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Form **990-EZ**

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form

The granization may have to use a copy of this return to satisfy state prooffing requirements.

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	Α	For the	2008 ca	lendar	year, or tax year beginning	7/01	<u>,</u> 2008,	and endi	ng 6/30		, 2009
	<u>B_</u>	Check if	applicable		C					D Employ	yer identification number
	Ш	Address	change	Please use IRS	CALIFORNIA RELEAF					90-	0138904
		Name ch		label or print or	P.O. BOX 72496						one number
		Initial ret	urn	type.	DAVIS, CA 95617					530	- 757-7333
		Terminat	ion	See Specific	·					330	-131-1333
	Ц	Amended	d return	Instruc- tions.							Exemption
	Ш	Applicati	on pending							Numb	
		• ;	Section 5 m	501(c)(3) ust atta) organizations and 4947(a)(1) ch a completed Schedule À (F	nonexempt charitab orm 990 or 990-EZ).	le trusts	G	Accounting Other (spec		Cash X Accrual
		-					-	Н	Check ►	ıf the	organization is not
	ı	Websi	te: ► W	WW.CA	ALIFORNIARELEAF.ORG				required to	attach So	chedule B (Form 990,
	J	Organiz	ation type	(check on	ly one) - X 501(c) (3) <	(insert no.) 4947(a)(1) or	527	990-EZ, or	990-PF)	
		Check	▶ If	the orga	anization is not a section 509(a	a)(3) supporting orga		and its gro	oss receipts a	re norma	lly not more than
		\$25,00	0 Aretu	irn is no	it required, but if the organizati	on chooses to file a	return, be	e sure to 1	ile a complet	e return	
	L	Add Iir	es 5b, 6	b, and 7	b, to line 9 to determine gross	receipts, if \$1,000,0	000 or mo	re, file Fo	rm 990		
			of Form					· ·			\$ 317,307.
	Pa				Expenses, and Changes		Fund E	Balance:	s (See the	<u>ınstruct</u>	
				_	ts, grants, and similar amount					1	307,449.
		2 F	Program	service	revenue including government	fees and contracts				2	8,353.
		3 1	/lembers	hip due:	s and assessments					3	
		4	nvestme	nt incon	ne.					4	1,505.
		5a (Gross am	ount fro	om sale of assets other than in	ventory		5a			
		b l	.ess cos	t or oth	er basis and sales expenses			5 b			
	R	c (lain or (los:	s) from sa	ale of assets other than inventory (Subt	ract In 5b from In 5a) (att	sch)			5	ic
	Ž	6 9	Special ever	nts and ac	tivities (complete applicable parts of S	chedule G) If any amount	is from gan	ning, check l	here >		1
	CZM <m< td=""><td>a (</td><td>Gross rev</td><td>enue (r</td><td>not including \$</td><td>of contribution</td><td>ons</td><td></td><td></td><td></td><td></td></m<>	a (Gross rev	enue (r	not including \$	of contribution	ons				
	Ĕ	r	eported (on line	1)			6a		}	
		bι	.ess. dıre	ect expe	enses other than fundraising ex	penses		6b			
		c t	let income	or (loss) t	from special events and activities (Sub	tract line 6b from line 6a)				6	ic
		7a (Gross sal	es of in	ventory, less returns and allow	ances		7a			
		Ы	.ess: cos	t of goo	ods sold			7 b			
		с (Gross pro	ofit or (le	oss) from sales of inventory (S	ubtract line 7b from	line 7a)			7	/c
		8 (ther reveni	ue (descri	ibe ►) 8	
		9 1	Total reve	enue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c, a	and 8)				_ > _ g	317,307.
					ar amounts paid (attach schedi			EE STA	TEMENT 1	10	
					or for members	,	RĒ	CEIV	FD	11	
	E X		•		ompensation, and employee be	enefits				12	
	X P F	13 F	Professio	nal fees	and other payments to indepe	endent contractors	10.51	0.0.0	\overline{\o	13	
	N S				utilities, and maintenance	õ	AWA I	2821	ואון טוע	14	
	E			•	ions, postage, and shipping			*****************	100	15	
	S				ribe ► SEE STATEMENT 2	1	-	DEN) 16	
2010					(add lines 10 through 16)			<u> </u>		→ 17	
~ .					t) for the year (Subtract line 17	from line 9)		•		18	
9	Α				•	·				<u> </u>	<u> </u>
\Leftrightarrow	N S	19 1	Net asset	s or tun	nd balances at beginning of yea n prior year's return)	ar (from line 27, colu	mn (A)) (must agre	ee with end-of	-year	223,069.
m	ËS		•		net assets or fund balances (attach evolanation)				20	
FEB	Ś			_	id balances at end of year. Cor		nh 20			▶ 21	
_	B	rt II	_					Or mara	file Form 00		
ĮĮ,	Га	rt II	Dala	lice 3	heets. If Total assets on line: (See the instructions for P		2,500,000				
	22	Canh			· · · · · · · ·	art II.)			(A) Beginning		(B) End of year
	22		_		nvestments			⊢	118		22 118,438.
SCANNED	23		and buil		CDD CMAMBMBMM o			\vdash	200		23
V	24		rassets	(aescrib	pe ► <u>SEE STATEMENT 3</u>	,		⊢	229,		155,222.
	25		assets		CEE COMORNOMO	Δ .		ļ			25 273,660.
	26			-	ribe SEE STATEMENT		- 01)	<u> </u> _			78,382.
	27				alances (line 27 of column (B)				223,	069. 2	195,278.
	BA	\ For I	Privacy A	Act and	Paperwork Reduction Act Not	ice, see the instructi	ions for F	orm 990.			Form 990-EZ (2008)

Form 990-EZ (2008) CALIFORNIA RELE				-013	38904 Page 2
Part III Statement of Program Se		s (See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? <u>SE</u> Describe what was achieved in carrying out the describe the services provided, the number of	E STATEMENT 5 ne organization's exempt purp f persons benefited, or other	poses In a clear and correlevant information for	oncise manner,	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional
program title				for o	thers.)
28 SEE STATEMENT 6				1	
				1	
(Grants \$ 53, 290.) If the	nis amount includes foreign g	rants check here		28 a	91,426.
		· —·		204	<u> </u>
(Grants \$) If the	nis amount includes foreign g	rants, check here		29 a	62,539.
30 NETWORK - COORDINATED THE	CALIFORNIA RELEAF	NETWORK, A ST.	ATEWIDE		<u> </u>
ALLIANCE OF OVER 90 COMMU	UNITY BASED URBAN F	ORESTRY ORGANI	ZATIONS		
(Grants \$) If th	nis amount includes foreign g	rants, check here	<u> </u>	30 a	90,706.
Other program services (attach schedule (Grants \$) If the	^{e)} SEE STATEMENT 8 his amount includes foreign gi	ranta abaak bara	. □	21.0	
32 Total program service expenses (add li		rants, check here		31 a 32	244,671.
Part IV List of Officers, Directors		plovees. (List each o	ne even if not cor		
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
GAIL CHURCH	TREASURER	0.	deterred compensa	0.	0.
260 RUSSELL BLVD., SUITE D	1.00			٠.	· · ·
DAVIS, CA 95616					
ELISABETH HOSKINS	SECRETARY	0.		0.	0.
260 RUSSELL BLVD., SUITE D	1.00				
DAVIS, CA 95616					
MARTHA OZONOFF	EXECUTIVE DIREC	62,592.		0.	0.
PO BOX 72496	36.00				
DAVIS, CA 95617					
RICK MATHEWS	MEMBER			0.	0.
260 RUSSELL BLVD., SUITE D	1.00				
DAVIS, CA 95616	DDEGIDENE				
CHUCK MILLS	PRESIDENT			0.	0.
260 RUSSELL BLVD., SUITE D DAVIS, CA 95616	1.00				
AMELIA OLIVER	MEMBER	0.		0.	0.
260 RUSSELL BLVD., SUITE D	1.00			0.	0.
DAVIS, CA 95616	1.00				
M. TERESA VILLEGAS	MEMBER	0.		0.	0.
260 RUSSELL BLVD., SUITE D	1.00				•
DAVIS, CA 95616					
JOE LISZEWSKI	KEY EMPLOYEE	60,960.	-	0.	0.
PO BOX 72496	40.00				
DAVIS, CA 95617					
				_	
					<u> </u>
	1				
BAA	TEEA0812L 0	1/14/09			Form 990-EZ (2008)

Form 990-EZ (2008) CALIFORNIA RELEAF

Forr	n 990-EZ (2008) CALIFORNIA RELEAF 90-013890	4	Р	age 3
Pa	rt V Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	- 12 mile organization origings in any delivity not providedly reported to the internit or actually deciding description of			
34	each activity Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33	-	X
35		<u> </u>		_
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<u> </u>		
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 8	a Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		Ĺ	
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	<u> </u>	X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	amount involved 501(c)(7) organizations Enter	4		
	a Initiation fees and capital contributions included on line 9			
1	b Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
40 :	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►			igwdapprox
	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40 b		<u> X</u>
•	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 b 0. d Enter amount of tax on line 40c reimbursed by the organization	┨		
	· · · · · · · · · · · · · · · · · · ·	1		
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed ► <u>CA</u>			
42 :	a The books are in care of ► MARTHA OZONOFF Telephone no ► (530)	757	-733	3
	Located at ► 260 RUSSELL BLVD, SUITE D DAVIS CA ZIP + 4 ► 95615		_ <u></u>	<u> </u>
		·	 	
I	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country	420		
				İ
		1		
		1	1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42.0		
,	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c	1	<u> </u>
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			_ _
	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BAA		000		

990-F7			

90-0138904

Page 4

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT No 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 46 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X b If 'Yes,' was the related organization(s) a section 527 organization? 49 Ь Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (d) Contributions to employee benefit plans and deterred compensation (b) Title and average (c) Compensation (e) Expense account and (a) Name and address of each employee paid hours per week devoted to position other allowances NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 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 Signature of officer Date Here Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature Paid P00453363 employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 ASSOC "URRUTIA, NELSON, CPAS parer's 2901 DOUGLAS BLVD, SUITE 20-0276349 Use EIN (916) Only ROSEVILLE, CA 95661-3824 774-4208 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No Form 990-EZ (2008) BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

OMB No 1545-0047

Open to Public Inspection

	the organization							Employe	ridentifica	tion number			
CAL	FORNIA RELEAF							90-01	138904	4			
Part	I Reason for Pu	blic Charity Statu	is (All organizations	must_d	comple	te this	part.)	(see i	nstruc	tions)			
The o	rganization is not a pri	vate foundation becau	se it is. (Please check o	nly one	organiz	ation)							
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	170(b)	(1)(A)(i)						
2			A)(ii). (Attach Schedule			, ,							
3			e organization described		on 170(l	bX1XAX	iii). (At	tach Sch	nedule H	1)			
4		•	ed in conjunction with a h		•					•	snital's		
•	name, city, and sta	•	a m oonganonon min a r	ioopita.		550		-(-X·X·	· Xy =.		op.ta. t	•	
5		erated for the benefit	of a college or university	y owned	or oper	ated by	a gover	nmenta	l unit de	scribed in s	ectio	n	
6 7	X An organization the	at normally receives a	governmental unit descri i substantial part of its si art II)					t or fron	n the ge	neral public	desc	rıbed	
8	In section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	An organization or	ganized and operated	exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4). (se	e instruc	tions)			
11	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other												
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f													
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrit	ution fro	om any	of the f	pniwollo	persons	s?			
											Yes	No	
	below, the go	overning body of the s	controls, either alone or supported organization?	togethe	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)			
	(ii) a famıly men	nber of a person desc	cribed in (i) above?							11 g (ii)			
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)			
h	Provide the following	ng information about	the organizations the org	<u>janizatio</u>	n suppo	rts.							
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your trning ment?	the organ	rou notify nization in (i) of upport?	organizat	zed in the	(vii) Amour	nt of Sup	iport	
				Yes	No	Yes	No	Yes	No				
						1							
				 	 								
				<u> </u>									
						<u></u>							
				_									
Total		1					}						

18

BAA

Schedule A (Form 990 or 990-EZ) 2008

Page 2 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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 105,883 497,632 327,941 411,041 316,960 1,659,457. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge. Total. Add lines 1-3 105,883 497,632 327,941 411,041 316,960 1.659 457. 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) 0. Public support. Subtract line 5 from line 4 1,659,457. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (f) Total (c) 2006(d) 2007 (e) 2008 beginning in) 105,883 497,632 327,941 411,041 316,960 1,659,457. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 1,960 3,039 2,847 1,505 9,351. Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 1,668,808. 12 12 Gross receipts from related activities, etc (see instructions) 0. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 99.4% 99.5% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 CALIFORNIA RELEAF Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on l	ine 9 of Part I)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		_				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						· · · · · · · · · · · · · · · · · · ·
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support			.		<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\-\(\frac{1}{2} - \frac{1}{2} - \fracc{1}{2} - \frac{1}{2} - \frac{1}{2} - \frac{1}{2} - \frac{1}{2}	(7)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV.)				-		-
13	Total support. (add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
Sec	organization, check this box and		orcontoss		 		<u> </u>
	Dibble support paragraph of Pu			. 101 (**)		1 4 5 1	
	Public support percentage for 20		•		L	15	%
16	Public support percentage from					16	<u>%</u>
	tion D. Computation of Inv					 -	
17	Investment income percentage f			•	mn (f))	17	%_
18	Investment income percentage f					18	<u>%</u>
	33-1/3 support tests - 2008. If the comore than 33-1/3%, check this b						_
D	33-1/3 support tests — 2007. If the state of	this box and sto	o not check a box p here. The organ	c on line 14 or 19 lization qualifies a	a, and line 16 is r as a publicly supp	nore than 33-1/3% orted organization	, and line 18
20	Private foundation. If the organi		-	•		-	▶

Schedule A	(Form 990	or 990-E	Z) 2008	CALIE	FORNIA	REI	LEAF				90-0138	904	Page 4
Schedule A Part IV	Supplem	ental Ir	nforma	ti on. Co	mplete	this	part to	provide the e any other	explanati	on requi	red by Pa	rt II, line 1	0;
	Part II, Iır	ne 17a	or 17b;	or Part	t III, line	12.	Provid	e any other	additiona	Linforma	ition. (see	instructio	ns)
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SCHEDULE'C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2008

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

		organizations Complete Part III			
	of organization			Employer identifica	
	LIFORNIA RELEAF			90-013890	
Par	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c) a	nd section 527 org	ganizations.
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV	
2	Political expenditures			▶\$	
	Volunteer hours				
Par	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c)(3 	3).	
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶\$	<u>" </u>
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes X No
	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Pa	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c), (except section 501	(c)(3).
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$	
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	Total of direct and indirect e Form 1120-POL, line 17b	xempt function expenditures Add lines 1 a	and 2 and enter here	and on ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made Enter the amount par received and promptly and o	and employer identification number (EIN) d and indicate if the amount was paid from directly delivered to a separate political org ial space is needed, provide information in	n the filing organization anization, such as a s	n's funds or were politi	cal contributions
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds if none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	08 CALIFORNIA RE	LEAF		90-013	8904 Page
Part II-A To be comp under section	leted by organizat on 501(h)). See the	ions exempt unde instructions for So	r section 501(c)(3) chedule C for deta	that filed Form 576	
A Check ► If the file	ng organization belong	s to an affiliated group			
B Check ► If the file	ng organization checke	d box A and 'limited co	ontrol' provisions apply		
(The term	Limits on Lobbying l 'expenditures' means		red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence public	opinion (grass roots k	obbying).		
b Total lobbying expendit	ures to influence a legi	slative body (direct lob	bying).		
c Total lobbying expendit	ures (add lines 1a and	1b)			-
d Other exempt purpose	expenditures				
e Total exempt purpose e	expenditures (add lines	1c and 1d)			
f Lobbying nontaxable ar both columns	mount. Enter the amou	nt from the following ta	ble in		
If the amount on line 1e, col	lumn (a) or (b) is The	amount is			
Not over \$500,000	20%	of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000 \$100	,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000 \$175	,000 plus 10% of the excess	over \$1,000,000	1	
Over \$1,500,000 but not over \$	\$17,000,000 \$225	,000 plus 5% of the excess o	ver \$1,500,000		
Over \$17,000,000		00,000.		ŀ	
g Grassroots nontaxable	amount (enter 25% of	ine 1f)			
h Subtract line 1g from hi	ne 1a Enter -0- if line	g is more than line a			<u></u>
i Subtract line 1f from lin	ie 1c. Enter -0- if line f	is more than line c.			
j If there is an amount of section 4911 tax for this	ther than zero on eithei s year?	r line 1h or line 1i, did t	the organization file Fo	orm 4720 reporting	Yes No
(Som	e organizations that m	ear Averaging Period lade a section 501(h) elelow. See the instructi	lection do not have to	complete all of the five gh 2f.)	
	Lobbyin	g Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2 a Lobbying non-taxable amount										
b Lobbying ceiling amount (150% of line 2a, column (e))										
c Total lobbying expenditures	_									
d Grassroots non-taxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures				-						

BAA

Schedule C (Form 990 or 990-EZ) 2008

	(a)	(b)
	Yes		Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of	,		
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	H	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		" "
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,81
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Х	
i Other activities? If 'Yes,' describe in Part IV		Х	
j Total lines 1c through 1i			8,81
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
To be completed by all organizations exempt under section 501(c)(4), s 501(c)(6). See the instructions for Schedule C for details.	ection 50	П(С)(З	
1 Wars substantially all (200) as mars) dues resound handed at his hy mambers?			Yes
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the assessation make only in house labburge supportions of \$2,000 as less?			1
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 			3
Part III-B To be completed by all organizations exempt under section 501(c)(4), s	ection 50	1/cV5	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if P answered 'Yes.' See Schedule C Instructions for details.	art III-A,	quest	ion 3 is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid).	tical		
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
		3	****
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	excess I political	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		5	•
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			

Schedule C (Form 990 or 990-EZ) 2008 CALIFORNIA RELEAF	90-0138904	Page 4
Part IV	Form 990 or 990-EZ) 2008 CALIFORNIA RELEAF Supplemental Information (continued)		
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2008	FEDERAL STATEMENTS		PAGE 1
	CALIFORNIA RELEAF		90-0138904
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	TS PAID	"	
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	WOODLAND TREE FOUNDATION P.O. BOX 8753 WOODLAND, CA 95776	\$	7,500.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	ARROYO SECO FOUNDATION 1470 SCENIC DR. PASADENA, CA 91103	\$	6,800.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	GOLETA VALLEY BEAUTIFUL P.O BOX 6756 GOLETA, CA 93160	\$	8,750.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	CITY OF MODESTO P.O. BOX 642 MODESTO, CA 95353	\$	6,200.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	TREE DAVIS P.O. BOX 72053 DAVIS, CA 95617	\$	6,400.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	CITY OF LINDSAY P.O. BOX 369 LINDSAY, CA 93247	\$	7,500.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	CITY OF REDDING PO BOX 496071 REDDING, CA 96002	\$	1,200.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	BELMONT 4-H 2535 SOMERSET DR BELMONT, CA 94002	\$	1,810.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	CANOPY 3921 EAST BAYSHORE RD PALO ALTO, CA 94303	\$	500.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	HUNTINGTON BEACH TREE SOCIETY 16632 WELLINGTON DRIVE HUNTINGTON BEACH, CA, CA 92649	\$	2,880.

2008	FEDERAL STATEMENTS	6	PAGE 2
	CALIFORNIA RELEAF		90-0138904
STATEMENT 1 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	NTS PAID		
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	MARIN RELEAF PO BOX 9512 SAN RAFAEL, CA 94912	\$	1,250.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	TREE DAVIS PO BOX 72053 DAVIS, CA 95617	\$	2,500.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
BANK CHARGES CONFERENCES, CONVENTIONS, DEPRECIATION DUES & SUBSCRIPTIONS INSURANCE LICENSES AND PERMITS OFFICE EXPENSES OUTSIDE SERVICES SMALL EQUIPMENT TELEPHONE TRAVEL	AND MEETINGS	\$ TOTAL \$	126. 9,404. 133. 1,176. 3,269. 75. 1,054. 439. 1,195. 5,027. 6,767. 28,665.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	,		
FURNITURE AND FIXTURES PLEDGES AND GRANTS RECEIV PREPAID EXPENSES AND DEFE	ERRED CHARGES	BEGINNING \$ 333. \$ 216,935. 11,843. OTAL \$ 229,111. \$	200. 149,518. 5,504. 155,222.
STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
ACCOUNTS PAYABLE AND ACCE DEFERRED REVENUE GRANTS PAYABLE		BEGINNING \$ 8,713. \$ 450. 115,111. OTAL \$ 124,274. \$	ENDING 16,975. 0. 61,407. 78,382.

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2008

FEDERAL STATEMENTS

PAGE 3

CALIFORNIA RELEAF

90-0138904

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CALIFORNIA RELEAF'S MISSION IS TO EMPOWER GRASSROOTS EFFORTS AND BUILD STRATEGIC PARTNERSHIPS THAT PRESERVE, PROTECT AND ENHANCE CALIFORNIA'S URBAN AND COMMUNITY FORESTS.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CALIFORNIA RELEAF GRANT PROGRAMS ADMINISTER TWO ANNUAL GRANT PROGRAMS AIMED AT COMMUNITY-BASED ORGANIZATIONS THAT ARE INVOLVED IN URBAN AND COMMUNITY FORESTRY ACTIVITIES. THE PROGRAM FURTHERS GRASSROOTS EFFORTS TO EXPAND AND PRESERVE CALIFORNIA'S FORESTS BY BUILDING THE CAPACITY OF GRANTEE ORGANIZATIONS, AS WELL AS PROVIDING FUNDS TO PLANT AND MAINTAIN TREES. THE TWO GRANT PROGRAMS WERE URBAN FORESTRY GRANT PROGRAM AND TREE PLANTING GRANT PROGRAM.

STATEMENT 7
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION AND OUTREACH - THE ORGANIZATION WILL PARTICIPATE IN OUTREACH PROGRAMS THAT TEACH THE BENEFITS AND VALUES OF TREES AND EDUCATE THE PUBLIC ABOUT SOUND ARBORICULTURAL PRACTICES. THE ORGANIZATION SPONSORED TWO CALIFORNIA TREE LEADERSHIP FORUMS AND PUBLISHED "CALIFORNIA TREES".

STATEMENT 8
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM

DESCRIPTION

STRATEGIC PARTNERSHIPS - STAFF MEMBERS ARE ACTIVE
PARTICIPANTS IN OTHER ORGANIZATIONS AND COMMITTEES
CONTINUING TO EMPOWER GRASSROOTS EFFORTS TO EXPAND,
ENHANCE AND PROTECT CALIFORNIA'S URBAN FORESTS.

INCLUDES FOREIGN GRANTS: NO
TOTAL

TOTAL

O. PROGRAM
O. SERVICE
EXPENSES

EXPENSES

FOR TOTAL

TOTAL

O. S. O.

2008

FEDERAL STATEMENTS

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CALIFORNIA RELEAF

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STATEMENT 9
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO