Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

<u>A 1</u>	or the	e 2018 calendar year, or tax year beginning and e	enaing		
B	Check if applicable Address change	I KEE KESEAKCH AND EDUCATION ENDOWMENT		D Employer identifi	cation number
	¬Name			37-1	018692
	chang Initial return		Room/suite	E Telephone numbe	
	Final return	552 G WACHTNOTON GTREET	109		369-8300
	termir ated			G Gross receipts \$	1,270,820.
	Amen return	NAPERVILLE, IL 60540		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: OOHN EATC SMITH		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 0$	r 527	If "No," attach a	list. (see instructions)
		te: WWW.TREEFUND.ORG		H(c) Group exemption	•
		forganization: Corporation X Trust Association Other	L Year	of formation: 1975	M State of legal domicile; IL
Pa	art I	Summary	שמע	CMATNIADI E C	OMMINITE TEC
Activities & Governance		Briefly describe the organization's mission or most significant activities: SUPPC AND ENVIRONMENTAL STEWARDSHIP			
ern	1	Check this box if the organization discontinued its operations or dispose	ed of more		
Š	3			3	14
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
ties	5 6	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
ξį	1 -	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, line 38			0.
		Net unrelated business taxable moonle norm of the soon, line oo		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,059,107.	993,775.
nue	9	Program service revenue (Part VIII, line 2g)		2,726.	10,943.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,094.	49,645.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,089,927.	1,054,363.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		209,806.	338,267.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		307,422.	324,827.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 160,08	0.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		302,779.	200,159.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		820,007.	863,253.
		Revenue less expenses. Subtract line 18 from line 12		269,920.	191,110.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		4,813,171.	4,642,336.
et A	21	Total liabilities (Part X, line 26)		378,102. 4,435,069.	345,057. 4,297,279.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,433,009.	4,431,413.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of whi			r knowledge and belief, it is
truo	, 001100	A and complete. Becautation of property (early than ember) to become on an information of with	on properor	nuo uny knowiougo.	
Sig	n	Signature of officer		Date	
Her		JOHN ERIC SMITH, PRESIDENT/CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Paid	ı	JEFF SCHROEDER JEFF SCHROEDER	0	5/08/19 if self-employ	P01245303
Prep	arer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746
Use	Only	Firm's address 6611 NORTH AVENUE			
		OAK PARK, IL 60302		Phone no. (7	08) 386-1433
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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523,559.

including grants of \$

Other program services (Describe in Schedule O.)

Total program service expenses

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) (Revenue \$

Form 990 (2018) FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
	endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	<u> </u>	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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 the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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 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	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? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		_		-

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Par	T IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	·	242		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		1
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Part V	Statements	s Regarding	Other	IRS Filings	and Ta	x Compliance	(continued)

	. Identificacy			V	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Zu	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За		,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for Finan	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				 ₩
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed at the did to the contribution of the contrib	-	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(s)		6b		
7 a	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 sen	vices provided to the payor?	7a	Х	
b		nices provided to the payor:	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
_	to file Form 8282?	5 , 5 qu 5 u	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_~
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	income?	16		
	If "Yes," complete Form 4720, Schedule O.		Form	990	/2010 ³

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 14			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22
7a		7.		Х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 630-369-8300			
	552 S WASHINGTON STREET, NO. 109, NAPERVILLE, IL 60540			

FUND 37-1018692 <u> Page</u> **7** Form 990 (2018)

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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week	box offi	, unle: cer ar	ss pei id a d	rson i: irecto	s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a.			ted		organization	(W-2/1099-MISC)	from the
	related	ıstee (truste		90	beusa		(W-2/1099-MISC)		organization
	organizations below	ual tri	tional		ploye	t com	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES BARBORINAS	1.00									
TRUSTEE		Х						0.	0.	0.
(2) BEAU BRODBECK	4.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(3) PAUL FLETCHER	1.00									
TRUSTEE		Х						0.	0.	0.
(4) STEVEN GEIST	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) RAY HENNING	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) GEORGE HUDLER	1.00									
TRUSTEE		Х						0.	0.	0.
(7) WILBUR NUTTER	1.00	1								
TRUSTEE		Х						0.	0.	0.
(8) BRETT HEINRICH	1.00	1								
TRUSTEE		Х						0.	0.	0.
(9) RANDY MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(10) JAMES URBAN	1.00	1								
TRUSTEE		Х						0.	0.	0.
(11) THOMAS WOLF	4.00	1								
VICE CHAIRMAN		Х		Х				0.	0.	0.
(12) SHARON JEAN-PHILIPPE	1.00	l								
TRUSTEE		Х						0.	0.	0.
(13) DAVE KRAUSE	1.00	l								
TRUSTEE		Х						0.	0.	0.
(14) SHARON LILLY	1.00	ļ								
TRUSTEE	1	Х						0.	0.	0.
(15) MUNDY WILSON PIPER	1.00	 								_
TRUSTEE	40.00	Х			_			0.	0.	0.
(16) JOHN ERIC SMITH	40.00	1		,,				106 505		2 500
PRESIDENT/CEO	1	-		Х	_			126,787.	0.	3,500.
		1								

Form 990 (2018)

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Form 990 (2018)

FUND

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) 37-1018692 Page **8**

	(A) Name and title	Average hours per hours per (do not check more than one box, unless person is both an							Reportable compensation	(E) Reportable compensation	I			
		week (list any hours for related organizations below line)				irecto	Highest compensated Laty	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISO		com fr org and	other pensa om the anizat d relat anizati	e ion ed
			=	_=_	0	~	± θ							
	Sub-total								126,787.		0.	'		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								126,787.		0.	3,500		
2	Total number of individuals (including but n							o re	•		• • 1		-, -	-
	compensation from the organization											Ī		1
3	Did the organization list any former officer,	director or tru	istee	ke	v en	nlar	vee	or h	nighest compensated er	nnlovee on	ſ		Yes	No
Ū	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•		[3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										⊦	4		X
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										ensati	on fro	m	
	(A)	ine calendar ye	ai C	HUIII	y w	itire	OI VVI		(B)	cai.		(C	;)	
	Name and business	address	NC	NE	:				Description of s	ervices	Co	ompei	nsatio	n
								\dashv						
								_						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization	zation >				C)						990 "	2018)

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		Check if Schodule O cent	aine a roenoneo	or note to any lin	o in this Part VIII			
		Check if Schedule O cont	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f GRANT MANAGEMEN MERCHANDISE SAL	ts, and ve	259,388. 734,387. Business Code 541900 453220	993,775. 8,878. 2,065.	8,878. 2,065.		312 311
Prog	e f	All other program service reve	nue					
		Total. Add lines 2a-2f			10,943.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and proceeds				
	С	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		•				
Other Revenue	8 a	Gross income from fundraising including \$ 259,3 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not 88 • of 1c). See	266,102. 216,457.				
ō		Net income or (loss) from fund		>	49,645.			49,645.
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a	>				
		Miscellaneous Revenue	e	Business Code				
	11 a b c d							
	е	Total. Add lines 11a-11d Total revenue. See instructions		•	1,054,363.	10.943.	0.	49,645.

Form 990 (2018) FUND Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	222,895.	222,895.		
2	Grants and other assistance to domestic	20.000	20.000		
	individuals. See Part IV, line 22	28,000.	28,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	07 272	07 272		
	individuals. See Part IV, lines 15 and 16	87,372.	87,372.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 808	50.046	20 456	46.065
	trustees, and key employees	126,787.	50,246.	30,476.	46,065
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	112 111			
7	Other salaries and wages	149,411.	59,212.	35,914.	54,285
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,954.	8,137.	5,527.	8,290 9,697
10	Payroll taxes	26,675.	10,700.	6,278.	9,697
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	28,619.		28,619.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	5,054.	4,069.	227.	758
14	Information technology	15,633.	6,253.	3,752.	5,628
15	Royalties	·		,	•
16	Occupancy	27,113.	11,490.	6,249.	9,374
17	Travel	27,041.	10,816.	6,490.	9,735
18	Payments of travel or entertainment expenses			7, 2001	- 7
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	736.	294.	177.	265
23	Insurance	3,745.	1,498.	899.	1,348
23 24	Other expenses. Itemize expenses not covered	2,,201	=, 25 0 0	333.	_,510
	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 0.)				
а	BAD DEBT EXPENSE	35,000.	0.	35,000.	0
b	COMMUNICATIONS	30,377.	12,150.	7,291.	10,936
С	EDUCATIONAL PROGRAMMING	6,317.	6,317.	, -	. ,
d	BOARD EXPENSE	4,897.	0.	4,897.	0
	All other expenses	15,627.	4,110.	7,818.	3,699
25	Total functional expenses. Add lines 1 through 24e	863,253.	523,559.	179,614.	160,080
<u>25 </u>	Joint costs. Complete this line only if the organization	000,200	323,333.		
	voint vosts. Complete this file only if the organization				
20	reported in column (R) joint costs from a combined			I	
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2018)

Form 990 (2018)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,732.	1	139,946.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			137,646.	3	337,486
	4	Accounts receivable, net			•	4	•
	5	Loans and other receivables from current and					
	_	trustees, key employees, and highest compen		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section					
"		employers and sponsoring organizations of se					
		employees' beneficiary organizations (see inst		·		6	
ets	7	Notes and loans receivable, net				7	
Assets	8					8	
•	9	Inventories for sale or use			7,067.	9	3,424
					7,007.	-	5,121
	IUa	Land, buildings, and equipment: cost or other		3,678.			
	L .	basis. Complete Part VI of Schedule D	. 10a	1,472.	2,942.	10c	2,206
		Less: accumulated depreciation		<u> </u>	4,,,,,,	11	2,200
	11	Investments - publicly traded securities			12		
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line		 		13	
	14	Intangible assets			4,543,784.	14	1 150 271
	15	Other assets. See Part IV, line 11		4,813,784.	15	4,159,274 4,642,336	
	16	Total assets. Add lines 1 through 15 (must ed			27,002.	16	15,117
	17	Accounts payable and accrued expenses			351,100.	17	329,940
	18	Grants payable			331,100.	18	349,940
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and form					
≣		key employees, highest compensated employe					
Liabilities						22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). C	Complete Part X of			
		Schedule D			200 100	25	245 055
	26	Total liabilities. Add lines 17 through 25			378,102.	26	345,057.
		Organizations that follow SFAS 117 (ASC 95		here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 a			250 452		260 264
Juc	27	Unrestricted net assets			-359,473.	27	-260,864.
3ak	28	Temporarily restricted net assets		·····	287,405.	28	277,631.
힏	29			L	4,507,137.	29	4,280,512.
ᆵ		Organizations that do not follow SFAS 117 (ASC 958),	check here			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current fund			30		
4ss	31	Paid-in or capital surplus, or land, building, or				31	
et/	32	Retained earnings, endowment, accumulated				32	
Z	33	Total net assets or fund balances			4,435,069.	33	4,297,279.
	34	Total liabilities and net assets/fund balances			4,813,171.	34	4,642,336.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,435,069		
5	Net unrealized gains (losses) on investments	5	-32	8,9	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,29	7,2	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	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	<u> </u>
	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:				
	X 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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

TREE RESEARCH AND EDUCATION ENDOWMENT

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization **FUND** 37-1018692 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : -	(=, == :=	(=, == : :	(5) = - : -	(-)
•	membership fees received. (Do not						
	include any "unusual grants.")	1123046.	1016049.	1031218.	1148718.	1029160.	5348191.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1123046.	1016049.	1031218.	1148718.	1029160.	5348191.
	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,						
	a aluman (f)						160,528.
_	· ······						5187663.
	Public support. Subtract line 5 from line 4.						310/003.
		(-) 004.4	(1-) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014 1123046.	(b) 2015 1016049.	(c) 2016 1031218.	(d) 2017 1148718.	(e) 2018 1029160.	(f) Total 5348191.
	Amounts from line 4	1123040.	1010049.	1031210.	1140/10.	1029100.	3340131.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20 550	00 404	•			60 040
	and income from similar sources	30,559.	29,484.	0.	0.		60,043.
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.)	4,052.	12,068.				16,120.
11	Total support. Add lines 7 through 10						5424354.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	713,533.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	95.64 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	93.81 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organizatio		-	· ·			▶ □
	Cabadiula A (Farm 000 at 000 E7) 0019						

Schedule A (Form 990 or 990-EZ) 2018

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.)

Section A. Public Support	ciow, picase comp	oloto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organ- ization'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					1	
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0 4 1 6 11 0	(a) 2014	(b) 2013	(6) 2010	(a) 2017	(e) 2010	(i) iotai
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						
c 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 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	or the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	018 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	e organization did เ				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organization		-	· ·		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	3с		
	4a		
	4.		
	4b		
	4c		
	5a		
	5b		
	5с		
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	9a		
	Ωh		
	9b		
	9с		
	10a		
	10h		
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	t IV Supporting Organizations (continued)			age o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	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	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
2	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)_	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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 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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)			
Secti	on D - Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	T	.			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
a	From 2013					
b	From 2014					
c	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2018 distributable amount					
<u>i</u>	Carryover from 2013 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2018 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
<u>a</u>	Excess from 2017 Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

TREE RESEARCH AND EDUCATION ENDOWMENT

Schedule A	(Form 990 or 990-EZ) 2018 FUND		37-1018692 Page 8
Part VI	Supplemental Information. Provide the explain Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	9b, 9c, 11a, 11b, and 11c; Part IV, n E, lines 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT

Employer identification number

FUND

37-1018692

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1					
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
TREE RESEARCH AND EDUCATION ENDOWMENT
FUND

Employer identification number 37-1018692

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	ASPLUNDH TREE EXPERT CO. 708 BLAIR MILL RD WILLOW GROVE, PA 19090-1784	\$ 70,916.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 2	Name, address, and ZIP + 4 BANDIT INDUSTRIES, INC. 6750 W MILLBROOK RD REMUS, MI 49340-9662	* 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	BARTLETT TREE EXPERTS 1290 E MAIN ST STE 2 STAMFORD, CT 06902-3556	\$ 35,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP + 4 INTERNATIONAL SOCIETY OF ARBORICULTURE (ISA) PO BOX 3129 CHAMPAIGN, IL 61826-3129	\$ 58,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	THE DAVEY TREE EXPERT COMPANY 1500 N MANTUA ST KENT, OH 44240-2399	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	WRIGHT TREE SERVICE, INC. PO BOX 1718 DES MOINES, IA 50306-1718	\$ 69,453.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

TREE RESEARCH AND EDUCATION ENDOWMENT

FUND

Employer identification number

37-1018692

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	ACRT, INC. 1333 HOME AVENUE AKRON, OH 44310	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	DOW AGROSCIENCES 520 FOLLY ROAD STE 25 CHARLESTON, SC 29412	\$\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	FIRSTENERGY CORP 501 PARKWAY BLVD YORK, PA 17404-2643	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

Name of organization

TREE RESEARCH AND EDUCATION ENDOWMENT

FUND

Employer identification number

37-1018692

Part II	Noncasn Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	 -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l ¢	1

Name of organization **Employer identification number** TREE RESEARCH AND EDUCATION ENDOWMENT 37-1018692 FUND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT FUND

Employer identification number 37-1018692

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the			
	organization answered Tes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w		d funds			
_	are the organization's property, subject to the organization's e	_				
6	Did the organization inform all grantees, donors, and donor ad					
-	for charitable purposes and not for the benefit of the donor or					
Pa	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization		·			
	Preservation of land for public use (e.g., recreation or ed		rically important land area			
	Protection of natural habitat	Preservation of a certif				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	f a conservation easement on the last			
_	day of the tax year.		Held at the End of the Tax Year			
а						
b						
c	Number of conservation easements on a certified historic structure.					
	Number of conservation easements included in (c) acquired af					
u	listed in the National Register	•	I I			
3	Number of conservation easements modified, transferred, rele					
Ū	year	acce, extinguished, or terminated by the c	riganization daring the tax			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	·				
_	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
-	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservatio					
	include, if applicable, the text of the footnote to the organization	•				
	conservation easements.		3			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stateme	ent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhi					
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement a	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, edi	•				
	relating to these items:	•	,,			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under SFAS 11					
а	Revenue included on Form 990, Part VIII, line 1	•	> \$			
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018			

832051 10-29-18

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued	Par	t III Organizations Maintaining C	ollections of Art	. Historical Tre	asures. or Otl	ner S			Coontinu		<u>je –</u>
decks all that apply: a Particle enhaltion b Scholarly research c Preservation for future generations d Cother Preservation for future generations d Cother Preservation for future generations d Cother Preservation for future generations d Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1b It organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1c Beginning balance 1d Additions during the year 1d Delatricutions during the year 1 End Delatricutions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or ocustodial account liability? Yes No 1b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization in the submit of the explanation that are held and administered for the organization of the organization in the organization that are held and administered for t		•							,		
a	3		on, and other records	, check any of the i	ollowing that are a	a sigi iii	ilcarit u	36 01 113 0	Ollection	terris	
b Scholarly reasearch e	_		d	Loan or ove	hango programs						
c											
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arither than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C. Beginning balance G. Beginning balance G. Beginning balance G. Bolditions during the year I to bill "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization in answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 4, 643, 785, 3, 771, 410, 2, 927, 375, 10. Contributions 381, 981, 533, 631, 533, 631, 99, Part IV, line 10. Contributions 381, 981, 533, 631, 651, 656, 160, 191, 239, 10. Contributions 381, 981, 533, 631, 651, 3, 651, 3, 651, 3, 771, 410, 10. Contributions 381, 981, 533, 631, 651, 3, 651, 3, 771, 410, 10. Contributions Administrative expenses 13, 248, 13, 597, 10, 191, 239, 10. Contributions Administrative expenses 13, 248, 13, 597, 10, 191, 239, 10. Contributions A contributions A contributions A contributions A contribution part XIII in the related organization is listed as required on Schedule P7 A doministrative expenses 13, 248, 13, 597, 10, 13, 14, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19			e	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?			lloctions and avalain	how thoy further th	o organization's o	vomnt	nurnoc	o in Dort	VIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?								se III Fart	AIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Call III	3								7 v.s		NI.
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Beginning balance □ Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Endowment Funds. Complete if the explanation has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the explanation answered "Yes" on Form 990, Part X, line 10. □ Part V □ Endowment Funds. Complete if the explanation has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the explanation answered "Yes" on Form 990, Part IV, line 10. □ Part V □ Endowment Funds. Complete if the explanation answered "Yes" on Form 990, Part IV, line 10. □ Part V □ Endowment Funds. Complete if the explanation answered "Yes" on Form 990, Part IV, line 10. □ Part V □ Endowment	Par										NO
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				te ii trie organizatio	ii alisweled Tes	OHFO	1111 990	, raitiv,	iii le 9, 0i		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Froir year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Froir years (h) Prior year (c) Two years back (f) Three years No	12	· · · · · · · · · · · · · · · · · · ·		any for contributions	or other assets r	ot incl	udad				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Ia								Vec		No
C Beginning balance C	h							∟	_ 1 <i>e</i> s	ш	NO
C Beginning balance 1c	b	ii res, explain the arrangement in Part Alli a	and complete the ion	owing table.					Amount		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 4a Beginning of year balance 4a Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (_	Paginning balance					10		Amount		
e Distributions during the year											
t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization and Funds in Form 990, Part IV, line 10. Part V Endowment Funds. Part V Endowment Iv En	_						$\overline{}$				
Bo If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four ye		Did the organization include an amount on Er	orm 000 Dort V line	21 for coordy or o	ustadial assaunt li				Voc		No.
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		•		•		•			_ 1es	H	NO
1a Beginning of year balance 4,643,785. 3,771,410. 2,927,376.											
1a Beginning of year balance 4,643,785. 3,771,410. 2,927,376. b Contributions 381,981. 539,613. 663,109. c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs 257,047. 221,801. f Administrative expenses 13,248. 11,597. 10,314. g End of year balance 4,439,820. 4,643,785. 3,771,410.	1 011	2 1 Complete					Three v	pare hack	(a) Four	voare h	
b Contributions 381,981. 539,613. 663,109. c Net investment earnings, gains, and losses -315,651. 566,160. 191,239. d Grants or scholarships - 257,047. 221,801. f Administrative expenses 13,248. 11,597. 10,314. g End of year balance 4,439,820. 4,643,785. 3,771,410. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 96.17 % b Permanent endowment ▶ 96.17 % c Temporarily restricted endowment ▶ 3.83 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) (c) Accumulated depreciation depreciation assisting investment) 1a Land (b) Buildings c Leasehold improvements d Equipment 3,678. 1,472. 2,206.	10	Posinning of year balance				-	тинее у	cais back	(e) i oui	y cais b	ack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 257,047. 221,801. f Administrative expenses 13,248. 11,597. 10,314. g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶						_					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 4,439,820, 4,643,785, 3,771,410, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment 96.17 % c Temporarily restricted endowment 96.17 % c Temporarily restricted endowment by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization slisted as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements d Equipment 257,047. 221,801. 13,248. 11,597. 10,314. 9/6 14,439,820. 4,643,785. 3,771,410. 9/8 Permanent endowment funds are balance (line 1g, column (a)) held as: 9/8 9/8 13,248. 11,597. 10,314. 9/8 14,643,785. 3,771,410. 9/8 15,771,410. 16 17 18 19 19 19 19 19 10 10 10 10 10				,	· · · · · · · · · · · · · · · · · · ·						
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 4,439,820, 4,643,785, 3,771,410, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment be Permanent endowment 7 96.17 8 Temporarily restricted endowment by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other		5 · 5 · ·	313,031.	300,100.	131,23						
and programs 257,047. 221,801. f Administrative expenses 13,248. 11,597. 10,314. g End of year balance 4,439,820. 4,643,785. 3,771,410. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 96.17											
## Administrative expenses	е		257 047	221 801							
g End of year balance			,	,	10 31	1					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			<u> </u>			_					
a Board designated or quasi-endowment ▶					•	٠٠					
b Permanent endowment ▶ 96.17			ent year end balance	(iiiie rg, coluiriii (a)) Held as.						
c Temporarily restricted endowment ▶ 3.83 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment 4 Equipment 5 2, 206. e Other		· .	0/	_ ⁷⁰							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organizations (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) related organizations (iv) x (iv)											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) rela	C	· · ·									
by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 90, Part VI (b) Cost or other basis (other) 2, 206. 1,472. 2,206.	2-		•	tion that are hald an	d administered fo	. +ba a	*~~ni=~	tion			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 93(i) X 34(ii) X 34(iii) X 44(iii) A(iii) A(iii	Sa	•	ssion of the organiza	tion that are neid ar	ia administerea io	rtne c	irganiza	lliori	Г	Vaa	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment Other		•									NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 90, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 4 Description of property 1 Description of property 1 Description of property 3 Description of property 4 Description of property 5 Description of property 6 Description of property 7 Description of property 8 Description of property 9 Description of property 1 Description of property 2 Description of property 3 Description of property 4 Description of property 5 Description of property 6 Description of property 9 Des											<u></u>
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 3,678. 1,472. 2,206.	h	If "Van" on line 20(ii) are the related examine	tions listed as require	nd on Schodula D2						_	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 90, Part X, line 10. (a) Book value 3, 678. 1,472. 2,206.	4								30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Other	Par	t VI I and Buildings and Equipm	ent	vinent iunus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value				Part IV line 11a S	oo Form 000 Parl	V line	. 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									(d) Dool	. valua	
1a Land b Buildings c Leasehold improvements d Equipment 3,678. 1,472. 2,206. e Other		Description of property	1 ' '	` ,		•		ea	(a) Book	value	
b Buildings c Leasehold improvements c Leasehold improvements 3,678. 1,472. 2,206. e Other		Land	` `	Dasis	(Other)	acpie	JIGLIUIT				
c Leasehold improvements 3,678. 1,472. 2,206. e Other											
d Equipment 3,678. 1,472. 2,206.								- -			
e Other					3 678		1 //	72	າ	20	6
e Otter					3,070.		1,4	. 4 •		, 40	<u> </u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				(a a lune := (D) 1' : : 1	00.)				າ	20	6

Schedule D (Form 990) 2018

FUND

Part VII Investments - Other Securities.				1010031 Tage
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		L		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value		valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
	on Form 000 Dort IV	line 11d Cae Form 000	Dort V. line 15	
Complete if the organization answered "Yes"	Description	, line 11a. See Form 990,	Part X, line 15.	(b) Book value
(1) BENEFICIAL INTEREST IN IN		ELD BY CHICAG	OF	(b) Book value
(2) COMMUNITY TRUST	<u> </u>	<u> </u>		4,159,274
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		>	4,159,274
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 25.	
(a) Description of liability		(b) Book value	-	
(1) Federal income taxes			-	
(2)			-	
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)			
Liability for uncertain tax positions. In Part XIII, provide	,	ote to the organization's f	inancial statements that	at reports the
organization's liability for uncertain tax positions under				· -
, , , , , , , , , , , , , , , , , , , ,	, ,			dule D (Form 990) 20

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,062,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-328,900. $120,374.$		
b	Donated services and use of facilities	2b	120,374.		
С	Recoveries of prior year grants				
d			216,457.		
е	Add lines 2a through 2d			2e	7,931. 1,054,363.
3	Subtract line 2e from line 1			3	1,054,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	1,054,363.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				1 000 004
1	Total expenses and losses per audited financial statements			1	1,200,084.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	100 254		
а	Donated services and use of facilities		120,374.	-	
b	Prior year adjustments			-	
С	Other losses		216 457	-	
d	Other (Describe in Part XIII.)		216,457.		226 021
е				2e	336,831. 863,253.
3	Subtract line 2e from line 1			3	003,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
				4c	863,253.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	<u> (8.)</u>		5	003,233.
		4. Dort IV lines 1h	and Oh: Dort V line 4	· Dort V	/ line 0: Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, Part A	K, IIIIe Z, Part XI,
III Ies	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide a	riy additional illioni	iation.		
PAT	RT V, LINE 4:				
	AT VI DIND I.				
тні	E ENDOWMENT FUND IS INTENDED TO FUND RE	SEARCH, EI	UCATION. A	ND (COMMUNITY
		<u> </u>			
ENC	GAGEMENT.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	·				
DIE	RECT EXPENSES RELATED TO SPECIAL EVENTS	NETTED AG	SAINST		
REV	<i>J</i> ENUE				216,457.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DII	RECT EXPENSES OF SPECIAL EVENTS NETTED .	AGAINST			
FUI	NDRAISING REVENUE				216,457.

TREE RESEARCH AND EDUCATION ENDOWMENT

Schedule D (Form 990) 2018 FUND	37-1018692 Page 5
Schedule D (Form 990) 2018 FUND Part XIII Supplemental Information (continued)	
	_
	_

832055 10-29-18

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT

FUND

Employer identification number

37-1018692 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures (by type) (such as, fundraising, prooffices is a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0 0. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 0 0. and 3b)

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

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA - ARGENTINA,						
		BOLIVIA, BRAZIL,						
			RESEARCH	10,000.		0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESEARCH	48,842.		0.		
		NORTH AMERICA	RESEARCH	10,000.		0.		
		L						
		EAST ASIA AND THE PACIFIC	RESEARCH	10,000.		0.		
		EUROPE (INCLUDING	RESEARCH	10,000.		0.		
		ICELAND &						
		GREENLAND) -						
			RESEARCH	8,530.		0.		
2 Enter total number of		l .	L					

0

3 Enter total number of other organizations or entities

Part III can be duplicated if a	dditional space is needed		Г				-	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2018 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 FUND 37-1018692 Page 5
Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
GRANTEES ARE EXPECTED TO PROVIDE PROGRESS REPORTS AS REQUESTED BY TREE
GRANIELS ARE EXFECTED TO PROVIDE PROGRESS REPORTS AS REQUESTED BY TREE
FUND AND STATED IN THE GRANT AGREEMENT. GRANTEES MUST REPORT USE OF
TOTAL DITTILD IN THE CHART HONDENING TO CHARTELD HOST MILITARY OF CHARTES
FUNDS, WHETHER OBJECTIVES OF PROPOSAL WERE MET AND THE IMPACT THE
RESEARCH HAS HAD ON THE FIELD OF ARBORICULTURE OR URBAN FORESTRY. ALSO
REQUIRED IS A FINANCIAL REPORT BASED UPON THE ORIGINAL BUDGET SUBMITTED.

Schedule F (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

	SEARCH AND EDUCATION	I NC	ENDO	OWMENT			ntification number
FUND						37-1018	
Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	1						
List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 FUND

37-1018692 Page 2

- 1			(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			TOUR DE		NONE	(d) Total events
			TREES (INCL		1,01,1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
בות	1	Gross receipts	525,490.			525,490
2	2	Less: Contributions	259,388.			259,388.
<u> </u>	3	Gross income (line 1 minus line 2)	266,102.		+	266,102
4	4	Cash prizes				
5	5	Noncash prizes				
6	6	Rent/facility costs	97,772.			97,772.
7	7	Food and beverages	8,501.			8,501.
Ί.	8	Entertainment				
٩	9	Other direct expenses	110,184.			110,184.
1	0	Direct expense summary. Add lines 4 through			>	216,457
_		Net income summary. Subtract line 10 from I				49,645
art	וו ז		answered "Yes" on Form	990, Part IV, line 19, c	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.			1	T
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	1_	Gross revenue				
2	2	Cash prizes				
3	3	Noncash prizes				
4	4	Rent/facility costs				
Ļ	5_	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
17		z i cot capanico caminal y i i tala ini co z i i i cag.				
		Net remains in a series of the control of the contr	Chana Baad as Louis (A			
		Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
8	8_	Net gaming income summary. Subtract line 7			>	1
E a Is	B Ente	er the state(s) in which the organization condune organization licensed to conduct gaming a	ucts gaming activities:ctivities in each of these s	states?		Yes No
E ls	B Ente	er the state(s) in which the organization condu	ucts gaming activities:ctivities in each of these s	states?		Yes No
E a ls b lf -	B Entons the strict of the st	er the state(s) in which the organization conducted organization licensed to conduct gaming and No," explain: The any of the organization's gaming licenses reconstruction.	ucts gaming activities:ctivities in each of these s	states?		
E a ls b lf -	B Entons the strict of the st	er the state(s) in which the organization condune organization licensed to conduct gaming and No," explain:	ucts gaming activities:ctivities in each of these s	states?		

TREE RESEARCH AND EDUCATION ENDOWMENT

Sch	edule G (Form 990 or 990-EZ) 2018 FUND	<u> 37-1(</u>)18	<u>692</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100		
14	cinter the name and address of the person who prepares the organization's gaming/special events books and record	5.			
	No				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
c	: If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
	7 ddi 655 P				
16	Gaming manager information:				
10	Gaming manager information.				
	Nome >				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III lin	es 9 (9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait	,	00 0, 1	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.				

TREE RESEARCH AND EDUCATION ENDOWMENT

Schedule G (Form 990 or 990-EZ) FUND Part IV Supplemental Information (continued)	37-1018692 Page 4
Part IV Supplemental Information (continued)	
	Calcadala C (Farma 200 as 200 FZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

TREE RESEARCH AND EDUCATION ENDOWMENT

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TREE RESEA FUND	Employer identification number $37-1018692$						
Part I General Information on Grants an	d Assistance						3, 1010031
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's production.	ance?					stance, and the selecti	
Part II Grants and Other Assistance to D	_				anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than \$					(f) Method of	T	T
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME							
327 GALVIN LIFE SCIENCE CENTER							
NOTRE DAME, IN 46556		501C3	25,000.	0.			SUPPORT RESEARCH
PENNSYLVANIA STATE UNIVERSITY			,				
OFFICE OF RESEARCH ACCOUNTING, 227							
W. BEAVER AVENUE - STATE COLLEGE,							
PA 1680		501C3	118,371.	0.			SUPPORT RESEARCH
ENVIRONMENTAL CONSULTANTS, LLC DBA ECI - 520 BUSINESS PARK CIRCLE - STOUGHTON, WI 53589			49,730.	0.			SUPPORT RESEARCH
BIOCOMPLIANCE CONSULTING							
825 PINE CONE TRAIL							
MARINE ON ST. CROIX, MN 55047			46,000.	0.			SUPPORT RESEARCH
TCIA FOUNDATION							
136 HARVEY ROAD, SUITE 101							
LONDONDERRY, NH 03053		501C3	7,899.	0.			SUPPORT RESEARCH
KENT ROOSEVELT HIGH SCHOOL							
FORESTRY AND LANDSCAPE MANAGEMENT							
PROGRAM - 1400 NORTH MANTUA							
STREET, - KENT , OH 44234		501C3	5,000.	0.			SUPPORT RESEARCH
2 Enter total number of section 501(c)(3) an	•	•	e line 1 table				
3 Enter total number of other organizations							<u> </u>
LHA For Paperwork Reduction Act Notice,	see the Instruc	tions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) FUND 37-1018692

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) CLACKAMAS COMMUNITY COLLEGE FOUNDATION - 19600 MOLALLA AVE -OREGON CITY, OR 97045 501C3 14,000. 0. SUPPORT RESEARCH SONOMA STATE SUPPORT RESEARCH -1801 E. COTATI AVENUE REDUCTION IN PREVIOUS ROHNERT PARK, CA 94928 501C3 -23,105, 0. GRANT AWARD VIRGINIA TECH SUPPORT RESEARCH -310 WEST CAMPUS DR., SUITE 310 REDUCTION IN PREVIOUS BLACKSBURG, VA 24061 501C3 -20,000, 0. GRANT AWARD

Page 1

FUND

Page 2

7	28,000.			
7	28,000.			
7	28,000.			
	,	0.		
uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
ROGRESS R	EPORTS AS	REQUESTED	BY TREE FUND	
E MET AND	THE IMPAC	T THE RESE	ARCH HAS HAD	
RBAN FORE	STRY. ALSO	REQUIRED	IS A	
IGINAL BU	DGET SUBMI	TTED.		
E	ROGRESS R GRANTEES E MET AND RBAN FORE	ROGRESS REPORTS AS GRANTEES MUST REPO E MET AND THE IMPAC RBAN FORESTRY. ALSO	ROGRESS REPORTS AS REQUESTED GRANTEES MUST REPORT USE OF E MET AND THE IMPACT THE RESE	ROGRESS REPORTS AS REQUESTED BY TREE FUND GRANTEES MUST REPORT USE OF FUNDS, E MET AND THE IMPACT THE RESEARCH HAS HAD RBAN FORESTRY. ALSO REQUIRED IS A IGINAL BUDGET SUBMITTED.

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TREE RESEARCH AND EDUCATION ENDOWMENT FUND

Employer identification number 37-1018692

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

THE PRESIDENT/CEO DISTRIBUTES A COPY OF THE FORM 990 ELECTRONICALLY TO EACH OF THE BOARD TRUSTEES FOR THEIR REVIEW

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF TRUSTEES COMPLETE CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. IF THERE IS ANY POTENTIAL OR PERCEPTION OF A CONFLICT OF IT IS IDENTIFIED BY THE TRUSTEE AND THE TRUSTEE LEAVES THE ROOM DURING DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE USES THE ASSOCIATION OF SMALL FOUNDATIONS MANAGEMENT AND COMPENSATION SURVEY TO IDENTIFY COMPENSATION STANDARDS. THIS INFORMATION IS SUMMARIZED BY THE CHAIRMAN AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR DISCUSSION. THE PRESIDENT/CEO'S SALARY IS BENCHMARKED AGAINST OTHER PRESIDENT/CEO'S SALARIES IN THE REGION OF SIMILAR

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

SIZE FOUNDATIONS TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION.

IL,MO,AL,AR,CA,CO,HI,MA,NC,NY,OH,OR,SC,VA,NH,MS,KS,MD,NM,TN,NJ,MI,MN,WI,AK

ND, OK, PA, KY, WV, CT, ME, WA, GA, FL, RI, UT, DC

FORM 990, PART VI, SECTION C, LINE 18:

UPON WRITTEN REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule	O (Form	990 or	990-EZ) (20 ⁻	18)										Page	<u> 2</u>
Name of	the organ	ization	TREE FUND	RESEAI	RCH A	ND	EDUCAT	ION	ENDO'	WMENT		Em	ployer iden 37-101	tification numbe	er
UPON	WRIT	ren :	REQUES	T											_
FORM	990,	PAR	T XII,	LINE	2C										_
THER	E WAS	NO	CHANGE	IN AU	JDIT (OVE	RSIGHT	PRO	CESS	FROM	THE	PRIOR	YEAR.		_
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