Department of the Treasury

### **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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public

	Tidi Ttorondo Gorrio	Milotifiation about Form 930 and its instructions is at www.ii	13.g0v/101111330.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
A	For the 2014	calendar year, or tax year beginning , and ending				
В	Check if applicable:	C Name of organization		D Employe	r identification number	
	Address change	TREE SAN DIEGO				
	v	Doing business as		<b>146-</b> 5	183143	
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon		
$\overline{}$	initial return	PO BOX 6905	<u> </u>	858-	210-6451	
П	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		İ		
		SAN DIEGO CA 92166		<b>G</b> Gross rec	eipts\$ 21	<u>,578</u>
$\square$	Amended return	F Name and address of principal officer:	H/a) Is this as	roup return for s	ubordinates? Yes	X No
$\square$	Application pending	Jaron Boman	n(a) is this a g	group return for si	ubolullates: res [	
		PO Box 6905	H(b) Are all su	ubordinates incl	uded? Yes	No
		SAN DIEGO CA 92166	If "No	o," attach a list.	(see instructions)	
1	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527				
<u>-</u>		reesandiego.org	H(c) Group ex	kemption numbe	er 🕨	
<u>~</u>	Form of organization		Year of formation:		M State of legal domicile	CZ
	***************************************	ummary	Tear of formation.		H Otale of logal conficie	
2,888	T					
	1	escribe the organization's mission or most significant activities:				
e S	See	Schedule O				
ш						
er						
Governance	2 Check th	his box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net as	ssets.		
ල ජෙ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	7	
Activities &	4 Number	of independent voting members of the governing body (Part VI, line 1b)			0	
Ę		mber of individuals employed in calendar year 2014 (Part V, line 2a)			0	
≨	i	and an afficial contract (anti-order if page 2001)		اءا	0	
Ā	ł .	related by singer revenue from Bot VIII column (C) line 12		70		0
				7b		0
_	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Y	· · · · · · · · · · · · · · · · · · ·	Current Year	
	8 Contribu	tions and grants (Part VIII, line 1h)			21,	578
ne	O Drogram	consider revenue (Part VIII, line 2a)				0.0
Revenue	9 Program	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines B/4 and 7d)				<u>ŏ</u>
Š	10 investme	ent income (Part VIII, column (A), lines B/4 and /g) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
_	1	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				$\widetilde{}$
	1	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			21,	
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			What was	0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
penses	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)				0
	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0				
Ä	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			14,	796
	1	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			14,	796
	1	less expenses. Subtract line 18 from line 12				782
e o		and arbeits and the same in th	Beginning of C	urrent Year	End of Year	
Net Assets or Fund Balances	20 Total ass	sets (Part X, line 16)		0	6,	782
Ass	21 Total liah	pilities (Part X, line 26)		0		0
Z S	22 Net asse	ts or fund balances. Subtract line 21 from line 20		0	6.	782
		gnature Block		*1		
		perjury, I declare that I have examined this return, including accompanying schedules and statem	ante and to the	hact of my ka	owledge and belief it	ic .
tre	ue correct and c	omplete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	lae.	owiedge and belief, it	13
	1				7.15	
٠.	-   <del> </del> -	Unday Q. Endrill		Date	1-12	
Sig	ייני   ייני	Signature of officer  Aslan C Endrace	<b>S</b>		- /	
He		Jaron Bowman Anton J. LIXIVES Treas	urer 🗴	ureta	14	
		ype or print name and title				
		e preparer's name Preparer's signature	Date	Check	X if PTIN	
Pai	d Stever	a Schonwit \mathred \	07/2	9/15 self-em	ployed P00262915	5
Pre	parer Firm's na	Coh amarita C 3 and Sight C CD3		Firm's EIN	33-06312	252
Use	Only	151 Kalmus Drive, M-3		11-11-11-11-11-11-11-11-11-11-11-11-11-		
	Firm's ac	Casta Masa CA 02626		Phone no.	714-437-1	.025
Mar		as this return with the preparer shown above? (see instructions)	I	, mone no.		No

Form 990 (201	4) TREE SAN DIEG	<b>SO</b>	46-5183143	Page 2
Part III	Statement of Program	Service Accomplishments		
	Check if Schedule O co	ontains a response or note to a	ny line in this Part III	X
	escribe the organization's miss	ion:		
see so	chedule O			
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
2 Did the o	organization undertake any sign	nificant program services during the ye	ear which were not listed on the	
	m 990 or 990-EZ?			Yes X No
If "Yes,"	describe these new services o			
		or make significant changes in how it	conducts, any program	
services		• • • • • • • • • • • • • • • • • • • •		Yes X No
	describe these changes on Sc			
			three largest program services, as measured	
		<ul><li>(4) organizations are required to report for each program service reported.</li></ul>	t the amount of grants and allocations to oth	iers,
the total	expenses, and revenue, it any,	nor each program service reported.		
4a (Code:	) (Expenses \$	2,360 including grants	of \$) (Revenue	\$
The or	ganization has	been working with	various organizations	to contribute
toward	d environmental	and human sustaina	bility, as well as to	disseminate
inform	nation and educa	ate the public abou	t urban trees. Speci:	fically,
the or	ganization is t	working to show how	urban trees will bene	efit residents
of Sar	Diego County's	s 19 cities, unicor	porated areas, milita	ry bases, and
			ucation and mutual eve	ents staged for
cité pe	enefit of the pu	ibile.		
			•••••	
* * * * * * * * * * * * * * * * * * * *		•••••	***************************************	
*				
4b (Code:	) (Expenses \$	including grants	of \$ (Revenue	\$ )
*				•••••
		•••••		
* * * * * * * * * * * * * * * * * * * *		•••••	• • • • • • • • • • • • • • • • • • • •	
<b>4c</b> (Code:	) (Expenses \$	including grants of	of \$	\$)
				***********
		•••••		
*			••••••	
	***************************************		•	
			·····	
	***************************************			************************
	***************************************			
44.00				
	gram services (Describe in Sci	hedule O.) including grants of \$	) (	
(Expense	gram service expenses	12,792	) (Revenue \$	)
.5 .5tar prog	J. S COI VICE CAPCINGCS F	22,132		

## Form 990 (2014) TREE SAN DIEGO Part IV Checklist of Required So **Checklist of Required Schedules**

	Oncorrior of Required Ochedules		V	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			37
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
O	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			37
7	***************************************	6		X
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	····		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI.	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		**********	
_	complete Schedule D, Part VI	11a	l	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		v
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
ч	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.1		v
е		11d		$\frac{x}{x}$
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~~
L	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1 1	1	
19	If "Yes " complete Schedule G. Part III	19		X
		20-		X

### Form 990 (2014) TREE SAN DIEGO Part IV Checklist of Required So **Checklist of Required Schedules** (continued)

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	34 35a 35b 36	x	x x x
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	34 35a 35b 36		x
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	34 35a		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		
	33		x
sections 301 7701-2 and 301 7701-32 If "Ves." complete Schedule B. Bort I		- 1	
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	x
complete Schedule N, Part II	32		<u>X</u>
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
Part I	31		<u>X</u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	30		<u>X</u>
·			
***************************************	29		X
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		T	
Schedule L, Part IV	28b		X
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
***************************************	····		_
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	26		X
	200		
	25h		X
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	252		X
	270	$\dashv$	
***************************************			
	240		
	240		
***************************************			- 22
	242	l	X
	12	1	x
***************************************			X
			v
***************************************	21		<u> </u>
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Dilling the state of the state		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, to an officer	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. 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If "Yes," complete Schedule L, Part I  Did the organization propri any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee  28d A family member of a current or former of	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  organization's current and former officers, directors, trustees, key employees, and highest compensated  employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  Through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization maintain an escrow account other than a refunding escrow at any time during the year  to defease any tax-exempt bonds?  24c  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  transaction with a disqualified person during the year? If "ves," complete Schedule L, Part I  15the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part II  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  current or former officers, directors, trustees, key employees, highest compensated employees, or  disqualified persons? If "Yes," complete Schedule L, Part III  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  current or former officer, sirecto

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: а Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) TREE SAN DIEGO
Part VI Governance, Management Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	) 		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		<u>X</u>
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
<b>h</b>	one or more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		77
0	stockholders, or persons other than the governing body?			7b	*********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year The governing body?	ar by th	e following:		v	
a b	Each committee with authority to act on behalf of the governing body?			8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			8b		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal R	avenue C	9 ode )		
	tion 211 onoice (Thie occuent & requeste information about policies not required by the intell	iai i (	evenue C	oue.)	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a	162	No_X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	.0000000000	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	l(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st polic	y, and			
20	financial statements available to the public during the tax year.					
20 	State the name, address, and telephone number of the person who possesses the organization's books and recommendation.	ds: 🕨				
	.m Lacey PO BOX 6905	_	~4	^ 4 -	^ ^	077
S.P.	ND DIEGO CA 9216	O	61	9-45	<b>9</b> -0	911

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Position not check more than one unless person is both an er and a director/trustee)			an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) Anton G. Endres	II .										
	2.00										
Secretary	0.00	X		X				0	0	0	
(2) Jaron Bowman											
	2.00										
Treasurer	0.00	X		X				0	0	0	
(3) Laurie Broedling	₹										
	4.00										
President	0.00	X		X				0	0	0	
(4) Steven Martin							l				
	1.00						İ				
Board member	0.00	X						0	0	0	
(5)Michael Palat							- 1				
	1.00										
Board member	0.00	X						0	0	0	
(6) Nicole Sintov											
	1.00										
Board member	0.00	X						0	0	0	
(7) Melanie Conomike											
	1.00										
Board member	0.00	X						0	0	0	
(8)											
(9)							$\exists$				
(10)							1			-	
	• • • • • • • • • • • • • • • • • • • •										
(11)							$\exists$				

SAN DIEGO

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) key employee organization ighest compensated mployee dividual trustee and related organizations below dotted organizations line) (12)(13)(14)(15)(16)(17)(18)(19)Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 DAA

	art \	Check if Schedule		ıtains a	response	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a	a Federated campaigns 1a							
نَّة	b	Membership dues	1b	*/***					
fts,	C	Fundraising events	1c			4			
<u>.</u>	d	Related organizations	1d						
Sins	e	Government grants (contributions)	1e			-			
her	<b>'</b>	All other contributions, gifts, grants, and similar amounts not included above	1f		21,578				
Ę		Noncash contributions included in lines 1a		\$	21,376	4			
Cor	h	Total. Add lines 1a–1f			<b>&gt;</b>	21,578			
ne ne					Busn. Code				
ven	2a								
Se Se	b								
<u>×</u>	С								
Sel	d	<u> </u>							
ram	е								
rog	f	All other program service reve			L				
	9							I	I
	3	Investment income (including and other similar amounts)							
	4	Income from investment of tax		ot bond n	roceeds				
	5	Royalties		•					
		(i) Real	1		Personal				
	6a	Gross rents							
	b	Less: rental exps.				]			
	С	Rental inc. or (loss)		WWW.					
	d 73								
	1 a	Gross amount from sales of assets (i) Securities		(ii)	Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
		Gain or (loss)let gain or (loss)			<b></b>				
-		Gross income from fundraising ever							
Other Revenue	-	(not including \$							
eve		of contributions reported on line 1c)							
r.		See Part IV, line 18	a						
the	b	Less: direct expenses							
٦		Net income or (loss) from fund	_	events	🕨				
	9a	Gross income from gaming activitie							
	_	See Part IV, line 19	a	***************************************					
		Less: direct expenses							
		Net income or (loss) from gam	ıng act Γ	ivities	· · · · · · · · · · · · · · · · · · ·				
	iva	Gross sales of inventory, less returns and allowances	a						
	h	Less: cost of goods sold	b						
			Net income or (loss) from sales of inventory		<b></b>				
		Miscellaneous Revenue			Busn. Code				
	11a				***************************************	p			
	b	***************************************							
	С								
	d	All other revenue		[					-
		Total. Add lines 11a–11d							
	12	Total revenue. See instruction	S		🕨 1	21,578	0	0	0

# Form 990 (2014) TREE SAN DIEGO Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res	complete all columns. All c	other organizations must con this Part IX	omplete column (A).	X
 Oo r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
С	Accounting				
a	Lobbying				
f	Professional fundraising services. See Part IV, line 17				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	213		213	
24	Other expenses. Itemize expenses not covered	213		213	
- '	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TEMPORARY HELP	10,260	10,260		
b	TELEPHONE	814		814	
С	FACILITY EXPENSES	647	647		
d	SMALL EQUIPMENT	600	600		
е	All other expenses	2,262		977	
25 26	Total functional expenses. Add lines 1 through 24e	14,796	12,792	2,004	0
40	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

		Check if Schedule O contains a response or note t	to any line in this Part X			
		•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	4,625
	2	Savings and temporary cash investments			2	2,157
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former offi				
		trustees, key employees, and highest compensated emp				
		Complete Part II of Schedule I			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e				
ţ		organizations (see instructions). Complete Part II of Sche	edule L		6	
ssets	7	Notes and loans receivable, net			7	
Ÿ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	)	0	16	6,782
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
es	22	Loans and other payables to current and former officers,	directors,			
iliti		trustees, key employees, highest compensated employee	es, and			
Liabilities					22	
_	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third part	rties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
					25	
	26			0	26	0
S		Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
2	07	complete lines 27 through 29, and lines 33 and 34.				
ala	27	The state of the s			27	6,782
a B	28	D. II III II II I			28	
Net Assets or Fund Balances	29	Permanently restricted net assets			29	
님		Organizations that do not follow SFAS 117 (ASC 958),	, check here ► and			
ts	20	complete lines 30 through 34.				
SSE	30 21	Capital stock or trust principal, or current funds		30		
T A	31	Paid-in or capital surplus, or land, building, or equipment	TUNO		31	
ž		Retained earnings, endowment, accumulated income, or			32	C 700
	33 24	Total lightlities and not acceptational halances	0	33	6,782	
	34	Total liabilities and net assets/fund balances		0	34	6,782

LOII	111 990 (2014) 1 REE SAN DIEGO 46-5183143			Page <b>12</b>
P	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	(	1		21,578
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,796
3	Revenue less expenses. Subtract line 2 from line 1	3		6,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments	1 _ 1		
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
*********	33, column (B))	10		6,782
P	art XII Financial Statements and Reporting			Professional
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b	
				000

# **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.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

TREE SAN DIEGO

46-5183143 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ne c	organization	is not a private foundation becau	ise it is: (For lines 1 through 11,	check on	ly one box	(.)						
1	A chur	ch, convention of churches, or as	sociation of churches described	in sectio	n 170(b)(	1)(A)(i).						
2	A scho	ool described in <b>section 170(b)(1</b> )	(A)(ii). (Attach Schedule E.)									
3	A hosp	oital or a cooperative hospital serv	vice organization described in <b>s</b> e	ction 170	)(b)(1)(A)(	iii).						
4		ical research organization operatend state:	ed in conjunction with a hospital	described	in section	on 170(b)(1)(A)(iii). Enter the h	nospital's name,					
5	An org	anization operated for the benefit n 170(b)(1)(A)(iv). (Complete Pa		l or opera	ted by a g	overnmental unit described in						
6			<i>'</i>	4: 4:	70/1-1/41/4							
6		ral, state, or local government or										
	describ	anization that normally receives a ned in <b>section 170(b)(1)(A)(vi)</b> . (0	Complete Part II.)		ernmental	l unit or from the general publi	С					
8		munity trust described in section										
9			that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
		s from activities related to its exe										
		t from gross investment income a										
		ed by the organization after June										
10		anization organized and operated										
11		anization organized and operated										
		more publicly supported organiza					. Check					
		in lines 11a through 11d that de										
а		A supporting organization operate										
		pported organization(s) the power		ajority of	the directo	ors or trustees of the supporting	ıg					
		ation. You must complete Part										
b		. A supporting organization super										
		or management of the supporting		e persons	that cont	rol or manage the supported						
	organiz	ation(s). You must complete Pa	rt IV, Sections A and C.									
С	Type II	I functionally integrated. A supp	porting organization operated in	connectio	n with, an	d functionally integrated with,						
	its sup	oorted organization(s) (see instruc	ctions). You must complete Pa	rt IV, Sec	tions A, C	), and E.						
d	Type II	I non-functionally integrated. A	supporting organization operate	ed in conn	ection wit	h its supported organization(s)	)					
	that is	not functionally integrated. The or	ganization generally must satisf	y a distrib	ution requ	irement and an attentiveness						
	require	ment (see instructions). <b>You mus</b>	st complete Part IV, Sections A	and D, a	and Part \	<i>I</i> .						
е	Check	this box if the organization receive	ed a written determination from t	the IRS th	at it is a T	ype I, Type II, Type III						
	function	nally integrated, or Type III non-fu	nctionally integrated supporting	organizat	ion.							
f		umber of supported organizations										
g	Provide the	following information about the s	upported organization(s).									
(i)	Name of suppo	rted (ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amour	t of				
	organization		(described on lines 1–9	1	ur governing	support (see	other suppor					
			above or IRC section (see instructions))	docu	ment?	instructions)	instruction	ns)				
	····		, , , , , , , , , , , , , , , , , , , ,	Yes	No							
١)												
3)												
<b>C)</b>												
	***************************************											
<b>)</b> )												
Ξ)	***************************************							******************************				
otal												

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

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

Sec	tion A. Public Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					21,578	21,578
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					21,578	21,578
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.						21,578
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					21,578	21,578
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						21,578
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Sເ						
14	Public support percentage for 2014 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	100.00%
15	Public support percentage from 2013 Scho	edule A, Part II, lin	e 14			15	%
16a	33 1/3% support test—2014. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	
	box and stop here. The organization quali		• •				▶ X
b	33 1/3% support test—2013. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or me	ore,	
	check this box and stop here. The organiz	zation qualifies as	a publicly supporte	d organization			<b>&gt;</b>
17a	10%-facts-and-circumstances test—201				a, or 16b, and line	14 is	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	oorted	
	organization						<b>&gt;</b>
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	meets the "facts-a	nd-circumstances	' test, check this b	ox and <b>stop here</b> .		
	supported organization						<b> </b>
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e	
	instructions						▶ □

Page 3

Part III

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support	quality arraci t	ine tests listed	below, picase (	bompiete i art i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(3) 2011	(0) 2012	(4) 2013	(6) 2014	(I) TOTAL
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						-
	tion B. Total Support						***************************************
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her			•			
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2014 (line 8			nn (f))	***************************************	15	%
16	Public support percentage from 2013 Scho	edule A. Part III. lir					
Sec	tion D. Computation of Investme					10 1	,,,
17	Investment income percentage for 2014 (I			, column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part	III lino 17			140	%
19a	33 1/3% support tests—2014. If the orga					<del> </del>	
	17 is not more than 33 1/3%, check this be					*	<b>•</b>
b	33 1/3% support tests—2013. If the orga						
	line 18 is not more than 33 1/3%, check th						<b>•</b>
20	Private foundation. If the organization did						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		
		************
3a		
		100000000000000000000000000000000000000
3b		
_		
3c		*************
. 1		
4a		
4b		
4c		
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5a		300000000000000000000000000000000000000
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9a 9b		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	,	11b		
<u>C</u>	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		
Sect	ion B. Type I Supporting Organizations			·
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>(**********</b>	Yes	No
	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 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 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,	_		
Soct	supervised, or controlled the supporting organization.	2		<u></u>
3601	ion C. Type II Supporting Organizations			т
	Mana a majority of the appropriation of the standard district and the	88888888	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		
Sect	ion D. All Type III Supporting Organizations		Ĺ	L
	on 517th Typo in 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		163	INO
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	booocoocooco	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on 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 instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).		
		1		
2 /	Activities Test. Answer (a) and (b) below.	<b>6000000000</b>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
^	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	DUBS SUDDOBED DUBSING AN ACTUAL TO SELECTION OF PART AT TAKEN OF THE ACCOUNT AND ACCOUNTS TO ACCOUNT ASSESSMENT OF THE ACCOUNT	( 7 %		

instructions).

Page (	6
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Schedule A (FORTI 990 OF 990-EZ) 2014 TIME SAN DIEGO		40-2102	rage 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiza	tions	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru	ıst on <b>N</b> ov. 20, 19	970. See instructions. All	
other Type III non-functionally integrated supporting organizations must comple	ete Sections A th	rough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 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 Part VI):			
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		THE STATE OF THE S
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		91 915
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-int		supporting organization (se	
	J		

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity	• •		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets		W-11/2	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			7 2011
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	, ,			
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
		F		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (F	orm 990 or 990-EZ)	2014 TREE	SAN DIEGO	)		46-518	83143 Page 8
Part VI	Supplementa Part III, line 12	I Information.  . Also complete	Provide the expection and the expection in the expection in the expection and the expection in the expection	olanations requ ny additional ir	uired by Part II, nformation. (See	line 10: Part II. lin	e 17a or 17b; and
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### 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.

OMB No. 1545-0047
2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

TREE SAN DIEGO

Employer identification number 46-5183143

Form 990 - Organization's Mission
The purpose of this non-profit Corporation is to help build and sustain a
e purpose of this non-profit Corporation is to help build and sustain althy environment by utilizing trees as part of the solution to the bacts of urbanization on the quality of our air, water, and other source systems, and by facilitating and funding related programs, and
e purpose of this non-profit Corporation is to help build and sustain althy environment by utilizing trees as part of the solution to the bacts of urbanization on the quality of our air, water, and other source systems, and by facilitating and funding related programs, and
resource systems, and by facilitating and funding related programs, and for
related purposes.

Form 990, Part III, Line 4d - All Other Accomplishment

The organization has been working with various organizations to contribute
toward the environmental and human sustainability, as well as to
disseminate information and educate the public about urban trees.

Specifically, the organization is working to show how urban trees will
beneift residents of San Diego County's 18 cities, unicorporated areas,
military bases, and indian reservations through education and mutual events
staged for the benefit of the public.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return, as prepared by an independent CPA, is provided to the Board of Directors for review and approval before submission to applicable governing authorities.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available upon request and can be disseminated through copies or submission via email.

465183143 07/29/2015 10:07 AM Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number TREE SAN DIEGO 46-5183143 Form 990, Part IX, Line 24e - Other Expenses Description Amount EQUIPMENT RENTAL 510 PROFESSIONAL FEES 500 PRINTING & COPIES 466 OPERATING SUPPLIES 270 MEMBERSHIP DUES 185 COMPUTER MAINTENANCE CONFERENCE FEES 148 POSTAGE & DELIVERY

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# Federal Statements

465183143 TREE SAN DIEGO 46-5183143 FYE: 12/31/2014

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	⁄Janagement & General	\$ 500 466	\$ 776
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ther Expense	Program Service	510 270 185 172	1,285
- All O	₾ 07	w.	₩.
Form 990, Part IX, Line 24e - All Other Expenses	Total Expenses	510 500 466 270 172 148	2,262
,990		φ	ა-
Form	Description	EQUIPMENT RENTAL PROFESSIONAL FEES PRINTING & COPIES OPERATING SUPPLIES MEMBERSHIP DUES COMPUTER MAINTENANCE CONFERENCE FEES POSTAGE & DELIVERY	Total

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	Amount \$\\ \frac{21,578}{\\$ 21,578}
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	<u>1(e)</u>
Federal Statements	Schedule A, Part II, Line 1(e)
rederal	Schedule A
	Description
46-5183143 TREE SAN DIEGO 46-5183143 FYE: 12/31/2014	CONTRIBUTIONS