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DLN: 93493261008043

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable California Releaf Address change 90-0138904 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 2112 10th Street Terminated (916) 497-0034 Amended return City or town, state or country, and ZIP + 4 Sacramento, CA 95818 Application pending G Gross receipts \$ 627,744 Name and address of principal officer **H(a)** Is this a group return for ∇ Yes No affiliates? **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) H(c) Group exemption number ► Website: ► WWW CALIFORNIARELEAF ORG L Year of formation 1989 **M** State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities California Releaf's mission is to empower grassroots efforts and build strategic partnerships that preserve, protect and enhance California's urban and community forests Activities & Governance 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) . . . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . . 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2.186.320 622.379 Contributions and grants (Part VIII, line 1h) . . 32,483 5,190 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 240 175 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 627,744 2,219,043 13 1,800,403 227,461 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 264,068 273,102 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 133,317 123,319 2,197,788 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 623,882 19 Revenue less expenses Subtract line 18 from line 12 . 21,255 3,862 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 276,560 250,294 21 Total liabilities (Part X, line 26) . . . . . 53,543 23,415 22 Net assets or fund balances Subtract line 21 from line 20 223,017 226,879 Signature Block 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 2013-09-18 Signature of officer Date Sian Here ROSE EPPERSON President Type or print name and title

Firm's address > 2901 Douglas Blvd Suite 290

Firm's name MANNURRUTIANELSONCPAs & ASSOC LLP

Roseville, CA 956613824

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Print/Type preparer's name

Michelle O Nelson CPA

Paid

Preparer

Use Only

Check

self-employed

Phone no (916) 929-0540

Firm's EIN 🕨

P00453363

Date

Preparer's signature

✓ Yes ☐ No

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 589,715

implement tree-planting projects during California Arbor Week. This support allowed local groups to purchase trees, planting materials, and other needed supplies IN 2012, California improved and expanded the California Arbor Week website by improving our listing and maps of Arbor Week events, and added a tab for information about Arbor Week-related contests, including a poster contest for grade school students.

Part IV	Che	cklist	of Re	auired	Sche	dules
	CHE	CRIISL	OI NO	aun eu	SCIIC	uuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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		No
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		No
c	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		No
	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2012)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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 required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		No
а	Did the organization make any taxable distributions under section 4966?	9a		l No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter	95		100
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		i

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

Check if Schedule O contains a response to any question in this Part VI				

Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		9			
	year						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con	d by o	r under the di		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990		4		No
5	Did the organization become aware during the year of a significant diversion of the or			۶.	5		No
6	Did the organization have members or stockholders?				6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?				7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?	l by) r	nembers, stoc	kholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following						
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule				9		No
	gamena				- 1		
Se	ection B. Policies (This Section B requests information about policies not r				evenu	ıe Cod	e.)
Se					evenu	ue Cod Yes	e.) No
		requi			evenu 10a		
10a	ction B. Policies (This Section B requests information about policies not r	<i>requi</i> • •	red by the I of such chap	nternal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the I  of such chap xempt purpos erning body be	nternal Ro ters, es? efore filing	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its	requi	red by the I  of such chap xempt purpos erning body be	nternal Ro ters, es? efore filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the actuaffiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	of such chap xempt purpos erning body be	nternal Roters, es? efore filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	requi	of such chap xempt purpos erning body be 	nternal Ro	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purpos erning body be  90 rests that cou	ters, es? efore filing	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purpose erning body be  90 rests that cou	nternal R	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purposerning body be serving the serving body be serving the serving body be serving the serving that countries that count	nternal Ro	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purpos erning body be rests that countries that	ters, es? efore filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purposerning body because of such chap and the second	ters, es? efore filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requires  Invities  Invited  Invities  Invities  Invities  Invities  Invities  Invitie	of such chap xempt purposerning body because of such chap xempt purposerning body because of the such as a	ters, es? efore filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requires  Invities  Inviti	of such chap xempt purposerning body because of such chap xempt purposerning body because of the such as a	ters, es? efore filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	of such chap xempt purposerning body be rests that country? If "Yes, on the country of approval by peration and defined by the country of the	ters, es? efore filing uld give " describe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requires  Invities  Invite	of such chap xempt purpos erning body be rests that countries that countries the countries to safeguard to evaluate its to safeguard.	ters, es? efore filing uld give "describe lecision? ent with a stithe	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Joe Liszewski 2112 10th Street Sacramento, CA (916) 497-0034

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

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Lisa Decarlo	1 00	х						0	0	(
member	0 00							ŭ	Ŭ	
(2) JIM CLARK	1 00	x		х				0	0	(
Treasurer (3) desiree backman	0 00									
member	0 00	х						0	0	(
(4) matt ritter phd	1 00	Х						0	0	(
member	0 00	_ ^								
(5) amelia oliver	1 00	х						0	0	(
member	0 00	<u> </u>						Ŭ	Ŭ	
(6) CATHERINE MARTINEAU	1 00	x						0	0	(
MEMBER	0 00									
(7) TRACY R LESPERANCE	1 00	×						0	0	(
MEMBER	0 00									
(8) ROSE EPPERSON	1 00	x		x				0	0	
President (9) GAIL CHURCH	0 00	-								
	1 00	x		х				0	0	1
Secretary (10) JOE LISZEWSKI	0 00	-								
Executive Dir	0 00			Х				95,173	0	(
	0 00									

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is l	ne l both	oox, an c	heck unless officer stee)		Repor compen from organiza	table sation the tion (W-	(E) Reportable compensation from related organization (W-	.   '	(F) Estima mount o compens from t	ted f other ation he
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											-		
1b Sub-Total							<u> </u>						
<pre>c Total from continuation sheet</pre>		· · · ection A	٠.	•		-	Þ						
d Total (add lines 1b and 1c) .							<b> -</b>		95,173				
Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
												Yes	No
Did the organization list any for on line 1a? If "Yes," complete S						emplo	yee	, or highes	t compen	sated employee	3		No
For any individual listed on line organization and related organi	e 1a, is the sum	of repo	rtabl	есо	mpei						<u> </u>		No
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	a receive or acc	rue cor	 mpen	• satu	• on fro	om an	• v uni	related org	· · · anızatıon	or individual for	4		No
services rendered to the organ											5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organizer												tax year	
N	( <b>A</b> ) ame and business	address							Des	(B) cription of services		(C Comper	
											$\pm$		
											_		
2 Total number of independent con	atractors (inclu	dına but	not	limit	od to	thos	a liet	tod abova)	who roco	wad mara than	7		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

	Check if Schedule O contains a respon	se to any question i		(D)		<u> </u>
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
1a	Federated campaigns 1a					514
Other Similar Amounts	Membership dues 1b					
	Fundraising events 1c					
E d	Related organizations 1d					
in e	Government grants (contributions) 1e	598,264				
Sin						
je j	All other contributions, gifts, grants, and similar amounts not included above	24,115				
and Other Similar A	Noncash contributions included in lines 1a-1f \$					
and h	Total. Add lines 1a-1f	▶	622,379			
		Business Code				
2a b c d e f c	Conference		5,190	5,190		
Ē   b						
_ c						
d d						
e e	All other program service revenue					
<u>.</u> .						
- <u>9</u>	Total. Add lines 2a-2f		5,190			
3	Investment income (including dividend and other similar amounts)		175			17
4	Income from investment of tax-exempt bond p	roceeds 🕨	0			
5	Royalties		0			
6a	(ı) Real Gross rents	(II) Personal				
ь	Less rental					
c	expenses Rental income					
d	or (loss)		0			
	(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other					
ь	than inventory Less cost or					
	other basis and sales expenses					
C	Gain or (loss)  Net gain or (loss)		0			
d 8a	Gross income from fundraising	· · · · •				
	events (not including \$					
ь	of contributions reported on line 1c) See Part IV, line 18 a					
ь	Less direct expenses b					
'	Net income or (loss) from fundraising e	vents 🛌	0			
94	Gross income from gaming activities See Part IV, line 19 a					
ь	Less direct expenses b					
c	Net income or (loss) from gaming activ	rities	0			
10a	Gross sales of inventory, less returns and allowances .					
Ь	Less cost of goods sold <b>b</b>					
С	Net income or (loss) from sales of inve		0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c d	All other revenue					
e	Total. Add lines 11a-11d	🕨				
1			0			

		Statement of Functional Expenses				
Section	on 501	1(c)(3) and $501(c)(4)$ organizations must complete all columns. All $a$	other organizat	ions must comp	olete column (A)	
	(	Check if Schedule O contains a response to any question in this Par	t I X			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21	227,461	227,461		
2		ts and other assistance to individuals in the ed States See Part IV, line 22	,	,		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	0			
4	Bene	fits paid to or for members	0			
5		pensation of current officers, directors, trustees, and employees	95,173	85,656	9,517	
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)	0			
7	Othe	r salaries and wages	131,687	124,051	7,636	
8		ion plan accruals and contributions (include section 401(k)	0			
9	Othe	r employee benefits	27,851	25,745	2,106	
10	Payro	oll taxes	18,391	17,000	1,391	
11		for services (non-employees)				
а	Mana	agement	0			
ь			770	770		
С	Acco	ounting	17,412	15,634	1,778	
d		ying	5,800	·	5,800	
e		essional fundraising services See Part IV, line 17	, 0		,	
f		stment management fees	0			
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O)	18,678	18,678		
12		ertising and promotion	0			
		e expenses	8,036	7,372	664	
14		mation technology	0			
15	-	Ities	0			
16	Occu	upancy	19,934	18,508	1,426	
17	Trave	el	29,556	27,437	2,119	
18		nents of travel or entertainment expenses for any federal, e, or local public officials	0			
19	Confe	erences, conventions, and meetings	1,917	1,780	137	
20		est	0			
21	Paym	nents to affiliates	0			
22	Depr	eciation, depletion, and amortization	0			
23	Insur	rance	2,971	2,758	213	
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		charges	1,293	1,202	91	
b	small	l equipment	2,074	1,920	154	
c	Posta	age and Shipping	2,091	1,941	150	
d	Print	ing and Publications	10,423	9,677	746	
e		ther expenses	2,364	2,125	239	
25		I functional expenses. Add lines 1 through 24e	623,882	589,715	34,167	0
<u>26</u>	Joint repor educa	costs. Complete this line only if the organization red in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	023,002	333,723	31,101	<u> </u>

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	x	(A)		(B)
		Cook was when the same		Beginning of year 131,913		End of year 97.657
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		100,508	2	100,671
	3	Pledges and grants receivable, net		36,597	3	43,714
	4	Accounts receivable, net			4	0
ts	5	Loans and other receivables from current and former officers, directo employees, and highest compensated employees. Complete Part II of Schedule L			5	o
	6	Loans and other receivables from other disqualified persons (as defin $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributed and sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions) Complete Part II of Schedule L		6	0	
Assets	7	Notes and loans receivable, net			7	0
ď	8	Inventories for sale or use			8	0
	9			7,542	9	8,252
	10a	Prepaid expenses and deferred charges	 .0a 1,928		9	6,232
	ь	<b>—</b>	.0b 1,928		10c	0
	11		,		11	0
	12	Investments—publicly traded securities				0
		Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		276,560	16	250,294
	17	Accounts payable and accrued expenses		20,651	17	23,348
	18	Grants payable		32,803	18	
	19	Deferred revenue		89	19	67
	20	Tax-exempt bond liabilities			20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule I			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, tr key employees, highest compensated employees, and disqualified	ustees,			
<u> </u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties ${f .}$			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related th and other liabilities not included on lines 17-24) Complete Part X of			25	
	26	Total liabilities. Add lines 17 through 25		53,543	25 26	23,415
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and		33,343	20	25,415
φ O		lines 27 through 29, and lines 33 and 34.	complete			
ဋ	27	Unrestricted net assets		223,017	27	226,879
<u>छ</u>	28	Temporarily restricted net assets			28	
Fund Balance	29	Permanently restricted net assets			29	
Ĭ	23	,			23	
o. F		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	,			
쫎	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
ĕ	33	Total net assets or fund balances		223,017	33	226,879
	34	Total liabilities and net assets/fund balances	_	276.560	34	250.294

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		6	527,744
2	Total	expenses (must equal Part IX, column (A), line 25)	2		6	523,882
3	Revei	nue less expenses Subtract line 2 from line 1	3			3,862
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	223,017
5	Netu	nrealized gains (losses) on investments	5			
6	Dona	ted services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O )	9			
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10		2	226,879
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII				. Г
					Yes	No
1	Ifthe	unting method used to prepare the Form 990				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	<b>▽</b> s	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	rate			
	Γs	eparate basis				
c		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i dule O	n			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in th e Audit Act and OMB Circular A-133?	е	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the i	required	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493261008043

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

California Releaf

# **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. ► See separate instructions.

2012

Open to Public Inspection

									90-01389		
Par				blic Charity Sta						nstructions	•
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	igh 11, check	only one b	ox)		
1	Г		•	on of churches, or a				ection 170(	b)(1)(A)(i).		
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	Γ			h organization opera	ted ın conjun	ction with a	hospital desc	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	nter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a government	tal unit desc	ribed in
	_			<b>A)(iv).</b> (Complete P	•						
6	<u>_</u>			local government o							
7	굣	_		at normally receives		•	support from	a governm	ental unit or fi	rom the gene	eral public
8	$\overline{}$			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			onlata Dart II	1			
9	,		-	at normally receives			-	-	hutions mom	harchin faac	and gross
,	'	=		rities related to its e					•	· ·	-
		•		oss investment inco	•	-			` '		
		•		ganızatıon after June				•		cax) II o III ba	311103303
10	$\vdash$	•	-	ganized and operate	-			· ·	-		
11	<u>'</u>	_		ganized and operated						o carry out t	he nurnoses of
11	,			ly supported organiz							
				bes the type of supp							
		a i	Type I	<b>b</b> Type II <b>c</b>	┌ Type II	I - Function	ally integrate	d <b>d</b> $\Gamma$	Type III - No	on-functiona	lly integrated
e	Γ		_	ox, I certify that the	_		•			•	•
				on managers and ot	her than one	or more pub	licly support	ed organiza	tions describ	ed in sectior	n 509(a)(1) or
f			n 509(a)(2)	received a written d	etermination	from the IR	S that it is a '	Tyne I Tyr	e II or Type	III supporti	ng organization
•			this box	received a written a	cccimination	nom the riv	o chac ic is a	, ypc 1, , yp	ле 11, от туре	III Supporti	
g		Since A	August 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	ofthe		,
			ng persons?								
				rectly or indirectly o	· ·		_	persons de	scribed in (ii)		Yes No
			•	governing body of th	• •	_	17			11g	<del></del>
				er of a person descr						11g	<del></del>
		` '		lled entity of a perso		., .,				11g(	(III)
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)				
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
s	uppoi	rted		organization	organizati		the organiz		organizati	ion in	monetary
or	ganiz	zation		(described on	col (i) lis		ın col (i) o		col (i) org		support
				lines 1-9 above or IRC section	your gove docume	_	suppor	t?	in the U	Si	
				(see	docume	nc'					
				instructions))	Vac	l Na	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N.	Vac.	No	+
					Yes	No	Yes	No	Yes	No	
							-				
<del></del>											

Schedule A (Form 990 or 990-EZ) 2012 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 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 316,960 1,936,578 2,723,208 2,193,115 622,379 7,792,240 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 316,960 1,936,578 2,723,208 2,193,115 622,379 7,792,240 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 7,792,240 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 316,960 1,936,578 2,723,208 2,193,115 622,379 7,792,240 Amounts from line 4 Gross income from interest, dividends, payments received on 661 240 175 securities loans, rents, royalties 364 1,440 and income from similar sources 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 0 capital assets (Explain in Part IV) 11 Total support (Add lines 7 7,793,680 through 10) Gross receipts from related activities, etc (see instructions) 12 12 52,586 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 980 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 99 980 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 - 2012. 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  $\vdash \Gamma$ organization

b 10%-facts-and-circumstances test - 2011. 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

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493261008043

#### OMB No 1545-0047

Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** California Releaf 90-0138904 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- **B** Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	7,007	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b	o)	7,007	
d	Other exempt purpose expenditures		616,876	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	623,883	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	118,582	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable 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		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	29,646	
h	Subtract line 1g from line 1a If zero or less, ente	er-O-		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expen	ditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount	247,996	285,870	259,889	118,582	912,337
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,368,506
c	Total lobbying expenditures	13,965	7,637	7,641	7,007	36,250
d	Grassroots nontaxable amount	61,999	71,468	64,972	29,646	228,085
е 	Grassroots ceiling amount (150% of line 2d, column (e))					342,128
f	Grassroots lobbying expenditures	13,965	7,637	7,641	7,007	36,250

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	Week Week was a second of the	( 6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

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Schedule I

(Form 990)

Department of the Treasury

ata -

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493261008043

Open to Public

lame of the organization						Employer identificati	on number
California Releaf						90-0138904	
Part I General Informati						•	
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	award the grants or as zation's procedures fo	sistance? or monitoring the use o		ed States			F Yes □ I
				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 5	501(c)(3) and govern	ment organizations lis	ted in the line 1 table .			<b>-</b>	0
3 Enter total number of other org	janizations listed in th	ne line 1 table				<b>▶</b>	21

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	art IV,	line 22
Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	ation
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Complete this part to provide the information required in Part I, line 2. Part III. column (b), and any other additional information

Complete this part to provide	complete this part to provide the information required in Part 1, time 2, Part 111, Column (b), and any other additional information								
Identifier	Return Reference	Explanation							
Grantmaker's Description of How Grants are Used		The ORGANIZATION communicates with the GRANTEES regulary to ensure that the grant funds are used for specific purposes							

Schedule I (Form 990) 2012

**Software ID:** 12000229 **Software Version:** 2012v2.0

EIN: 90-0138904
Name: California Releaf

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part	t II, Grants a	and Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woodland Tree FoundationPO Box 8753 Woodland,CA 95776			8,905	0	i ,		Tree Planting
Urban Releaf835 57th Street Oakland, CA 94608			8,560	0			Urban Forestry/Tree Planting
URBAN CORPS OF SAN DIEGOPO Box 80156 San Diego,CA 92138			8,394	0			Tree Planting
Tree People12601 Muholland Drive Beverly Hills,CA 90210			8,189	0			Tree Planting
Tree Musketeers305 Richmond Street El Segundo,CA 90245			10,000	0			Tree Planting
Tree Fresno3150 East Barstow Avenue Fresno,CA 93740			7,754	0			Tree Planting
Tree DavisPO BOx 72053 Davis,CA 95617			5,564	0			Urban Forestry/Tree Planting
THE WATERSHED PROJECT 1327 S 46th Street Bldg 155 Richmond, CA 94804			8,500	0			Urban Forestry
SOUTHERN CALIFORNIA MOUNTAINS602 South Tippecanoe Avenue San Bernardino, CA 92408			9,996	0			Urban Forestry/Tree Planting
Sacramento Tree Foundation 191 Lathrop Way Suite D Sacramento, CA 95815			22,310	0			Urban Forestry/Tree Planting
Our City Forest 2151 West Mission Street 151 San Jose, CA 95110			14,143	0			Urban Forestry/Tree Planting
North East Trees570 W Avenue 6 Suite 600 Los Angeles, CA 90065			9,996	0			Urban Forestry/Tree Planting
KIDS AND CREEKSPO Box 3271 Chico,CA 95927			5,525	0			Urban Forestry/Tree Planting
INCREDIBLE EDIBLE COMMUNITY740 W 26th Street			5,068	0			Tree Planting
Upland, CA 91784  Goleta Valley BeautifulPO Box 6756 Goleta, CA 93160			9,773	0			Tree Planting
Friends of the Urban Forest PO Box 29456 San Francisco, CA 94129			7,835	0			Tree Planting
FRIENDS OF BALBOA PARK 2125 Park Blvd San Diego, CA 92101			8,249	0			Tree Planting
City of Richmond3201 Leona Avenue Richmond, CA 94804			9,905	0			Tree Planting
Canopy3921 East Bayshore Rd Palo Alto,CA 94303			20,000	0			Forestry Grant
Benecia Tree FoundationPO Box 1877 Benecia,CA 94510			7,020	0			tree planting
Amigos de los Rios908 E Altadena Drive Altadena,CA 91001			10,000	0			Tree planting

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
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Name of the organization California Releaf	Employer identifi	ation number
	90-0138904	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The Board approves and reviews the Executive directors salary in light of job responsibility, goals met, and other key factors
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The audit committee is given a draft version of the tax return as well as audit to review
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4