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 I</u>	or th	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicab	TREE RESEARCH AND EDUCATION ENDOWMENT		D Employer identific	cation number
L	chane	e FUND		27 10106	0.2
	chang	e Doing business as		37-10186	
F	Initial return Final return	552 C WACHTNOTON STREET	Room/suite	E Telephone number	8300
_	termi			G Gross receipts \$	921,532.
	Amer	ded NADEDIZTIE TI 605/0		H(a) Is this a group re	eturn
F	Appli			for subordinates	? Yes X No
_	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ocluded? Yes No
T	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. (see instructions)
		te: WWW.TREEFUND.ORG		H(c) Group exemption	n number
		forganization: Corporation X Trust Association Other	L Year	of formation: 1975 N	A State of legal domicile: IL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORT SU	STAINABLE CO	OMMUNITIES
Activities & Governance		AND ENVIRONMENTAL STEWARDSHIP			
nar	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ver	3			3	15
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
oð Ø	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	7
itie	6	Total number of volunteers (estimate if necessary)		6	0
cŧi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
A	ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		993,775.	696,679.
Ž	9	Program service revenue (Part VIII, line 2g)		10,943.	12,234.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,645.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,054,363.	708,913.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		338,267.	450,504.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		324,827.	356,335.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>pe</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	55.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200,159.	141,546.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		863,253.	948,385.
	19	Revenue less expenses. Subtract line 18 from line 12		191,110.	-239,472.
200			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,642,336.	5,185,332.
Net Assets or	21	Total liabilities (Part X, line 26)		345,057.	436,640.
ES E	22	Net assets or fund balances. Subtract line 21 from line 20		4,297,279.	4,748,692.
Pa	irt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declarati on of preparer (other than officer) is based on all information of wh	ich preparer		1. 2.7
		Tisith			18-2020
Sig	n	Signature of officer		Date	
Her	е	RUSSELL KING, PRESIDENT/CEO			to the second of the second
		Type or print name and title	Tr	Onto Datas D	PTIN
		Print/Type preparer's name Preparer's signature		Oate Check C	The state of the s
Paid		JEFF SCHROEDER JEFF SCHROEDER	<u> </u>	6/15/20 self-employ	
-	arer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746
Use	Only	Firm's address 6611 NORTH AVENUE		, , , , , , , , , , , , , , , , , , ,	001 206 1425
		OAK PARK, IL 60302		Phone no. (/	08) 386-1433
May	the II	AS discuss this return with the preparer shown above? (see instructions)			X Yes No
9320	01 01-2	D-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2019)

FUND 37-1018692 Page 2 Form 990 (2019) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SUPPORT SCIENTIFIC DISCOVERY AND DISSEMINATION OF NEW KNOWLEDGE IN THE FIELDS OF ARBORICULTURE AND URBAN FORESTRY Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ______ Yes X No If "Yes." describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 417,504.) (Revenue \$ 541,604. including grants of \$ 12.065.) (Expenses \$ TREE FUND PROVIDES DIRECTED AND COMPETITIVE GRANTS TO SCHOLARS AND RESEARCHERS TO CONDUCT PRIMARY AND APPLIED RESEARCH TO INCREASE PRACTICAL KNOWLEDGE AND PROMOTE BEST TECHNIQUES IN ARBORICULTURE, FORESTRY, AND RELATED PROFESSIONAL FIELDS. IN FY 2019, TREE FUND ISSUED \$417,504 IN NEW RESEARCH GRANT FUNDING TO 10 RECIPIENTS IN 8 GRANT LINES WHILE CONTINUING TO MANAGE 16 MULTI-YEAR GRANTS FROM PRIOR FISCAL YEARS. 12,036. including grants of \$ 5,000.) (Revenue \$ 4h) (Expenses \$ TREE FUND PROVIDES GRANTS TO CHARITABLE ORGANIZATIONS AND IMPLEMENTS PROGRAMS DESIGNED TO INCREASE AWARENESS OF ARBORICULTURE AND URBAN FORESTRY AMONG THE GENERAL PUBLIC, THEREBY ENCOURAGING PROPERTY OWNERS, BUSINESSES, AND MUNICIPALITIES TO MANAGE URBAN AND COMMUNITY FORESTS IN WAYS THAT PROMOTE INDIVIDUAL, CIVIC AND ENVIRONMENTAL HEALTH. 2019 COMMUNITY ENGAGEMENT WAS A FIVE-DAY CYCLING EVENT WITH 10 OUTREACH PROGRAMS ALONG ITS ROUTE. TREE FUND ALSO ISSUED 1 COMMUNITY ENGAGEMENT GRANT VALUED AT \$5,000 TOTAL, WHILE OFFERING 6 WEBINARS WITH APPROXIMATELY 4,000 ATTENDEES, 1 OTHER PUBLIC EVENT, ADVERTISING WIDELY AROUND THE COUNTRY AND ISSUING A MONTHLY NEWSLETTER TARGETED TO LAY READERS. TREE FUND ALSO ISSUED 3 RESERACH REPORTS FEATURING PROJECTS FUNDED BY TREE FUND GRANTS. TREE FUND ALSO HOSTED A RESEARCH PANEL OPEN 48 , 143 • including grants of \$ 28,000.) (Revenue \$ TREE FUND PROVIDES SCHOLARSHIPS TO ENCOURAGE COLLEGE STUDENTS TO PURSUE CAREERS IN ARBORICULTURE AND URBAN FORESTRY. IN 2019, TREE FUND ISSUED 6 SCHOLARSHIPS VALUED AT A TOTAL OF \$28,000. Other program services (Describe on Schedule O.)) (Revenue \$ including grants of \$ 601,783. Total program service expenses

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Form 990 (2019) 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	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	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			37
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	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		
D	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			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-21	
IJ		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	- 21	_
10		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		<u> </u>
.0		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	,	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
	C			

FUND Part 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	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	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		
25 a	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		х	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Λ	
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		00-		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		122
С	,	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive more than \$23,000 in non-cash contributions? If "Yes," complete schedule M	29		25
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b				
С				
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	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	organization solicit			
	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	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			l
	to file Form 8282?	1	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		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	, , , , , , , , , , , , , , , , , , , ,		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
''		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i ia			
	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.				
	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				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the appropriation and the second of the fact that the second of the		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.			25:	
			Earm	990	(2010)

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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 on Schedule O. See instructions.

<u> </u>						X		
Sec	tion A. Governing Body and Management							
		ı	1 4-		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15					
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other					
_	officer, director, trustee, or key employee?			2		х		
3	Did the organization delegate control over management duties customarily performed by or under the							
3	of officers disables to the state of the sta			2		x		
			- 41-40	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		_		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or					
	persons other than the governing body?			7b		Х		
8								
а	The governing body?	-	-	8a	Х			
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 read							
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
	(This Section B requests information about policies not required by the internal ne	veriue	Coue.)		Yes	No		
100	Did the organization have local chapters, branches, or affiliates?			10a	103	X		
				IUa				
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10b				
	· · · · · · · · · · · · · · · · · · ·				Х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belo	re illing the form?	11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe					
	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	Х			
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
	Other officers or key employees of the organization			15b		Х		
	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	nent v	vith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•					
	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	0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		0-T (Section 501(c)(3)	onlv)	availal	ble		
	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	on C	chedule (1)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	rial			
13	statements available to the public during the tax year.	innot	or interest policy, and	miaii	nai			
20		ko o-	d records					
20	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION $-630-369-8300$	ns an	u records 📂					
		054	10					
	227 S MYSUTINGION SIVEEI' NO• TA2' NWEEVATHTE' IF C	034	ŧ U					

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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per nd a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVEN GEIST	4.00							_		_
CHAIRMAN		Х		Х				0.	0.	0.
(2) BEAU BRODBECK	4.00									
CHAIR-ELECT		Х		Х				0.	0.	0.
(3) THOMAS WOLF	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) RAY HENNING	4.00									
TREASURER		Х		X				0.	0.	0.
(5) JAMES BRUNSWICK	1.00									
TRUSTEE		Х						0.	0.	0.
(6) PAUL FLETCHER	1.00									
TRUSTEE		Х						0.	0.	0.
(7) BRETT HEINRICH	1.00									
TRUSTEE		Х						0.	0.	0.
(8) GEORGE HUDLER	1.00									
TRUSTEE		Х						0.	0.	0.
(9) SHARON JEAN-PHILIPPE	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DAVE KRAUSE	1.00									
TRUSTEE		Х						0.	0.	0.
(11) SHARON LILLY	1.00									
TRUSTEE		Х						0.	0.	0.
(12) RANDY MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) WILL NUTTER	1.00									
TRUSTEE		Х						0.	0.	0.
(14) MUNDY WILSON PIPER	1.00									
TRUSTEE		Х						0.	0.	0.
(15) JIM URBAN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) JOHN ERIC SMITH	40.00									
FORMER PRESIDENT/CEO		1		Х				125,683.	0.	3,500.
(17) RUSSELL KING	40.00									•
PRESIDENT/CEO		1		Х				17,295.	0.	0.

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	(A) Name and title	(B) Average hours per		not c	Posi heck r	itior nore	than o		(D) Reportable compensation	(E) Reportable compensation				
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	od a di	Key employee	Highest compensated structure smployee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISO		com fr org an	other pensation the anizated related	ition e ion ed
	Subtotal								142,978.		0.		3,5	
	Total from continuation sheets to Part VI								142,978.		0.		3,5	<u>0.</u>
a	Total (add lines 1b and 1c) Total number of individuals (including but n							o re		l	0 • 1		3,3	00.
	compensation from the organization				G. G.S		,							1
											1		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•	,	,		,	,	•		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om a	any	unre	elate	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	e J f	or su	ıch ç	oers	on .					5		X
1	Complete this table for your five highest co	mnensated ind	lene	nde	nt co	ntr	acto	re th	nat received more than	\$100,000 of compa	neat	ion fr		
	the organization. Report compensation for										noai		2111	
	(A)								(B)			(0		
	Name and business	address	NC	ONE	<u> </u>			_	Description of s	services		ompe	nsatio	n
								\dashv						
2	Total number of independent contractors (i		ot lin	nited	d to t			ted	above) who received m	ore than				
	\$100,000 of compensation from the organic	zation				()					Form	990 (:	2010)
												UIIII	(,	としょる)

			Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts									
je d			Membership dues		220,381.				
Ţ\$,			Fundraising events		220,301.				
iar iar			Related organizations						
ns,			Government grants (contributi						
er Si		f	All other contributions, gifts, grant		45.6 000				
ē ‡			similar amounts not included abov		476,298.				
g		g	Noncash contributions included in lines 1	la-1f 1g \$					
<u>8</u>		h	Total. Add lines 1a-1f			696,679.			
					Business Code				
e			GRANT MANAGEMEN		541900	12,065.	12,065.		
ryi		b	MERCHANDISE SAL	ES	453220	169.	169.		
Se		С							
an		d							
Program Service Revenue		е							
Pro		f	All other program service reve	nue					
			Total. Add lines 2a-2f			12,234.			
	3		Investment income (including			•			
			other similar amounts)						
	4		Income from investment of tax						
	5		Royalties						
	Ŭ		Tioyanies	(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(7)	(-,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	′	a			(ii) Otrici				
			assets other than inventory 7a						
		D	Less: cost or other basis						
ğ			and sales expenses						
ě		С	Gain or (loss) 7c						
her Revenue			Net gain or (loss)						
	8	а	Gross income from fundraising ev	ents (not					
Ö			including \$ 220,3						
			contributions reported on line	, I	010 610				
			Part IV, line 18		212,619.				
			Less: direct expenses		212,619.				
		С	Net income or (loss) from fund	raising events	_	0.			
	9	а	Gross income from gaming ac						
			Part IV, line 19	9 <u>a</u>					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	10a					
		b	Less: cost of goods sold						
		С	Net income or (loss) from sales	s of inventory					
					Business Code				
sno	11	а							
Miscellaneous Revenue		b							
ells eve		С							
lisc Be			All other revenue						
≥			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			708,913.	12,234.	0.	0.

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Form 990 (2019) FUND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	388,133.	388,133.		
_	and domestic governments. See Part IV, line 21	300,133.	300,133.		
2	Grants and other assistance to domestic	28,000.	28,000.		
^	individuals. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	34,371.	34,371.		
4	Benefits paid to or for members	34,371.	34,3710		
5	Compensation of current officers, directors,				
J	trustees, and key employees	146,478.	59,520.	51,827.	35,131
6	Compensation not included above to disqualified	110/1/01	33,73201	31/02/1	33,131
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,366.	60,693.	52,850.	35,823
8	Pension plan accruals and contributions (include		00,055.	32,330.	55,025
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,927.	12,973.	11,297.	7 657
10	Payroll taxes	28,564.	11,537.	10,190.	7,657 6,837
10 11	Fees for services (nonemployees):	20,304.	11,3376	10,150.	0,037
a	· · · · · · · · · · · · · · · · · · ·				
b		32,705.		32,705.	
	Accounting	32,703.		32,703.	
	Lobbying Professional fundamining convices See Part IV line 17				
e	, <u> </u>				
f	Investment management fees				
g	` '				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	6,382.	805.	5,577.	
13	Office expenses	14,344.	7,367.	3,822.	3,155
14 15	Information technology	11,511.	7,307.	3,022.	3,133
15	Royalties	27,360.	11,117.	9,681.	6,562
16 17	Occupancy	34,652.	17,672.	9,356.	7,624
17	Payments of travel or entertainment expenses	34,032.	11,012.	5,550.	7,023
18					
	for any federal, state, or local public officials Conferences, conventions, and meetings				
19	· · · · · · · · · · · · · · · · · ·				
20	Interest				
21	Payments to affiliates	736.	294.	177.	265
22		3,973.	1,614.	1,406.	953
23	Insurance Other expenses. Itemize expenses not covered	3,513.	1,014.	1,400.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) COMMUNICATIONS	26,158.	10,629.	9,255.	6,274
a b	BOARD EXPENSE	13,100.	10,025	13,100.	5,2 73
n	MISCELLANEOUS	12,849.		12,849.	(
d	TELEPHONE	7,834.	3,183.	2,772.	1,879
	All other expenses	-38,547.	-46,125.	6,683.	895
		948,385.	601,783.	233,547.	113,055
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	740,303.	JUI, /UJ.	433,3410	113,03
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year $\overline{148},619.$ 139,946. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 337,486. 329,339. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 3,948. 3,424. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 2,206. 1,470. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 4,159,274. 4,701,956. 15 Other assets. See Part IV, line 11 15 4,642,336. 5,185,332. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 15,117. 73,991. Accounts payable and accrued expenses 17 17 329,940. 18 362,649. 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 345,057. 436,640. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -260,864. 27 -416,122. 27 Net assets without donor restrictions 4,558,143. Net assets with donor restrictions 5,164,814. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

5,185,332. Form **990** (2019)

4,748,692.

30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

4,297,279.

4,642,336.

30

31

32

33

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		8,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,3	
3	Revenue less expenses. Subtract line 2 from line 1	3	-23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,29		
5	Net unrealized gains (losses) on investments	5	69	0,8	<u>85.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,748	8,6	<u>92.</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	
	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 on Scho	edule 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			1
	Act and OMB Circular A-133?		3a		Х
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 on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection

Employer identification number

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))

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

(Complete only if you checked 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1016049.	1031218.	1148718.	1029160.	617,503.	4842648.
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	1016049.	1031218.	1148718.	1029160.	617,503.	4842648.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						342,952.
6	Public support. Subtract line 5 from line 4.						4499696.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1016049.	1031218.	1148718.	1029160.	617,503.	4842648.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,484.					29,484.
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.)	12,068.					12,068.
11	Total support. Add lines 7 through 10						4884200.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	861,827.
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	1 501(c)(3)	
_	organization, check this box and stor	here	······				>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li					14	92.13 %
15	Public support percentage from 2018					15	95.64 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. 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	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∐
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support	now, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	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 for	the organization's	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						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•			•	•	. \square
00	line 18 is not more than 33 1/3%, chec		•	•		-	
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or typ check th	us nox and see ins	STRUCTIONS	

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		
	За		
	3b		
	O.D		
	3с		
	4a		
	į		
	4.		
	4b		
	4 -		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	1		
	8		
	9a		
	9b		
	9с		
	10a		
	.oa		
_	10b		00:5
n 9	90 or 99	ιυ-EZ)	2019

	t IV Supporting Organizations (continued)			.g
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	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			
	<u> </u>		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			
	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see 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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
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):			
а	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	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
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 organization is responsive	·	
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and a mount arrada by mile a arrada.	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	EXCOSS HOTH 2010			

Schedule A (Form 990 or 990-EZ) 2019

TREE RESEARCH AND EDUCATION ENDOWMENT

Schedule A	(Form 990 or 990-EZ) 2019 FUNI)		37-1018692 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 and	 Provide the explanations rec c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a d 3; Part IV, Section E, lines 1 	quired by Part II, line 10; Part II, line a, 11b, and 11c; Part IV, Section B, c, 2a, 2b, 3a, and 3b; Part V, line 1; 6. Also complete this part for any a	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

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	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during 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	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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Schedule D (Form 990) 2019

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

	t III Organizations Maintaining Col	lections of Art	. Historical Tre	easures. o	r Other			(conti		age Z
3	Using the organization's acquisition, accession							(COITUI	iueu)	
Ū	collection items (check all that apply):	, and other records	, or containy or the	ionownig triat	THAIR OF	griirioarie	300 01 110			
а										
b										
c	Preservation for future generations	ŭ								
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organizatio	n's exem	nnt nurno	se in Part	XIII		
5	During the year, did the organization solicit or re						oo iirr art	,		
Ū	to be sold to raise funds rather than to be main							Yes		No
Pai	t IV Escrow and Custodial Arrange									, 110
	reported an amount on Form 990, Part >						,	,		
	Is the organization an agent, trustee, custodian	or other intermedia	arv for contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII an									
	3	r · · · ·	3					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Forr					ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII. Cl]
	t V Endowment Funds. Complete if the					0.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	4,439,820.	4,643,785.	3,773	1,410.	2,9	27,376.			
b	Contributions	296,550.	381,981.	539	9,613.	6	63,109.			
С	Net investment earnings, gains, and losses	725,175.	-315,651.	566	5,160.	1	91,239.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	398,205.	257,047.	223	1,801.					
f	Administrative expenses	18,996.	13,248.	13	1,597.		10,314.			
g	End of year balance	5,044,344.	4,439,820.	4,643	3,785.	3,7	71,410.			
2	Provide the estimated percentage of the current	t year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 96.42	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possession	ion of the organizat	tion that are held a	nd administer	ed for the	e organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the or	ganization's endov	vment funds.							
Pai	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "									
	Description of property	(a) Cost or ot	` '	t or other	٠,	ccumulate	ed	(d) Boo	k value	9
		basis (investm	ient) basis	(other)	dep	oreciation				
	Land									
b	Buildings									
С	Leasehold improvements	I		2 672		0.0			1 4	7.0
d	Equipment	I		3,678.		2,2	η α•		1,4	/ U •
е	Other									

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

- N Description of accounts on actors -		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	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	n Form 990 Part IV line	11d See Form 990 Part X line 15	
		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [Description		(b) Book value
(a) [(1) BENEFICIAL INTEREST IN INV	Description		
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST	Description		(b) Book value
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3)	Description		
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4)	Description		
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5)	Description		
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6)	Description		
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7)	Description		
(a) [1] BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8)	Description		
(a) [1] BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) [(1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95
(a) E (1) BENEFICIAL INTEREST IN INV (2) COMMUNITY TRUST (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description ESTMENTS HEL	D BY CHICAGO	4,701,95

932053 10-02-19

Schedule D (Form 990) 2019

	TREE RESEARCH AND EDUCATION	END	OMWEN.I.	27 -	1010602 -
	dule D (Form 990) 2019 FUND t XI Reconciliation of Revenue per Audited Financial Statemen	+o \A/;+l	a Dovonuo nor Do		1018692 _{Page}
Pai	·	ts witi	i nevellue per ne	turri.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	1,733,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	1,733,437
_	Net unrealized gains (losses) on investments	2a	690,885.		
	Donated services and use of facilities	2b	121,020.	-	
	Recoveries of prior year grants	2c	121,020.	-	
	0.1. (5		212,619.		
				2e	1 024 524
е 3	•			3	1,024,524 708,913
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				700,313
-	Investment expenses not included on Form 990, Part VIII, line 7b	40			
		4a 4b		-	
	Other (Describe in Part XIII.)			10	0
_	Add lines 4a and 4b			4c 5	708,913
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	th Expenses per l		
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		in Expended per i	ictari	••
1	Total expenses and losses per audited financial statements			1	1,282,024
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	1,202,024
	Donated services and use of facilities	2a	121,020.		
a		2b	121,020.	-	
b	Prior year adjustments Other leases	2c		-	
c C	Other losses		212,619.	-	
	Other (Describe in Part XIII.)		•	2e	333,639
е 3	Add lines 2a through 2d			3	948,385
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	740,303
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
				-	
	, , , , , , , , , , , , , , , , , , , ,			10	0
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990. Part I, line 18.)			4c 5	948,385
Pai	t XIII Supplemental Information.			<u> </u>	740,303
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1	h and 2h: Part V line /	1. Dart V	/ line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			+, Fail /	N, IIIIe Z, Fait XI,
111162	zu and 4b, and Fart All, lines zu and 4b. Also complete this part to provide any additi	orial lillo	imation.		
PAF	RT V, LINE 4:				
	•				
THE	E ENDOWMENT FUND IS INTENDED TO FUND RESEAR	CH, E	EDUCATION, A	ND (COMMUNITY
ENC	GAGEMENT.				
PAI	RT X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES	UNDE	R SECTION 50	1(C))(3) OF
THE	E INTERNAL REVENUE CODE (IRC). IN ADDITION,	THE	CENTER QUAL	'TEI	S FOR THE
0117	DIMADIE COMMDIDIMION DEDUCMION UNDER CECHT	∩λτ 1 Γ	70/5\/1\/3\	7 377	TING DEEN
CHA	ARITABLE CONTRIBUTION DEDUCTION UNDER SECTION	N T	/U(B)(I)(A)•	ANI	NAP REEN
CT 7	ASSIFIED AS AN ORGANIZATION THAT IS NOT A	DD T177	אשב בטנואוטאשז אשר הטנואוטאשז	∪N⊥ ⊥	INIDED
<u>C11</u>	א בואטן עד ואטן אוסדואקעואסעה אוע פע הקדיויפסי	CVTA	TT LOUNDALI	OIA (אקעער

INCOME AND THERE WERE NO TAXES OWED FOR THE YEAR ENDED DECEMBER 31, 2019. Schedule D (Form 990) 2019

SECTION 509(A)(1). THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY

UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS

Schedule D (Form 990) 2019 FUND 37-1018692 Page 9
Part XIII Supplemental Information (continued)
THE ORGANIZATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN
TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT IT IS NOT REQUIRED TO
RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED
DECEMBER 31, 2019.
THE FEDERAL AND STATE TAX RETURNS OF THE ORGANIZATION FOR PAST YEARS ARE
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING
AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES RELATED TO SPECIAL EVENTS NETTED AGAINST
REVENUE 212,619.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES OF SPECIAL EVENTS NETTED AGAINST
FUNDRAISING REVENUE 212,619.

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 Part I **Employer identification number**

37-1018692

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region

LHA	For Pa	perwork Red	uction Ac	t Notice,	see the	Instructi	ons for For	m 990.

0

0

0

0

0

Schedule F (Form 990) 2019

0.

0.

and 3b)

3 a Subtotal **b** Total from continuation

> sheets to Part I Totals (add lines 3a

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)		(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)
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	RESEARCH	14,404.		0.		
		SOUTH ASIA	RESEARCH	9,967.		0.		
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	RESEARCH	10,000.		0.		
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country, r	ecognized as tax-exe	empt		
by the IRS, or for which	ch the grantee or cou	insel has provided a sect	tion 501(c)(3) equivalency letter			> ,		3

3 Enter total number of other organizations or entities

FUND 37-1018692 Schedule F (Form 990) 2019 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Part IV	Foreign Form	_
chedule F	(Form 990) 2019	FUND

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) 2019

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
FUND AND STATED IN THE GRANT AGREEMENT. GRANTEES MUST REPORT USE OF
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) 2019

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

2019

Open to Public Inspection

Name of the organization TREE RE FUND	SEARCH AND EDUCATION	ON E	ENDO	OWMENT		Employer ide 37-1018	ntification number		
	Complete if the organization answe	red "V	as" or	Form 990 Part IV I	ine 1				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern ising of ing 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 co or con contribu	ustody trol of	(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						
	<u> </u>								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
or mooritaing.									

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 FUND

37-1018692 Page 2

_		of fundraising event contributions and gr	oss income on Form 990- (a) Event #1	EZ, lines 1 and 6t (b) Event #2		ipts greater than \$5,000.
			1 ' '	(b) Event #2	1 ' '	(d) Total events
			TOUR DE		NONE	(add col. (a) through
			TREES (INCL			col. (c))
ne			(event type)	(event type) (total number)	
Kevenue	1	Gross receipts	433,000.			433,000.
	2	Less: Contributions	259,388.			259,388
	3	Gross income (line 1 minus line 2)	173,612.			173,612.
	4	Cash prizes				
	5	Noncash prizes				
מו ואמי	6	Rent/facility costs	97,772.			97,772.
Direct Experises	7	Food and beverages	7,742.			7,742.
- I	8	Entertainment				
	9	Other direct expenses	100100			107,105.
	10	Direct expense summary. Add lines 4 through	,		>	212,619.
П	11	Net income summary. Subtract line 10 from I	. ,		>	-39,007
_	rt I					
		\$15,000 on Form 990-EZ, line 6a.		,	i,	
Τ			() D:	(b) Pull tabs/ins	tant , , , , , ,	(d) Total gaming (add
2			(a) Bingo	bingo/progressive		col. (a) through col. (c)
1						
	1	Gross revenue				
T						
	2	Cash prizes				
	_					
$\left \cdot \right $	3	Noncash prizes				
000000000000000000000000000000000000000	4	Rent/facility costs				
1	5	Other direct expenses				
t	_		Yes %	Yes	% Yes	%
l	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	•
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			•
_		gg	χ-,		<u> </u>	-
	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re				Yes No
b	IT "\	Yes," explain:				

TREE RESEARCH AND EDUCATION ENDOWMENT

Sch	nedule G (Form 990 or 990-EZ) 2019 FUND	37-1018	3692	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	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:			
;	a The organization's facility	13a		%
	b An outside facility		, [%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	ınt		
	c If "Yes," enter name and address of the third party:			
	the res, enter hame and address of the till party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Name P			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
;	a 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, I	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, 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

Name of the organization

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 **2019**

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

FUND							37-1018692
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to	substantiate t	ne amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assist	ance?						X Yes No
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance to D	omestic Orga	nizations and Domesti	c Governments. C	complete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II ca		ional space is need	ed.	(0) Mathematical	T	
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY							
OFFICE OF RESEARCH ACCOUNTING, 227							
W. BEAVER AVENUE - STATE COLLEGE,							
PA 1680		501C3	151,534.	0.			SUPPORT RESEARCH
HOLDEN ARBORETUM							
9550 SPERRY RD							
KIRTLAND, OH 44094		501C3	5,000.	0.			SUPPORT RESEARCH
INTUED GITTY OF MAGAGINIGETTING							
UNIVERSITY OF MASSACHUSETTS							
101 UNIVERSITY DRIVE, STE. B-6 AMHERST, MA 01002		501C3	25,000.	0.			SUPPORT RESEARCH
AMHERSI, MA 01002		501C3	25,000.	0.			SUPPORT RESEARCH
UNIVERSITY OF CONNECTICUT							
1376 STORRS RD, UNIT 4087							
STORRS, CT 06269		501C3	25,000.	0.			SUPPORT RESEARCH
,			1				
CN UTILITY CONSULTING							
5930 GRAND AVE							
WEST DES MOINES, IA 50266			50,000.	0.			SUPPORT RESEARCH
SONOMA STATE UNIVERSITY							
1801 E. COTATI AVENUE							
ROHNERT PARK, CA 94928		501C3	104,523.	0.			SUPPORT RESEARCH
2 Enter total number of section 501(c)(3) an	d government o	organizations listed in th	e line 1 table				> 6.
3 Enter total number of other organizations	listed in the line	e 1 table					1.

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

Schedule I (Form 990) FUND 37-1018692

art II Continuation of Grants and Other				,	, , , , , , , , , , , , , , , , , , , ,		
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IVERSITY OF GEORGIA RESEARCH							
DUNDATION - 310 E. CAMPUS ROAD -							
JCKER HALL 409, GA 30602		501C3	27,076.	0.			SUPPORT RESEARCH

Page 1

FUND

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	6	28,000.	0.		
SIOLANDITI		20,000.	0.		
Part IV Supplemental Information. Provide the information	equired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
RANTEES ARE EXPECTED TO PROVIDE	PROGRESS R	EPORTS AS	REOUESTED	BY TREE FUND	
AND STATED IN THE GRANT AGREEMENT					
WHETHER OBJECTIVES OF PROPOSAL WE	RE MET AND	THE IMPAC	T THE RESE	ARCH HAS HAD	
ON THE FIELD OF ARBORICULTURE OR	URBAN FORE	STRY. ALSO	REQUIRED	IS A	
FINANCIAL REPORT BASED UPON THE C	RIGINAL BU	DGET SUBMI	TTED.		
	·				

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Inspection

Internal Revenue Service TREE RESEARCH AND EDUCATION ENDOWMENT Name of the organization **Employer identification number FUND** 37-1018692 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization SUBSTANTIAL CONTRIBUT SUBSTANTIAL CONT 50,000 RESEARCH GRAN

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involv	ing Interested Persons.		<u> </u>		r age z
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see i	instructions).	1		
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	TED PERSONS	:	
(A) NAME OF PERSON: SUBSTA	NTIAL CONTRIBUTOR				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
SUBSTANTIAL CONTRIBUTOR					
(C) AMOUNT OF GRANT \$ 50,	000.				
(D) TYPE OF ASSISTANCE: RE	SEARCH GRANT				

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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TO ALL ISA INTERNATIONAL CONFERENCE ATTENDEES. 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 INTEREST, 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 SIZE FOUNDATIONS TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

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

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization TREE RESEARCH AND EDUCATION ENDOWMENT FUND	Employer identification number 37-1018692
UPON WRITTEN REQUEST	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON WRITTEN REQUEST	
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN AUDIT OVERSIGHT PROCESS FROM THE PR	IOR YEAR.