# 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.

Department of the Treasury Internal Revenue Service

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Go to www.irs.gov/Form990 formed to the second s	or instructions and the latest information.

OMB No. 1545-0047 20**Open to Public** Inspection

B checket specificate of province of anization control of the province of the	AF	or th	e 2020 calendar year, or tax year beginning $ m JUL1$ , $2020$ and e	ending J	UN 30, 2021	
Image of the set of the	B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
Doing Dusiness as       Drife Dusiness as       Drife Dusiness as         Drife Dusiness as       Drife Dusiness as       Drife Dusiness as         Dusiness as       Drife Dusiness as       Drife Dusiness as       Drife Dusiness as         Dusiness as       Drife Dusiness as       Drife Dusiness as       Drife Dusiness as       Drife Dusiness as         District Dusiness as       Drife Dusiness as       Drife Dusiness as       Drife Dusiness as       Drife Dusiness as         District Dusiness as       Drife Dusiness as         District Dusiness as       District Dusiness as       District Dusiness as       District Dusines       District Dusines       District Dusines         District Dusiness as as       District Dusiness as       District Dusines       Distres       District Dusine	X	Addre	S OUR CITY FOREST			
Number and street (0 <sup>1</sup> /0.0 xil mains to delivered to street address)       Nomber 1195 CLARK STREET       1095 CLARK STREET         Argender       1195 CLARK STREET       G cross receipts 6       1,972,746.         Argender       SAN JOSE, CA 95125       H(b) is this a group return for subordinates of principal officer.RHONDA BERRY       G cross receipts 6       1,972,746.         SAME AS C ABOVE       H(b) Are all subordinates of principal officer.RHONDA BERRY       Westist= WWW. OUCTIPYFOREST. ORG       Westist= WWW. OUCTIPYFOREST. ORG       H(c) Group exemption number ▶         Yeart I       Summary       I Briefly describe the organization is mission or most significant activities: TO CULTIVATE A GREENER, HEALTHLER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY         2       Check this box ▶       if the organization is calcondrave growing body (Part VI, line 1a)       4       5         3       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       4       5       5         4       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       1, 867.1, 685, 349.1       0.       0.         4       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       1, 227, 557.2, 285, 850.1       5       5         5       Total number of individuals employed in calendar year 2020 (Part VI, line 1a)       1, 202, 557.2, 285, 850.1       0.       0.       0.       0		_chang	Doing business as		77-03719	11
Signard       City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95125       I, 972, 746.         Prediver       SAM JOSE, CA 95125       Ha) Is this a group return for diverse of principal officer.RHONDA BERRY SAME AS C ABOVE       Ha) Is this a group return for subordinates?		_return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
and Partial Sant JOSE, CA 95125       FName and address of principal officer.RHONDA BERRY       Hq is this a group return for subordinates included? Wes No         SANT JOSE, CA ABOVE       Hq is this a group return for subordinates included?       Yes No         I Taxexempt status: X is Join(J)       001(c) () ◀ (insert no.)       4947(a)(1) or ist?       Hq is this a group return for subordinates included?       Yes No         I Mebsite: ▶ WWW • OURCITYFOREST • ORG       H(c) Group exemption number ▶       H(c) Group exemption number ▶       H(c) Group exemption number ▶         Part I Summary       1 Briefly describe the organization's mission or most significant activities: TO CULTIVATE A GREENER, HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY         2 Check this tox ▶       If the organization is continued its operations or disposed of more than 25% of its net assets.       3 Number of voting members of the governing body (Part VI, line 1a)       1 a 6         4 Number of independent voting members of the governing body (Part VI, line 2a)       5 577       5 577         6 Total number of independent voting members of the governing body (Part VI, line 2a)       5 577         7 a Total number of independent voting members of the governing body (Part VI, line 2b)       1 8 of 1414         7 a total number of independent voting members of the governing body (Part VI, line 2b)       1 8 of 1414         7 a total number of independent voting members of the governing body (Part VI, line 2b)       1 8 of 1414		⊣return			408-998-	
Image: Second Control       Image: Second Sec		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,972,746.
Participation       Practice and address of principal origination (action)       Provide and address of principal origination       Provide and address of principal origination         1       Taxexempt status:       X 501(c)(3)       501(c)() <ul> <li>(insertino.)</li> <li>4947(a)(1) or</li> <li>(insertino.)</li> <li>(insertino.)</li> <li>4947(a)(1) or</li> <li>(insertino.)</li> <li>(ins</li></ul>		_lreturn	SAN DOSE, CA 95125		-	
SABLE       AB CF       No         1 Taxexemptisatus:       X3 01(0)(3)       501(0)(3)       501(0)(3)       501(0)(3)       501(0)(3)       1"No, "attach a list. See instructions         J Website:       WWW.OURCITYFOREST.ORG       H(c) Group exemption number       H(c) Group exemption number       H(c) Group exemption number         R form of organization:       X Orporation       Trust       Association       Other       L Year of formation:       1994 M State of legal domicile: CA         Part II       Summary       I Briefly describe the organization's mission or most significant activities:       TO CULTIVATE A GREENER,         I Briefly describe the organization's mission or most significant activities:       TO CULTIVATE A GREENER,         I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       Some assets.         3 Number of voting members of the governing body (Part VI, line 1a)       I at a description of the governing body (Part VI, line 2a)       I at at a number of volunteers (estimate if necessary)         6       Total number of volunteers (estimate if necessary)       I at at a description of a state assets.       I at a description of a state assets.         8       Contributions and grants (Part VIII, lone 2g)       I at at description of a state asset asset.       I at a description of a state asset asset.         9       Pogram service revenue (Part VIII, lon		ltion	F Name and address of principal officer. The Barrier Barrier			
J Website: ▶ WWW • OURCITYFOREST • ORG       H(c) Group exemption number ▶         K form of organization: [X] Corporation ] Trust ] Association ] Other ▶ [L Year of formation: 1994] M State of legal domicile: CA         Part II       Summary         I       Briefly describe the organization's mission or most significant activities: TO CULTIVATE A GREENER, HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY         2       Check this box ▶ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of vindipendent voting members of the governing body (Part VI, line 1a)       ] a       6         4       Number of individuals employed in calendar year 2020 (Part V, line 2a)       5       577         5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5       577         6       1414       7a       Total number of more from Form 990-T, Part I, line 11       Prior Year         7a       Total number of parts (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       0.0.0.1       0.0.0.0.1         9       Program service revenue (Part VIII, column (A), lines 4, and 7d)       1.0 ther revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	<u> </u>		SAME AS C ABOVE		1	
K Form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       1994 M State of legal domicile: CA         PartI       Summary       I Briefly describe the organization's mission or most significant activities:       TO CULTIVATE A GREENER,         HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY       2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       6       14       5         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       577       6       14114         7a       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       6       14114       7a       0.       0.         9       Nortinued business revenue from Part VIII, column (C), line 12       7a       0.				or 🛄 527	· ·	
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO CULTIVATE A GREENER, HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of volunteers (estimate if necessary)       6         6       Total nurelated business revenue from Part VIII, column (C), line 12       7a         0       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b       0.         9       Program service revenue (Part VIII, line 2g)       1, 287, 867.       1, 685, 349.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       180.       1, 547.         11       Other revenue (Part VIII, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       1, 022, 430.       1, 341, 261.       1, 757, 728.	-			L Voor		-
Briefly describe the organization's mission or most significant activities: TO CULTIVATE A GREENER, HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY         2 Check this box ▶ □ If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       6         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       6         5 Total number of independent voting members of the governing body (Part VI, line 2a)       5       577         6 Total number of volunteers (estimate if necessary)       6       14114         7a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business revenue from Form 990-T, Part I, line 11       7b       0.         9       Program service revenue (Part VIII, line 1h)       220, 557.       285, 850.         10       Investment income (Part VIII, line 2g)       1, 287, 867.       1, 685, 349.         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       180.       1, 508, 604.       1, 972, 746.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.      <			-			State of legal dominicile. CA
HEALTHIER       URBAN       ENVIRONMENT       AND A       RENEWED       SENSE       OF       COMMUNITY       BY         2       Check this box		_		II.TTVA	TE A GREENE	R
4       Number of individuals employed in calendar year 2020 (Part V, ine ray)       5       5         5       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       7       0         9       Program service revenue (Part VIII, column Form 990-T, Part I, line 11       7       7       220, 557       285, 850.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 287, 867.       1, 685, 349.       0.	JCe	'	HEALTHIER URBAN ENVIRONMENT AND A RENEWED	) SENS	E OF COMMUN	ITY BY
4       Number of individuals employed in calendar year 2020 (Part V, ine ray)       5       5         5       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       7       0         9       Program service revenue (Part VIII, column Form 990-T, Part I, line 11       7       7       220, 557       285, 850.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 287, 867.       1, 685, 349.       0.	nai	2				
4       Number of individuals employed in calendar year 2020 (Part V, ine ray)       5       5         5       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       6       1414         7a       Total number of volunteers (estimate if necessary)       7       7       0         9       Program service revenue (Part VIII, column Form 990-T, Part I, line 11       7       7       220, 557       285, 850.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 287, 867.       1, 685, 349.       0.	Nel				1.1	
5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5       57         6       Total number of volunteers (estimate if necessary)       6       1414         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7b       D       D       0.       0.         7b       D       D       10       1200,557.       285,850.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1.80.       1.,547.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1.508,604.       1.972,746.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1.3)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0. <td< th=""><th>Ğ</th><td></td><td></td><td></td><td></td><td>5</td></td<>	Ğ					5
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         220,557.         285,850.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1,287,867.         1,685,349.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         1,022,430.         1,319,340.           16a         Professional fundraising fees (Part IX, column (A), line 25)         35,136.         1         318,831.         356,388.           17         Other expenses (Part IX, column (D), line 25)         35,136.         1,677,343.         297,018.           18         Total fundraising expenses. Subtract line 18 from line 12         167,343.         297,018.         297,018.           19	es é	5				57
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         220,557.         285,850.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1,287,867.         1,685,349.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         1,022,430.         1,319,340.           16a         Professional fundraising fees (Part IX, column (A), line 25)         35,136.         1         318,831.         356,388.           17         Other expenses (Part IX, column (D), line 25)         35,136.         1,677,343.         297,018.           18         Total fundraising expenses. Subtract line 18 from line 12         167,343.         297,018.         297,018.           19	viti					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         0.           8         Contributions and grants (Part VIII, line 1h)         220,557.         285,850.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1,287,867.         1,685,349.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         1,022,430.         1,319,340.           16a         Professional fundraising fees (Part IX, column (A), line 25)         35,136.         1         318,831.         356,388.           17         Other expenses (Part IX, column (D), line 25)         35,136.         1,677,343.         297,018.           18         Total fundraising expenses. Subtract line 18 from line 12         167,343.         297,018.         297,018.           19	Acti	7 a				
8       Contributions and grants (Part VIII, line 1h)       220,557.       285,850.         9       Program service revenue (Part VIII, line 2g)       1,287,867.       1,685,349.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       180.       1,547.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,508,604.       1,972,746.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       1,022,430.       1,319,340.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       35,136.       318,831.       356,388.         17       Other expenses. Geart IX, column (D), line 25)       35,136.       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       203,866.       357,674.         21       Total assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
9         Program service revenue (Part VIII, line 2g)         1,287,867.         1,685,349.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         180.         1,547.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         1,508,604.         1,972,746.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         1,022,430.         1,319,340.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         35,136.         1,341,261.         1,675,728.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         167,343.         297,018.           18         Total assets (Part X, line 16)         1,528,910.         1,984,259.           20         Total assets (Part X, line 26)         203,866.         357,674.           21         Total liabilities (Part X, line 26)         203,866.         357,674. <th></th> <td></td> <td></td> <td></td> <td></td> <td></td>						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 508, 604.       1, 972, 746.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 022, 430.       1, 319, 340.         16a       Professional fundraising fees (Part IX, column (A), line 25)       35, 136.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)       318, 831.       356, 388.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 341, 261.       1, 675, 728.         19       Revenue less expenses. Subtract line 18 from line 12       167, 343.       297, 018.         20       Total assets (Part X, line 16)       1, 928, 910.       1, 984, 259.         21       Total liabilities (Part X, line 26)       203, 866.       357, 674.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 325, 044.       1, 626, 585.	e	8	• • • •			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 508, 604.       1, 972, 746.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 022, 430.       1, 319, 340.         16a       Professional fundraising fees (Part IX, column (A), line 25)       35, 136.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)       318, 831.       356, 388.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 341, 261.       1, 675, 728.         19       Revenue less expenses. Subtract line 18 from line 12       167, 343.       297, 018.         20       Total assets (Part X, line 16)       1, 928, 910.       1, 984, 259.         21       Total liabilities (Part X, line 26)       203, 866.       357, 674.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 325, 044.       1, 626, 585.	ent	9				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1, 508, 604.       1, 972, 746.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 022, 430.       1, 319, 340.         16a       Professional fundraising fees (Part IX, column (A), line 25)       35, 136.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)       318, 831.       356, 388.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 341, 261.       1, 675, 728.         19       Revenue less expenses. Subtract line 18 from line 12       167, 343.       297, 018.         20       Total assets (Part X, line 16)       1, 928, 910.       1, 984, 259.         21       Total liabilities (Part X, line 26)       203, 866.       357, 674.         22       Net assets or fund balances. Subtract line 21 from line 20       1, 325, 044.       1, 626, 585.	Rev	10				
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 55-10)       1,022,430.       1,319,340.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       35,136.       318,831.       356,388.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       318,831.       356,388.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         21       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	_					
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.00.00.00.00.00.00.00.00.00.00.00.0						<u> </u>
11       Definite paid to on formembers (narrow, column (v), me 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         10       Total assets (Part X, line 16)         20       Total liabilities (Part X, line 26)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20					•••	
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       35,136.       318,831.       356,388.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       318,831.       356,388.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         22       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.					•••	••
17       Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e)       310,0311       330,300.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         22       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······		
17       Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e)       310,0311       330,300.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         22       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	nec	loa b	Total fundraising expanses (Part IX, column (A), line 11e)	36.	••	0.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,341,261.       1,675,728.         19       Revenue less expenses. Subtract line 18 from line 12       167,343.       297,018.         20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         22       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	Ă				318 831	356.388.
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         1,528,910.         1,984,259.           21         Total liabilities (Part X, line 26)         203,866.         357,674.           22         Net assets or fund balances. Subtract line 21 from line 20         1,325,044.         1,626,585.						
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20       Total assets (Part X, line 16)       1,528,910.       1,984,259.         21       Total liabilities (Part X, line 26)       203,866.       357,674.         22       Net assets or fund balances. Subtract line 21 from line 20       1,325,044.       1,626,585.	or				•	
	lanc	20	Total assets (Part X, line 16)			
	Ass J Ba			·····		
	Fund					
					-	-

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         RHONDA BERRY, PRESIDEN         Type or print name and title	T/CEO		Date		
Paid	Print/Type preparer's name STEVEN F. BOITANO	Preparer's signature	Date	Check X PTIN if self-employed P00096324		
Preparer	Firm's name 🕨 BOITANO & SARGEN			Firm's EIN ▶ 82-3377597		
Use Only	Firm's address 1760 THE ALAMEDA	#200				
	SAN JOSE, CA 951	26		Phone no. 408 - 333 - 9334		
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No					
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pai	
-	
1	
	UNDERSTANDING, FLANTING AND CARE OF THE URBAN FOREST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	
4	
4.0	revenue, it any, for each program service reported.
48	TREE PLANTING AND CARE PROGRAM.
	PLANTING ASSISTANCE AND POST-PLANTING INSPECTIONS FOR THE GENERAL
	PUBLIC. OUR CITY FOREST ALSO PROVIDES VOLUNTEERING AND EDUCATIONAL
	OPPORTUNITIES TO THE GENERAL PUBLIC.
Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III       Image: Check if Schedule O contains a response or note to any line in this Part III         1       Briefly describe the organization's mission: TO CULTIVATE A GREENER, HEALTHIER URBAN ENVIRONMENT AND A RENEWED SENSE OF COMMUNITY BY INVOLVING SILICON VALLEY RESIDENTS IN THE UNDERSTANDING, PLANTING AND CARE OF THE URBAN FOREST.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?         If "Yes," describe these new services on Schedule O.         3       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.         4       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.         4a       (Code:) (Expenses 1, 1,442,108 • including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
-tu	
4e	1 440 100
32002	
00	515 151854 15-920-1 2020.05094 OUR CITY FOREST 15-920

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 Form 990 (2020)
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 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a h	Did the organization maintain an onice, employees, or agents outside of the United States?	140		<u> </u>
D.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (	2020)	OUR	CITY	FOREST	
Part IV	Checklist o	f Require	d Schee	dules (continuea	1)

OUR CITY FOREST

			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	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	200		
-	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	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</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
00000	(gambling) winnings to prize winners?	1c		(2020)
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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	57		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	int)?	4a	
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 A	ccour	nts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	?	5b	
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	ie org	anization solicit		
	any contributions that were not tax deductible as charitable contributions?			6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	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 ser	vices p	provided to the payor?	7a	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?			7c	
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 c			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-	sponsoring organization have excess business holdings at any time during the year?			8	
9	Sponsoring organizations maintaining donor advised funds.			0-	
a h				9a	─
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10	Section 501(c)(7) organizations. Enter:	10a	I		
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a		-	
ь 11	Section 501(c)(12) organizations. Enter:	100		-	
'' a	Gross income from members or shareholders	11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
5	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	ĺ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the end of the second se		•	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		) or		
	excess parachute payment(s) during the year?			15	
	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	t inco	me?	16	
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020)

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Yes No

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Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2020)

Part V

OUR CITY FOREST

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

X

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.

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Γ
	more members of the governing body?	7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			T
	persons other than the governing body?	7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t
а	The governing body?	8a	X	I
	Each committee with authority to act on behalf of the governing body?	8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Ť
			Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I
12	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	ľ
			X	ł
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 23	╉
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	I
	in Schedule O how this was done	12c	X	ł
13	Did the organization have a written whistleblower policy?	13	X	╉
14	Did the organization have a written document retention and destruction policy?	14	_ <u> </u>	╁
15	Did the process for determining compensation of the following persons include a review and approval by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	ł
	The organization's CEO, Executive Director, or top management official	15a	X	ł
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			l
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ
	taxable entity during the year?	16a		ł
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			l
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 408-998-7337			-
	1195 CLARK STREET, SAN JOSE, CA 95125			-
32004	3 12-23-20	Form	1 <b>990</b>	(
000	6	7 5111		1
00	515 151854 15-920-1 2020.05094 OUR CITY FOREST	15-	-92	(
				1

Part VII	Compensation of Officers,	Directors, T	rustees, Ke	ey Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	ors			

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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			Highest compensated employee Former		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highes	Former			organizationo
(1) RHONDA BERRY	40.00				-					
PRESIDENT/CEO		x		X				105,000.	Ο.	40,498.
(2) MARK BEAUDOIN	5.00									
DIRECTOR		X						0.	0.	0.
(3) CHRISTINA EGAN	5.00									
DIRECTOR		X						0.	0.	0.
(4) MARLA DAVIES	5.00									
DIRECTOR		X						0.	0.	0.
(5) IRMA BALDERAS	5.00									
DIRECTOR		X						0.	0.	0.
(6) RICHARD STEWART	5.00									
DIRECTOR		X						0.	0.	0.
		<b> </b>				<u> </u>	<u> </u>			
		<u> </u>					<u> </u>			
032007 12-23-20										Form <b>990</b> (2020)

032007 12-23-20

Form **990** (2020)

	rm 990 (2020) OUR CITY FOREST 77-0371911 Page 8													
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition <sup>more</sup> rson	) than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b	Subtotal	I	L	I	L	L	I		105,000.		0.	4	0,4	98.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 105,000.		0.			
2	Total number of individuals (including but n compensation from the organization							no re	eceived more than \$100	,000 of reportab	le			1
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	-		Ŭ	ghest compensated emp	2		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	N	ONI	Ξ				<b>(B)</b> Description of s	ervices	С	(C ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
												Form	<b>990</b> (2	2020)

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			Check if Schedule O contains a respo	nse	or note to any lir	ne in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d						
contributions ind Other Sir		f g	Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$		285,850.	285,850.			
<u>9 0</u>		n	Total. Add lines 1a-1f		1	205,050.			
ice	2	а	GOVERNMENT GRANTS		Business Code 110000	1,484,465.	1,484,465.		
Program Service Revenue		b c	FEES FOR SERVICES		110000	200,884.	200,884.		
gram Reve		d		_					
J.		e	<u></u>						
-			All other program service revenue			1,685,349.			
	3		Total. Add lines 2a-2f Investment income (including dividends, ir		· · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>			
	4		other similar amounts) Income from investment of tax-exempt bo	nd p	► Proceeds	1,547.			1,547.
	5		Royalties		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of assets other than inventory <b>7a</b>	es	(ii) Other				
Ð		b	Less: cost or other basis						
Other Revenue		_	and sales expenses 7b						
Sev.			Gain or (loss)						
erF	0		Gross income from fundraising events (not						
Oth	U		including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b					
			Less: direct expenses Net income or (loss) from fundraising even						
	9		Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	;	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns						
		<b>h</b>	and allowances	10a 10b					
			•						
_		<u> </u>	Net income or (loss) from sales of inventor	у	Business Code				
Miscellaneous Revenue	11	а							
lan		b							
Rev		С			ļ				
Ξ.			All other revenue						
			Total. Add lines 11a-11d			1,972,746.	1 685 340	0.	1,547.
	12		Total revenue. See instructions		<b>&gt;</b>	1,914,140.	µ,000,049.	U •	Form <b>990</b> (2020)
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OUR CITY FOREST

Part VIII Statement of Revenue

Form 990 (2020)

Form 990 (2020)	OUR CITY	FOREST			77-						
Part IX Statement of Functional Expenses											
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Check if S	Schedule O contains a	response or note	to any line in this Par	t IX							

Check if Schedule O contains a response Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	105,000.	57,750.	26,250.	21,000
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,001,965.	940,956.	60,928.	81
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				_
9 Other employee benefits	125,190.	100,656.	16,310.	8,224
0 Payroll taxes	87,185.	78,585.	6,940.	1,660
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	40,660.		40,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	10.001		10.055	
column (A) amount, list line 11g expenses on Sch 0.)	19,821.	7,556.	12,265.	
12 Advertising and promotion	F1 000			
13 Office expenses	51,309.	37,979.	9,429.	3,901
I4 Information technology				
15 Royalties	60 600	60.600		
16 Occupancy	60,600.	60,600.	204	
17 Travel	1,763.	1,379.	384.	
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	4 201	4.0	4 241	
I9 Conferences, conventions, and meetings	4,381.	40.	4,341.	
20 Interest				
21 Payments to affiliates		21 420	F 200	
22 Depreciation, depletion, and amortization	26,799.	21,439.	5,360.	
23 Insurance	41,606.	38,142.	3,464.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule 0.)				
amount, list line 24e expenses on Schedule 0.)	41,822.	41,822.		
a FIELD SUPPLIES	31,282.	31,282.		
c SUPPLIES	16,646.	8,159.	8,487.	
d COMMUNICATION	9,423.	8,090.	1,063.	270
e All other expenses	10,276.	7,673.	2,603.	270
25 Total functional expenses. Add lines 1 through 24e	1,675,728.	1,442,108.	198,484.	35,136
<b>Joint costs.</b> Complete this line only if the organization	_, , . 20 .	_,,		
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure 1 if following SOP 98-2 (ASC 958-720)				
32010 12-23-20				Form <b>990</b> (202

17200515 151854 15-920-1

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			926,576.	1	901,769.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			359,216.	4	717,804.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		F		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			135,333.	8	184,719.
◄	9	Prepaid expenses and deferred charges			12,303.	9	19,361.
	10a	Land, buildings, and equipment: cost or other		44.0.004			
		basis. Complete Part VI of Schedule D		412,984.	<i>c i c c c c</i>		444 500
	b		-	268,204.	64,626.	10c	144,780.
	11	Investments - publicly traded securities	11,141.	11	15,826.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			19,715.	15	0.
	16	Total assets. Add lines 1 through 15 (must eq			1,528,910.	16	1,984,259. 64,910.
	17	Accounts payable and accrued expenses	54,102.	17	64,910.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
bili		trustee, key employee, creator or founder, sub				00	
Lia		controlled entity or family member of any of th	-			22 23	
	23	Secured mortgages and notes payable to unre-				23 24	
	24 25	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line					
		of Schedule D			149,764.	25	292,764.
	26	Total liabilities. Add lines 17 through 25			203,866.	26	357,674.
	20	Organizations that follow FASB ASC 958, cl				20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,229,941.	27	1,561,017.
Bal	28	Net assets with donor restrictions			95,103.	28	65,568.
pu		Organizations that do not follow FASB ASC					
, Fu		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,325,044.	32	1,626,585.
_	33	Total liabilities and net assets/fund balances			1,528,910.	33	1,984,259.
	•						Form <b>990</b> (202

Form **990** (2020)

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Form	990 (2020) OUR CITY FOREST	77-037	/1911	Pag	ge <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,972						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67						
3	Revenue less expenses. Subtract line 2 from line 1	3		7,0					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,32	5,0 4,5					
5	5 Net unrealized gains (losses) on investments 5								
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	1,620	6,5	85.				
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	Ο.							
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	d 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	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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								
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•							
	Act and OMB Circular A-133?		. <b>3a</b>		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form	ααη /	0000				

032012 12-23-20

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection
identification number

Nom		he exception	<b>. .</b>					Employer	identification number		
nam	eori	the organization	CITY FORES	m					<pre>identification number 7-0371911</pre>		
Pa	41	Reason for Public (			omploto ti	his part \ S			/-03/1911		
								15.			
	organ	ization is not a private found									
1		A church, convention of ch					1)(A)(I).				
2		A school described in section									
3		A hospital or a cooperative					-				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C	. ,								
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .										
7	Х	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	le or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
		organization. You must c	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving		
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)		
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	, and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ente	er the number of supported o	organizations								
g	Pro	vide the following information	n about the supporte	ed organization(s).							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount o	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)		
Total							1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

# Schedule A (Form 990 or 990 EZ) 2020 OUR CITY FOREST

# 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	196,664.	310,719.	214,522.	207,153.	228,462.	1157520.
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 $\dots$	138,540.	98,760.	19,200.	19,200.	19,200.	294,900.
4	Total. Add lines 1 through 3	335,204.	409,479.	233,722.	226,353.	247,662.	1452420.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1452420.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	335,204.	409,479.	233,722.	226,353.	247,662.	1452420.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1452420.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publ		-				100 00
	Public support percentage for 2020 (						100.00 %
	Public support percentage from 2019						100.00 %
16a	<b>33 1/3% support test - 2020.</b> If the o	•				•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

17200515 151854 15-920-1

# Schedule A (Form 990 or 990-EZ) 2020 OUR CITY FOREST

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

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15-920-2

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 202	0 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness 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				_		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
	Amounts from line 6				_		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here						▶∟
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	)			
	Investment income percentage for 20		<b>B</b>				%
	Investment income percentage from 2		• •	on line 14 and lin		<b>18</b>	% d line 17 is not
199	<b>33 1/3% support tests - 2020.</b> If the	-					
1-	more than 33 1/3%, check this box at 22 1/2% curport tooto 2010. If the						
D	<b>33 1/3% support tests - 2019.</b> If the	•					· · · · · · · · · · · · · · · · · · ·
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n ulu not check a		Sa, UL ISD, CHECK			rm 990 or 990-EZ) 2020
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2020.05094 OUR CITY FOREST

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

#### Part IV Supporting Organizations

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

#### 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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.)

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16 2020.05094 OUR CITY FOREST Part IV Supporting Organizations (continued)

1

2

No

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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. Section C. Type II Supporting Organizations

Sec	ston o. Type in Supporting Organizations
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the

			Yes	ſ	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ſ	
	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			l	
	the supported organization(s).	1			
Section D. All Type III Supporting Organizations					

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that the organization used to satisfy the l	Integral Part Test during the yealsee instructions)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------	--------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 OUR CITY FOREST

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

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

(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	
	Current Year

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990-EZ) 2020 OUR CITY FOREST

	Section D, lines 5, 6, and 8; an (See instructions.)	d Part V, Section E, lines 2, 5,	and 6. Also complete	e this part for a	any additional informati	ion.
32028 01-25-2	1				Schedule A (Form 9	90 or 990-EZ)
			20		•	,

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Department of the Treasury Internal Revenue Service

(Form 990)	
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# 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.



Name of the organization

Employer identification number
77-0371911

	OUR CITY FOREST		77-0371911
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ie 6.	
			(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	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		anization during the tax
	year ►		Ũ
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			0, 7
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	▶\$		0
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	, and the second s	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	<sup>•</sup> Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020
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1	7	2	0	0	5	1	5	1	5	1	8	5	4	1	5	; —	9	2	0	- 1	1
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Sche	dule D (Form 990) 2020 OUR CIT	Y FOREST						77-03	71911	L Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	r Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🛄	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o							_	-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	'Yes" on l	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t O-	Ending balance						. <b>1</b> f		Yes		No
	Did the organization include an amount on Fe									-	] <b>INO</b>
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in							<u></u>			
1 41		(a) Current year		Prior year	(c) Two year			ears hack	(a) Four	Veare	hack
19	Beginning of year balance	(a) Ourrent year		nor year						yours	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	ce (line 1	1 a. column (a	a)) held as:						
	Board designated or quasi-endowment	•	%	3,	-,,,						
b	Permanent endowment	%									
		 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	red for th	e organiz	zation			
	by:	C C					Ū		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on §	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	<b>(c)</b> Ac	cumulate	ed	(d) Book	k value	э
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment					-					
e	Other			41	.2,984.	2	68,2	04.		1,7	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10c.)				144	1,7	80.
								Schedule	D (Form	ı 990)	2020

032052 12-01-20

Complete if the organization answered "Yes" o			
(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
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	i		(b) Book value
(1) Federal income taxes			
(2) FEDERAL LOAN PAYABLE			292,764.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line .	25.)		292,764.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide t</li> </ol>			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🚺

Schedule D (Form 990) 2020

032053 12-01-20

17200515 151854 15-920-1

Sche	edule D (Form 990) 2020 OUR CITY FOREST			77-	0371911 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,996,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,523. 19,200.		
b	Donated services and use of facilities		19,200.		
с	Recoveries of prior year grants				
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	23,723.
3	Subtract line 2e from line 1			3	1,972,746.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	1,972,746.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements			1	1,694,928.
1 2	· · · · · · · · · · · · · · · · · · ·				
-	Total expenses and losses per audited financial statements		19,200.		
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			1,694,928.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	19,200.		1,694,928.
2 a b c d	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	19,200.	1	1,694,928.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	19,200.	1 2e	1,694,928.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	19,200.	1 2e	1,694,928.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	19,200.	1 2e	1,694,928.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	19,200.	1 2e	<u>   1,694,928.</u> <u>   19,200.</u> <u>   1,675,728.</u> 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 2d 4a 4b	19,200.	1 2e 3	1,694,928. 19,200. 1,675,728.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b	19,200.	1 2e 3 4c	<u>   1,694,928.</u> <u>   19,200.</u> <u>   1,675,728.</u> 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE

POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS

ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

OUR CITY FOREST

Inspection Employer identification number 77-0371911

OMB No 1545-0047

Open to Public

11

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INVOLVING SILICON VALLEY RESIDENTS IN THE UNDERSTANDING, PLANTING AND

CARE OF THE URBAN FOREST.

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

THE FORM 990 IS PREPARED BY THE OUTSIDE CPA FIRM BASED UPON INFORMATION

PROVIDED BY THE ORGANIZATION AND IS REVIEWED BY THE BOARD MEMBERS PRIOR TO

FILING

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

THE CONFLICT OF INTEREST POLICY IS CONTAINED WITHIN OUR CITY FOREST'S BUSINESS ETHICS AND PRACTICE POLICY. ALL EMPLOYEES, BOARD OF DIRECTORS AND THE PRESIDENT AND CEO SIGN AN AFFIRMATION STATEMENT THAT THEY HAVE READ AND UNDERSTAND THE POLICY, AND THAT THEY ARE NOT ENGAGED IN ANY BEHAVIOR THAT IS A CONFLICT OF INTEREST. THE POLICY IS REVIEWED AND THE AFFIRMATION IS SIGNED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: AS PART OF THE ANNUAL BUDGET DEVELOPMENT AND APPROVAL PROCESS, MANAGERS MAKE RECOMMENDATIONS ON NEW SALARIES WHICH ARE REVIEWED BY THE PRESIDENT/CEO FOR SUBMITTAL TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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

THE ORGANIZATION MAKES ITS GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AFTER RECEIVING A

WRITTEN REQUEST OR EMAIL.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

17200515 151854 15-920-1

2020.05094 OUR CITY FOREST

29

Schedule O	(Form 990	or 990-EZ	2020

Name of the organization

OUR CITY FOREST

Page 2 Employer identification number 77-0371911

#### FORM 990, PART XII, LINE 2C:

## THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTING AUDITORS AND

#### APPROVING THE AUDIT.

Schedule O (Form 990 or 990-EZ) 2020

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

990	90
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0101 9.	JU PAGE IU							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	01/08/08	SL	5.00		16	15,924.				15,924.	15,924.		0.	15,924.
2	VEHICLES	01/01/08	SL	5.00		16	112,777.				112,777.	112,777.		0.	112,777.
3	COMPUTERS	06/04/08	SL	5.00		16	1,037.				1,037.	1,037.		٥.	1,037.
4	COMPUTERS	03/06/08	SL	5.00		16	2,165.				2,165.	2,165.		٥.	2,165.
5	COMPUTERS	02/01/08	SL	5.00		16	2,000.				2,000.	2,000.		٥.	2,000.
6	NEW TRUCK	03/31/08	SL	5.00		16	18,840.				18,840.	13,188.		٥.	13,188.
7	DESK AND CHAIRS	09/15/10	SL	7.00		16	349.				349.	349.		٥.	349.
8	OFFICE TRAILER	05/11/00	SL	7.00		16	1,502.				1,502.	1,502.		٥.	1,502.
9	NEW TRUCK	08/31/10	SL	5.00		16	8,000.				8,000.	8,000.		٥.	8,000.
10	NEW TRUCK	01/18/11	SL	5.00		16	8,300.				8,300.	8,300.		٥.	8,300.
11	COMPUTERS	07/31/10	SL	5.00		16	523.				523.	523.		٥.	523.
12	COMPUTERS	10/01/10	SL	5.00		16	1,571.				1,571.	1,571.		٥.	1,571.
13	COMPUTERS	02/01/11	SL	5.00		16	292.				292.	292.		٥.	292.
14	NURSERY	10/01/10	SL	7.00		16	39,979.				39,979.	39,979.		٥.	39,979.
15	LAPTOPS 14 SYNOPSYS	08/19/11	SL	5.00		16	4,200.				4,200.	4,200.		٥.	4,200.
16	LAPTOP AMAZON	11/30/11	SL	5.00		16	1,450.				1,450.	1,450.		٥.	1,450.
17	ACS SOFTWARE	03/31/12	SL	5.00		16	3,480.				3,480.	3,480.		٥.	3,480.
18	APPLE COMPUTER	02/04/13	SL	5.00		16	2,458.				2,458.	2,458.		0.	2,458.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

5111 52	90 PAGE 10	-			_			990	-						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	7 LAPTOPS	06/04/14	SL	5.00		16	2,100.				2,100.	2,100.		0.	2,100
20	GREENHOUSE	11/30/13	SL	7.00		16	20,349.				20,349.	19,138.		1,211.	20,349
21	1989 CHEVEY TRUCK	03/31/15	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500
22	2006 FORD E350 VAN	09/17/15	SL	5.00		16	8,500.				8,500.	8,075.		425.	8,500
23	2007 MITSUBISHI TRUCK	12/11/15	SL	5.00		16	11,500.				11,500.	10,542.		958.	11,500
	* TOTAL 990 PAGE 10 DEPR						269,796.				269,796.	261,550.		2,594.	264,144

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE	YEAR	California Exempt Organization			028941 12-22-20 FORM
202	20	Annual Information Return			199
Calendar Yea	r 2020 or fi	scal year beginning (mm/dd/yyyy) $07/01/2020$ , and ending (mm/d	dd/yyyy)	0	6/30/2021 .
Corporation/Org	ganization nar	ne	California	corporatio	n number
OUR CI			18 FEIN	8087	0
			77	-037	1911
Street address (			PMB	no.	
	LARK	STREET			
City		State			
SAN JO		Foreign province/state/county		125 ign postal	code
r oroigir oounu y	hamo		1 010	gri pootai	
<ul> <li>D Final info <ul> <li>Enter date</li> <li>E Check ac</li> </ul> </li> <li>F Federal r (4) X</li> <li>G Is this a g</li> <li>H Is this or</li> </ul>	d return ion 4947(a) prmation ret Dissolved : (mm/dd/yyy ccounting m eturn filed? Other 990 group filing ganization i	Surrendered (Withdrawn) $\square$ Merged/Reorganized y) •	instruction: 1 23701d, l 2 See instru der R&TC ts from no ability com 100 or For 100 or For t by the IR nding?	s nas the o ctions. Section 2 nmembe pany? m 109 to S or has	<ul> <li>Yes X No</li> </ul>
Part I (	Complete P	art I unless not required to file this form. See General Information B and C.			
		ss sales or receipts from other sources. From Side 2, Part II, line 8		• 1	1,686,896 <sub>00</sub>
		ss dues and assessments from members and affiliates		• 2	
		ss contributions, gifts, grants, and similar amounts received <b>STN</b>	1.Т. Т	• 3	285,850 <sub>00</sub>
Receipts		Il gross receipts for filing requirement test. Add line 1 through line 3. s line must be completed. If the result is less than \$50,000, see General Information B		• 4	1,972,746
and		t of goods sold • 5		00	
Revenues	6 Cos	t or other basis, and sales expenses of assets sold • 6		00	
		Il costs. Add line 5 and line 6		····	
		Il gross income. Subtract line 7 from line 4			, , , ,
Expenses		Il expenses and disbursements. From Side 2, Part II, line 18		• 9	, , , ,
		ess of receipts over expenses and disbursements. Subtract line 9 from line 8			- ,
		l payments		• 11	
		tax. See General Information K		• 12	
Filing Foo		ments balance. If line 11 is more than line 12, subtract line 12 from line 11			
Filing Fee		alties and Interest. See General Information J			
		ance due. Add line 12 and line 15. Then subtract line 11 from the result			
	Under pena	ittes of perjury, I deciare that I have examined this return, including accompanying schedules and statements, prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	and to the b	est of my l	knowledge and belief,
Sign			Date	wiedge.	I ● Telephone
Here	Signature of officer	PRESIDENT/CEO	Date		408-998-7337
		Date	Check if		● PTIN
	Preparer's signature		self-employe	d 🏲 🗴	. ₽00096324
Paid	Firm's name				● Firm's FEIN
Preparer's	(or yours, if self-	BOITANO & SARGENT			82-3377597
Use Only	employed) and addres	1760 THE ALAMEDA #200			Telephone
		SAN JOSE, CA 95126			408-333-9334
	May the F	TB discuss this return with the preparer shown above? See instructions	•	X Ye	es No

L

022

028941 12-22-20

#### OUR CITY FOREST

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

297,018

	<b>.</b>	<u> </u>					
	1	Gross sales or receipts from all bu				1	
	2	Interest				2	1,384 00
	3	Dividends				3	163 00
Receipts	4	Gross rents				4	00
from	5	Gross royalties			•	5	00
Other	6	Gross amount received from sale	of assets (See Instructions)			6	
Sources	7					7	1,685,349 00
	8	Total gross sales or receipts from		•		8	1,686,896 00
	9	Contributions, gifts, grants, and si				9	00
	10	Disbursements to or for members			•	10	
	11	Compensation of officers, director				11	105,000 0
	12	Other salaries and wages				12	1,001,965 <sub>0</sub>
Expenses	13	Interest				13	0
and	14	Taxes				14	87,1850
Disburse-	15	Rents			•	15	60,600 <sub>0</sub>
ments	16	Depreciation and depletion (See in	structions)		•	16	26,799 <sub>0</sub>
	17	Other expenses and disbursemen	ts	SEE STA	TEMENT 4 $\bullet$	17	394,179 0
		Total expenses and disbursement				18	1,675,728 <sub>0</sub>
Schedu	le L	Balance Sheet	Beginning of t			of taxable	-
Assets			(a)	(b)	(C)		(d)
1 Cash				926,576		•	901,76
		s receivable		359,216		•	717,80
		ceivable				•	
4 Invento	ories <sub>.</sub>			135,333		•	184,71
		state government obligations				•	
		in other bonds				•	
7 Investr	nents	in stock				•	
8 Mortga						•	
9 Other i	nvesti	ments STMT 5		11,141		•	15,82
10 a Dep	reciab	le assets	314,330		412,9		
		mulated depreciation (	249,704	64,626	( 268,20	<b>4</b> )	144,78
11 Land						•	10.00
		STMT 6		32,018		•	19,36
13 Total a	assets	;		1,528,910			1,984,25
Liabilities							
		yable		54,102		•	64,91
		s, gifts, or grants payable				•	
		otes payable				•	
17 Mortga	ages p	ayable				•	
		es <b>STMT 7</b>		149,764			292,76
		or principal fund				•	
		tal surplus. Attach reconciliation		1 205 244		•	1 606 50
		nings or income fund		1,325,044		•	1,626,58
		ties and net worth		1,528,910			1,984,25
Schedu	le N		er books with income per ret ule if the amount on Schedule		s than \$50,000.		
1 Net inc	ome i	per books		18 7 Income recorded			
		me tax		not included in th		•	
3 Evene	n nicul anf ca	pital losses over capital gains		8 Deductions in this		·····	
		recorded on books this year			ome this year		
		corded on books this year not			and line 8		
		this return		10 Net income per re		····· -	

 deducted in this return

 6 Total. Add line 1 through line 5

Side 2 Form 199 2020

022 3

297,018

•

3652204

10 Net income per return.

Subtract line 9 from line 6

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THOMAS FAMILY FOUNDATION	42 WINTERBROOK WAY SANDPOINT, ID 83864	01/08/21	20,000.
ROTARY CLUB OF SAN JOSE	1690 SENTER ROAD SAN JOSE, CA 95112	07/22/20	10,000.
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040	03/08/21	10,000.
TOTAL INCLUDED ON LINE 3			40,000.
CA 199	OTHER INCOME	ST	ATEMENT 2
DESCRIPTION			AMOUNT
FEES FOR SERVICES GOVERNMENT GRANTS			200,884. 1,484,465.
TOTAL TO FORM 199, PART I	I, LINE 7		1,685,349.

CA 199	COMPENSATION O	F OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADD	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RHONDA BERRY 1195 CLARK S SAN JOSE, CA	TREET		PRESIDENT/CEO 40.00	105,000.
MARK BEAUDOI 1195 CLARK S SAN JOSE, CA	TREET		DIRECTOR 5.00	0.
CHRISTINA EG 1195 CLARK S SAN JOSE, CA	TREET		DIRECTOR 5.00	0.
MARLA DAVIES 1195 CLARK S SAN JOSE, CA	TREET		DIRECTOR 5.00	0.
IRMA BALDERA 1195 CLARK S SAN JOSE, CA	TREET		DIRECTOR 5.00	0.
RICHARD STEW 1195 CLARK S SAN JOSE, CA	TREET		DIRECTOR 5.00	0.

# TOTAL TO FORM 199, PART II, LINE 11

105,000.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
FIELD SUPPLIES		41,822.
EQUIPMENT & FUEL		31,282.
SUPPLIES COMMUNICATION		16,646. 9,423.
OTHER EMPLOYEE BENEFITS		125,190.
ACCOUNTING FEES		40,660.
OTHER PROFESSIONAL FEES		19,821.
OFFICE EXPENSES		51,309.
TRAVEL		1,763.
CONFERENCES AND CONVENTIONS		4,381.
INSURANCE		41,606.
ALL OTHER EXPENSES		10,276.
TOTAL TO FORM 199, PART II, LI	INE 17	394,179.

OUR CITY FOREST

77-0371911

CA 199	OTHER	INVESTMENTS				STATEMEN	1T	5
DESCRIPTION			BEG.	OF Y	EAR	END OF	YE	AR
VANGUARD MUTUAL FUNDS		-		11,	141.	15	5,82	26.
TOTAL TO FORM 199, SCHEDU	LE L, LINE 9	-		11,	141.	15 	5,82	26.
CA 199	OTH	ER ASSETS				STATEMEN	1T	6
DESCRIPTION			BEG.	OF Y	EAR	END OF	YEA	AR
PREPAID EXPENSES AND DEFE PAYROLL TAX REFUND RECEIV		-			303. 715.	19	9,36	61. 0.
TOTAL TO FORM 199, SCHEDU	LE L, LINE 12	2		32,	018.	19	9,36	51.
CA 199	OTHER	LIABILITIES				STATEMEN	1T	7
DESCRIPTION			BEG.	OF Y	EAR	END OF	YE	AR
FEDERAL LOAN PAYABLE		-		149,	764.	292	2,76	54.
TOTAL TO FORM 199, SCHEDU	LE L, LINE 18	- 3		149,	764.	292	2,76	54.

TAXABLE YEAR CO	rporati	on Depi tization	reciatio	on								IA FORM 85
		tization		FORM	100				FE	TN	77-03	
Attach to Form 100 or Form 1 Corporation name	100W.			FORM	199				<u>г</u> .	-	rnia corporati	
										Gaillu	rina corporati	
OUR CITY FORE	ST										188087	0
Part   Election To Expense		rtv Under IRC S	ection 179									-
1 Maximum deduction unde		-								1		\$25,000
2 Total cost of IRC Section										2		
3 Threshold cost of IRC Sec	ction 179 prope	erty before redu	ction in limitat	ion						3		\$200,000
4 Reduction in limitation. Su	ubtract line 3 fr	om line 2. If zer	o or less, ente	r -0-						4		
5 Dollar limitation for taxable	e year. Subtrac	t line 4 from lin	e 1. If zero or							5		
	Description of p	property		(b) Cost (b	ousiness use o	nly)	(c) Electe	ed cost		4		
6										-		
<b>7</b> Listed was weeks (also study)	0.0									4		
7 Listed property (elected IF	C Section 179	COST)	unto in colum	n (a) line C and	d line 7							
<ul> <li>8 Total elected cost of IRC S</li> <li>9 Tentative deduction. Enter</li> </ul>										8		
10 Carryover of disallowed de										10		
11 Business income limitatio	n Enter the sm	aller of husines	s income (not	less than zero)	) or line 5							
<b>12</b> IRC Section 179 expense										11		
13 Carryover of disallowed de												
Part II Depreciation and Ele	ection of Addit	ional First Yea	Depreciation	Deduction Un	der R&TC Sec	tion 24356						
(a)	(b)		(C)	(d		(e)		(f)			(g)	(h)
Description of property	Date acquire (mm/dd/yyy		st or r basis	Depreciation allowable in (		Depreciatio	on I	fe or ate				Additional first year
	(11111/00/999	y) 0110	1 50313			method		uto		101 1	no your	depreciation
14												
									_			
							_		+			
SEE STATEMENT	8	26	9,796.	26	51,550.				+			
15 Add the amounts in colum			•						+			
See instructions for line 1								15			2,594	
Part III Summary												
16 Total: If the corporation is	electing:											
IRC Section 179 expense, Additional first year depre	add the amou ciation under F	nt on line 12 an R&TC Section 24	d line 15, colu 4356, add the	mn (g) <b>or</b> amounts on lin	e 15. columns	(a) and $(b)$	or					
Depreciation (if no election	n is made), ent	er the amount f	rom line 15, co	olumn (g)						16		2,594
17 Total depreciation claimed										17		2,594
<b>18</b> Depreciation adjustment.												
If line 17 is less than line						•	-		n			0
amounts are used to deter Part IV Amortization	rmine net incor	ne belore state	aujustments d	on Form 100 or	Form TOOW, r	io adjustine	nt is nece	ssary.)		18		0
(a)		(b)		(c)		d)	(6	)	(f	)	(!	1)
Description of prope	erty I	Date acquired		st or	Amortizatio	n allowed or	r R&		Perio		Amort	
	(	mm/dd/yyyy)	othe	r basis	allowable in	earlier year	s Sect		percer	ntage	for thi	s year
19								,				
00 T-t-1 A-1-1-1												
20 Total. Add the amounts in	(0)			20 line 11						20		
21 Total amortization claimed 22 Amortization adjustment.	-	-			nd on Form 10					21		
Side 1, line 6. If line 21 is	-									22		
0100 1, 1110 0. 11 1110 2 1 13						., 0100 2, 11	12			1	l	

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CA 3885	DEPRI	ECIATION			STATEN	ient 8
ASSET NO./ DATE IN DESCRIPTION SERVICE		PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURE 01/08/0	8 15,924.	15,924.		5.00	0.	
2 VEHICLES	-	-				
01/01/0 3 COMPUTERS	8 112,777.	112,777.	SL	5.00	0.	
06/04/0 4 COMPUTERS	8 1,037.	1,037.	$\mathtt{SL}$	5.00	0.	
03/06/0	8 2,165.	2,165.	SL	5.00	0.	
5 COMPUTERS 02/01/0	8 2,000.	2,000.	SL	5.00	0.	
6 NEW TRUCK 03/31/0	8 18,840.	13,188.	$\operatorname{SL}$	5.00	0.	
7 DESK AND CHAIRS 09/15/1	-	349.		7.00	0.	
8 OFFICE TRAILER						
05/11/0 9 NEW TRUCK	0 1,502.	1,502.	$\mathtt{SL}$	7.00	0.	
08/31/1 10 NEW TRUCK	0 8,000.	8,000.	SL	5.00	0.	
01/18/1	1 8,300.	8,300.	SL	5.00	0.	
11 COMPUTERS 07/31/1	0 523.	523.	$\mathtt{SL}$	5.00	0.	
12 COMPUTERS 10/01/1	0 1,571.	1,571.	SL	5.00	0.	
13 COMPUTERS	-	-				
02/01/1 14 NURSERY		292.		5.00	0.	
10/01/1 15 LAPTOPS 14 SYNOPSYS		39,979.	$\mathtt{SL}$	7.00	0.	
08/19/1		4,200.	SL	5.00	0.	
16 LAPTOP AMAZON 11/30/1	1 1,450.	1,450.	SL	5.00	0.	
17 ACS SOFTWARE 03/31/1	2 3,480.	3,480.	SL	5.00	0.	
18 APPLE COMPUTER 02/04/1				5.00	0.	
19 7 LAPTOPS						
06/04/1 20 GREENHOUSE	4 2,100.	2,100.	SL	5.00	0.	
11/30/1 21 1989 CHEVEY TRUCK	3 20,349.	19,138.	$\mathtt{SL}$	7.00	1,211.	
03/31/1	5 2,500.	2,500.	SL	5.00	0.	
22 2006 FORD E350 VAN 09/17/1		8,075.	SL	5.00	425.	
23 2007 MITSUBISHI TRU 12/11/1		10,542.	SL	5.00	958.	
TOTAL TO FORM 3885		261,550.			2,594.	

STATE OF CALIFORNIA				1	DEPARTME		
RF-1         Rev. 09/2017)         MAIL TO:         egistry of Charitable Trusts         .0. Box 903447         acramento, CA 94203-4470         TREET ADDRESS:         300 I Street    ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312					(For Registry Use Only)	PAG	SE 1 of 5
Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS:	Failure to submit this report annually no later than four months and organization's accounting period may result in the loss of tax exer minimum tax of \$800, plus interest, and/or fines or filing penalties.			the assessment of a			
www.oag.ca.gov/charities	23	703; Government Code section 12586.1. IRS ext	tensions will be	honored.			
OUR CITY FOREST		Check if: X Change of address Amended report					
List all DBAs and names the organization							
Address (Number and Street)	ET		State Cha	arity Registration Num	nber <b>CT</b> 093134		
SAN JOSE, CA 9	5125		Corporatio	on or Organization No	. <u>1880870</u>		
408-998-7337			Federal E	mployer ID No. 77	-0371911		
Telephone Number	E-mail Address	ENEWAL FEE SCHEDULE (11 Cal	Code Beg	s sections 301-307	311 and 312)		
		Make Check Payable to Depart			o i i, una o iz,		
Gross Annual RevenueFeeGross Annual RevenueLess than \$25,0000Between \$100,001 and \$250,000Between \$25,000 and \$100,000\$25Between \$250,001 and \$1 million				* , , , * *			
PART A - ACTIVITIES					0.01		
For your most recent fu	ull accounting p	period (beginning $07/01/20$	20 end	ing 06/30/20	021_)list:		
Gross Annual Revenue\$ Program Expen	1,972,7 ises \$	46 Noncash Contributions\$	Total Expe	0 Total Asset enses \$ 1	ss <u></u> 1,98 ,675,728	4,2	59
		46       Noncash Contributions\$         1,442,108         ANIZATION DURING THE PERIOD			ts\$1,98 ,675,728	4,2	<u>59</u>
PART B - STATEMENTS REG Note: All questions must be	ARDING ORGA		OF THIS RE	PORT w, you must attach a	a separate page		
PART B - STATEMENTS REG Note: All questions must be providing an explanat 1. During this reporting period	ARDING ORGA e answered. If y tion and details	ANIZATION DURING THE PERIOD	OF THIS RE stions belov review RRF- financial trar	PORT w, you must attach a -1 instructions for in insactions between the	a separate page formation required.	4 , 2 Yes	59 No X
PART B - STATEMENTS REG         Note:       All questions must be providing an explanat         1.       During this reporting period and any officer, director of any financial interest?	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other	OF THIS RE stions belov review RRF- financial trar vhich any su	w, you must attach a 1 instructions for in 1 sactions between the 1 officer, director or	a separate page formation required. e organization • trustee had		No
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanat</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f, either directly or with an entity in v	OF THIS RE stions belov review RRF- financial trar vhich any su misuse of th	w, you must attach a -1 instructions for in insactions between the inch officer, director or ne organization's char	a separate page formation required. e organization • trustee had		No X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period</li> </ul>	CARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, were any org od, were the ser	ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f, either directly or with an entity in v ny theft, embezzlement, diversion or	OF THIS RE stions belov review RRF- financial tran vhich any su misuse of th nalty, fine or	EPORT w, you must attach a -1 instructions for in insactions between the inch officer, director or ne organization's char judgment?	a separate page formation required. e organization • trustee had itable property		No X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> </ul>	CARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, was there any od, were any org od, were the ser sed?	ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f, either directly or with an entity in v ny theft, embezzlement, diversion or ganization funds used to pay any per	OF THIS RE stions belov review RRF- financial tran vhich any su misuse of the nalty, fine or ndraising con	<b>EPORT</b> w, you must attach a -1 instructions for in insactions between the ich officer, director or ne organization's char judgment? unsel for charitable pu	a separate page formation required. e organization • trustee had itable property		No X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, were any org od, were the ser sed?	ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other if, either directly or with an entity in v ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur	OF THIS RE stions belov review RRF- financial tran which any su misuse of the nalty, fine or indraising cou	<b>EPORT</b> w, you must attach a -1 instructions for in insactions between the ich officer, director or ne organization's char judgment? unsel for charitable pu	a separate page formation required. e organization trustee had itable property urposes, or	Yes	No X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, were any org od, were the ser sed? od, did the organ	ANIZATION DURING THE PERIOD you answer "yes" to any of the que is for each "yes" response. Please r ny contracts, loans, leases or other if, either directly or with an entity in v ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur	OF THIS RE stions belov review RRF- financial tran which any su misuse of the nalty, fine or indraising cou	<b>EPORT</b> w, you must attach a -1 instructions for in insactions between the ich officer, director or ne organization's char judgment? unsel for charitable pu	a separate page formation required. e organization trustee had itable property urposes, or	Yes	No X X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period commercial coventing period coventing perio</li></ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, was there an od, were any org od, were any org od, were the ser sed? od, did the organ od, did the organ nduct a vehicle of duct an independ	ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f, either directly or with an entity in v ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fun nization hold a raffle for charitable pun donation program? dent audit and prepare audited finar	OF THIS RE stions belov review RRF- financial tranvhich any su misuse of the nalty, fine or indraising cou unding?	PORT w, you must attach a -1 instructions for in insactions between the inch officer, director or ne organization's char judgment? unsel for charitable pu SEE ST2	a separate page formation required.	Yes	No X X X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period</li> <li>6. During this reporting period</li> <li>7. Does the organization cord generally accepted account</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, was there an od, were any org od, were the ser sed? od, did the organ nduct a vehicle of duct an independ unting principles	ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f, either directly or with an entity in v ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fun nization hold a raffle for charitable pun donation program? dent audit and prepare audited finar	OF THIS RE stions belov review RRF- financial tran which any su misuse of the nalty, fine or indraising cou inding? urposes?	ents in accordance wi	a separate page formation required. e organization trustee had itable property urposes, or ATEMENT 9	Yes	No X X X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period</li> <li>6. During this reporting period</li> <li>6. During this reporting period</li> <li>7. Does the organization cord generally accepted accounds</li> <li>9. At the end of this reporting</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there an or trustee thereo od, was there an od, was there an od, were any org od, were the ser sed? od, did the organ od, did the organ nduct a vehicle of duct an independ unting principles og period, did the rjury that I have	ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other if, either directly or with an entity in v hy theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur nization hold a raffle for charitable pundonation program? dent audit and prepare audited finar if or this reporting period?	OF THIS RE stions belov review RRF- financial trar which any su misuse of the nalty, fine or ndraising col unding? urposes? ncial statements sets, while re accompanyi	ents in accordance wi	a separate page formation required. e organization trustee had itable property urposes, or ATEMENT 9	Yes	No X X X X X X X
<ul> <li>PART B - STATEMENTS REG</li> <li>Note: All questions must be providing an explanate</li> <li>1. During this reporting period and any officer, director of any financial interest?</li> <li>2. During this reporting period or funds?</li> <li>3. During this reporting period or funds?</li> <li>3. During this reporting period commercial coventurer us</li> <li>5. During this reporting period</li> <li>6. During this reporting period</li> <li>6. During this reporting period</li> <li>7. Does the organization cord generally accepted accounds</li> <li>9. At the end of this reporting</li> </ul>	ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there an od, was there an od, were any org od, were any org od, were the ser sed? od, did the organ nduct a vehicle of duct an independ unting principles ng period, did the rjury that I have e, correct and o	ANIZATION DURING THE PERIOD you answer "yes" to any of the que is for each "yes" response. Please r ny contracts, loans, leases or other if, either directly or with an entity in v hy theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur nization hold a raffle for charitable pundonation program? dent audit and prepare audited finar if for this reporting period? e organization hold restricted net as the examined this report, including a	OF THIS RE stions belov review RRF- financial trar which any su misuse of the nalty, fine or indraising cou inding? urposes? incial statements sets, while re- iccompanyi ign.	ents in accordance wi	a separate page formation required. e organization trustee had itable property urposes, or ATEMENT 9 ith estricted net assets? to the best of my know	Yes	No X X X X X X X

CA RRF-1	INFORMATION	REGARDING	GOVERNMENTAL	FUNDING	STATEMENT	9
		PART B,	LINE 5			

CALIFORNIA VOLUNTEERS 1400 10TH ST SACRAMENTO, CA 95814 KAITLIN MEYER (916)323-7646

CITY OF SAN JOSE 200 EAST SANTA CLARA ST. 8TH FLOOR SAN JOSE, CA 95133 RUSSELL HANSEN (408)794-1914

CITY OF SAN JOSE 200 EAST SANTA CLARA ST, 14TH FLOOR SAN JOSE, CA 95113 TONI TABER, CITY CLERK

COUNTY OF SANTA CLARA 2310 NORTH FIRST ST, SUITE 106 SAN JOSE, CA 95131 NARESH DUGGAL (408)993-4741

SANTA CLARA VALLEY WATER 5750 ALMADEN EXPRESSWAY SAN JOSE, CA 95118

SANTA CLARA VALLEY OPEN SPACE AUTHORITY 33 LAS COLINAS LANE SAN JOSE, CA 95119 MEGAN DREGER (408)224-7476