12a through	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)	
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same				
С	Type III functionally integrits supported organization(s						ally integrated with,	
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
е	Check this box if the organi functionally integrated, or T						e II, Type III	
f	Enter the number of supported o	_						
g	Provide the following information	about the supp	orted organization(s).			1	<u> </u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Toto								

Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	quanty arran		, , , , , , , , , , , , , , , , , , ,			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(4)	(5)	(4)	(4)	(4)
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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second		-		
Casti	organization, check this box and stop he						
5ecu 14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column (4)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33	15 3 ¹ / ₃ % or more,	% check this
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo zation qualifie	x and stop he	re. Explain
18	Private foundation. If the organization					check this bo	x and see

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			-			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	89,739	59,088	99,070	89,847	87,749	425,493
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	30,917	15,373	20,127	36,140	54,560	157,117
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						
3	furnished by a governmental unit to the						
	organization without charge	4,050	1,950	3,375	1,800	500	11,675
6	Total. Add lines 1 through 5	124,706	76,411	122,572	127,787	142,809	594,285
	Amounts included on lines 1, 2, and 3	.2.,,,,,	70/111	,	,	1.12/007	07.1,200
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	19,500		54,500	84,000	72,500	230,500
	Add lines 7a and 7b	19,500	0	54,500	84,000	72,500	230,500
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						363,785
	on B. Total Support	(-) 0040	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-+-I
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 10a	Gross income from interest, dividends,	124,706	76,411	122,572	127,787	142,809	594,285
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .			589	2,286	2,137	5,012
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	589	2,286	2,137	5,012
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	124,706	76,411	123,161	130,073	144,946	599,297
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	•			•		` ' ; '
Secti	on C. Computation of Public Suppor	t Percentage	Э				
15	Public support percentage for 2020 (line 8	3, column (f), di	ivided by line	13, column (f))		15	60.7 %
16	Public support percentage from 2019 Sch					16	69.82 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (-		17	0.84 %
18	Investment income percentage from 2019					18	0.54 %
19a	331/3% support tests—2020. If the organi						
L	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		=	_
b	33 ¹ / ₃ % support tests—2019. If the organize line 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %.						
20	Private foundation. If the organization di	_	_	· ·			

Part IV **Supporting Organizations**

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

ecu	on A. All Supporting Organizations		Yes	No
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		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3a		3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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 .	9b		
С	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 .	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)

10b

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>	0-		
		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 Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations			
1	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.					
Sect	Section A—Adjusted Net Income (A) Prior Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
<u>u</u>	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
е	(explain in detail in Part VI):	1e				
	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 0.015 of line 3 (for greater amount, see instructions).	4				
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	ion C—Distributable Amount	0		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_	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	Ť				
	emergency temporary reduction (see instructions).	6				
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization		

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

vame of the organization	Employer identification number
SUGAR PINE FOUNDATION	25-1909869
SOURCE HILL I COMPATION	ZJ-17U70U7
	·

Schedule O, Statement 1 SUGAR PINE FOUNDATION

Form: **Form 990-EZ (2020)** EIN: **25-1909869**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Software fees	1,181
Car Insurance and Registration	1,468
Nursery Fees	4,169
Car Repair and Maintenance	639
Business Filings and Fees	359
Travel and Transporation	1,318
Car Depreciation	5,000
Total:	14,134

Schedule O, Statement 2 SUGAR PINE FOUNDATION

Form: Form 990-EZ (2020) EIN: 25-1909869

Page: 2 Part II, Line 24

Other Assets Structured Explanation

DescriptionEOY AmountVehicle13,349

Total: 13,349

Schedule O, Statement 3 SUGAR PINE FOUNDATION

Form: **Form 990-EZ (2020)** EIN: **25-1909869**

Page: 2 Part III

Primary Exempt Purpose

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 SUGAR PINE FOUNDATION

Form: Form 990-EZ (2020) EIN: 25-1909869

Page: 2 Part III, Line 28

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.

Schedule O, Statement 5 SUGAR PINE FOUNDATION

Form: Form 990-EZ (2020) EIN: 25-1909869
Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

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.

Form: Form 990-EZ (2020) EIN: 25-1909869

Page: 2

Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service 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 seed trees to reforest 189 acres of land. 2) Collected 36 pounds of sugar pine seed 3) Got cones from 15 new western white pine candidates for resistance testing 4) Engaged 777 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 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
2020 Accomplishments: 1) Planted 14,100 sugar pine seedlings progeny of white pine blister rust resistant seed trees and 1,200 native Jeffrey pines seedlings to reforest 229 acres of land. 2) Collected a pound of sugar pines seed and 30 pounds of Jeffrey pine seed 3) Got cones from 1 new sugar pine candidate for resistance testing 4) Engaged 746 volunteers in forest restoration. 5) Reforested areas in 2 fires scars in California and Nevada. 6) Made at home lessons for planting and seed germination 7) Reached 3010 FB followers and 420 total members. 8) Kept operation during COVID with socially distant activities and raised funds for field crew and drone plantings 9) Created 2 new videos for our YouTube channel	0		63,655
Total:			401,228