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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning $JUL\ 1$, 2020 and ending	<u>J</u> UN 30, 2021	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres	FRIENDS OF THE URBAN FOREST		
	Name change		94-26995	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		r
	Final return/	BLDG 1007 GEN. KENNEDY AVE, SUITE 1	415-561-	
_	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,062,947.
F	return	DAN FRANCISCO, CA 94129	H(a) Is this a group re	
L	Applica tion pendin		for subordinates	
_	T-1/ -1/-	g BLDG 1007 GEN KENNEDY AVE STE 1 SAN FRANC empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		
÷	Mobeit	e: NWW.FUF.NET	H(c) Group exemptio	list. See instructions
			rear of formation: 1981	
		Summary	car or formation.	V Claic of logal dofficie.
		Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
ĕ				
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
8		Number of voting members of the governing body (Part VI, line 1a)		10
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)		10
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		65
Ĭ	6	Total number of volunteers (estimate if necessary)	6	207
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
	8	Contributions and grants (Part VIII line 1h)	Prior Year 3,749,735.	Current Year 4,045,773.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	57,055.	16,989.
eve		nvestment income (Part VIII, line 2g)	492.	185.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,807,282.	4,062,947.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,165,126.	2,166,027.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b.	Total fundraising expenses (Part IX, column (D), line 25) 445,714.	1 062 551	1 100 100
	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,263,551. 3,428,677.	1,172,100. 3,338,127.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,428,677.	
700	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
ets (20	Total assets (Part X, line 16)	3,416,509.	End of Year 4,152,117.
ASS	21	Total liabilities (Part X, line 26)	182,534.	193,322.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20	3,233,975.	3,958,795.
	art II	Signature Block		
Unc	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Data	
Sig		·	Date	
He	re	DAWN KAMALANATHAN, BOARD CHAIR Type or print name and title		
			Date	PTIN
Pai	d	Print/Type preparer's name GIOVANNA K. DUENAS Preparer's signature	if shock	
	parer	Firm's name WMB2, LLP	self-employ	26-3789391
	Only	Firm's address 101 LARKSPUR LANDING CIR., STE 200	I IIIII 3 LIIV	
		LARKSPUR, CA 94939-1750	Phone no.41	5-925-1120
Ma	y the IF	S discuss this return with the preparer shown above? See instructions	1	X Yes No

Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROMOTE A LARGER AND HEALTHIER URBAN FOREST AS PART OF THE URBAN
	ECOSYSTEM IN SAN FRANCISCO THROUGH COMMUNITY PLANTING, MAINTENANCE,
	EDUCATION AND ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,648,707 • including grants of \$) (Revenue \$ 16,989 •)
4a	(Code:) (Expenses \$ 2,648,707. including grants of \$) (Revenue \$ 16,989. TOURLY CITY RESIDENTS IN PROVIDING TECHNICAL AND PRACTICAL ASSISTANCE
	WITH TREE PLANTING. PERFORM UNDER A SERIES OF CONTRACTS THAT PROVIDE
	FOR TREE PLANTING AND ONGOING MAINTENANCE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,648,707.
	Form 990 (2020

FRIENDS OF THE URBAN FOREST

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
IZa	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domosto government on i art ix, column (-), inte i : ii i i os, complete concede i, i arto i arto ii arto ii a			

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		.,	
0.4	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			x
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_ ^
ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16		162	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2020) FRIENDS OF THE URBAN FOREST Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Set in the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary over ending with or within they ware covered by this return 2. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of files 1 and 2a is greater than 50,00 um by the required to effect eight eight produced to the sum of files 1 and 2a is greater than 50,00 um by the required to effect eight eight produced to the sum of files 1 and 2a is greater than 50,00 um by the required to effect eight eight produced to the sum of files 1 and 2a is greater than 50,00 um one during the year? 3a IV If Yes, "has it filed a Form 990-T for this year? If Ye? to files 3b, provide an explanation on Schedule 0 3b If Yes, "and the analysis of the foreign country by the sum of the sum of the files of the files and the files of the f				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired 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) 3a ID if the organization have unrelated business goes income of \$1,000 or more during the year? 3b ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3b If Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? 4c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0 3c ID if Yes, Thas It filed a form 950°T for this year? 5c ID if Yes, Than 950°T for this year? 5c ID if Yes, Than 950°T for the year of the Yes, Than 950°T for years of the year of the year of years o	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If Yea, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0 3 Did If Yea," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation or Schedule 0 3 Did If Yea," shall the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the second of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the seed in the second of th		filed for the calendar year ending with or within the year covered by this return 2a 65			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O. 5c If 1'Yes' to the free fame of the freeign country. 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, provided an explanation). 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, or other financial account)? 5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, or other financial account)? 5c If 1'Yes' to line Sar of Sh, did the organization for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If 1'Yes' to line Sar of Sh, did the organization the Grem 88867 c. 6c If 1'Yes' to line Sar of Sh, did the organization the Grem 88867 c. 6c If 1'Yes', did 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? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', inclinate the number of forms 8882 filed during the year organization sell, exchange, or otherwise dispose of tangitive personal property for which it was required to the Fore 88867. 6c If 1'Yes', indicate the number of forms 8882 filed during the year. 6c If If If the organization received a contribution of qualified intellectual property, did the organization file a form 108867. 7c If If If the organization received a contribution of case, books, araph	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 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? 4b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was 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? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression and party for goods and services provided to the payor? 7a Was a did the organization receive a payment in excess of \$15 made party as a contribution of quanty and party for goods and services provided to the payor? 7a Was a did the organization receive and contribution of care of tangible personal property for which it was required to tile Form 8282? 7b Did the organization received an orotify united great year. 7c Did the organization received an orotify united great year. 7d Did the organization received an contribution of united ty, to pay premiums on a personal benefit contract? 7r Did the org		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes" to lie So or 5b, did the organization the from 88617 6b 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 schariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization stat and protective apparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8222 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 82827 for If If the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If If the organization received a contribution of organization from the organization file Form 8289 as required? 1b If the organization received a contribution of a contribution of the contribution of the form 8289 as required? 1b If the organization received an contribution of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year. 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall have a contributions? b If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat many receive deductible contributions under section 170(c). b If 'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive a payment in excess of \$75 made party as a contribution of payment in the contributions under section 170(c). b If 'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Did the organization received accomplication of the value of the goods or services provided? 7 Did the organization neces and payment in excess of \$75 made party as a contribution of contribution of the value of the goods or services provided? 7 Did the organization neces and payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization neces and payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization neces and any payment in excess of \$75 made party as a contribution of the organization feet organization neces and contribution of the payment of the payment of \$75 made party as a contribution of the organization feet organiz	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0		Ω		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	F.	000	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any oth	ner			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		Г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?	•		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
		•	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,	İ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		T I	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approx					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Sec	tion 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,	,,,,	,		
		n on Schedule	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	d finar	ncial	
	statements available to the public during the tax year.		. ,,	-		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and recor	rds >			
	THE ORGANIZATION - 415-561-6890		-			
	BLDG 1007 GEN. KENNEDY AVE, SUITE 1, SAN FRANCISCO	O, CA 9	94129			

032006 12-23-20

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	c) ition more erson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIEL FLANAGAN	40.00	. ,		77				200 000	0	27 622
EXECUTIVE DIRECTOR	40.00	Х		Х	\vdash			200,000.	0.	27,623.
(2) ROBERTA CATALINOTTO	40.00	1				х		147,653.	0.	0.
VICE PRESIDENT, DEVELOPMENT (3) KARLA NAGY	40.00				⊢	^		147,055.	0.	0.
VICE PRESIDENT OF OPERATIONS	40.00	1				Х		109,028.	0.	10,783.
(4) JOYCE WANG	2.00							,		
SECRETARY		Х		Х				0.	0.	0.
(5) GINA FALSETTO	2.50									
BOARD MEMBER		Х						0.	0.	0.
(6) SARAH T. MAYER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAWN KAMALANATHAN	2.00									
CHAIR		Х		Х				0.	0.	0.
(8) YVETTE ROGERS	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) SARAH PENDORFF	2.00	ļ								
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(10) DAVID STEER	2.00	١								•
VICE CHAIR	1 2 00	Х		Х	<u> </u>			0.	0.	0.
(11) RAY SCHREIBER	2.00	ļ ,,							0	0
BOARD CHAIR	2 00	Х			<u> </u>			0.	0.	0.
(12) ALISON TORBITT	2.00	x						0.	0.	0.
BOARD MEMBER	2.00	^			⊢			0.	0.	0.
(13) SARAH JONES BOARD MEMBER	4.00	X						0.	0.	0.
(14) BRIAN WIEDENMEIER	40.00	┝	\vdash	\vdash	\vdash	\vdash		0.	0.	<u> </u>
EXECUTIVE DIRECTOR (CURRENT)	=0.00	1		x				0.	0.	0.
EMEGITAL DIRECTOR (CORRENT)				71				0.	0.	
020007 10 02 00	1	_	_	_		_			1	Earm 990 (2020)

Part VII Section A. Officers, Directors, Tru (A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i			one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per id a di	rson	is bot	h an	compensation	compensatio			nount (of
	week (list any	<u> </u>	CCI aii		10010) i da	100)	from the	from related organization			other pensa	tion
	hours for	direct				D.			(W-2/1099-MIS			om the	
	related	tee or	ustee			en sa te		(W-2/1099-MISC)	(** =: * : : : : : : : : : : : : : : : :	-,		anizati	
	organizations	al trus	onal tr		loyee	comp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
		드	드	ð	-S	포등	요						
		1											
		-											
		-				_							
		1											
		1											
	+												
		1											
1b Subtotal		<u> </u>			<u> </u>	1	—	456,681.		0.	3	8,4	06.
c Total from continuation sheets to Part							•	0.		0.			0.
d Total (add lines 1b and 1c)								456,681.		0.	3	8,4	06.
2 Total number of individuals (including but	not limited to th	ose	liste	ed at	bove	e) wł	no re	eceived more than \$100	,000 of reportable	e			_
compensation from the organization												· I	<u></u> 3
O Diel the conseries time liet and formation of the				1			. 1- 1					Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		-	•		•	•	•		-		3		Х
4 For any individual listed on line 1a, is the								her compensation from					
and related organizations greater than \$1	•							•	•		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch į	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of		-								pens	ation f	rom	
the organization. Report compensation for (A)	r the calendar y	ear	enai	ng w	vitn	or w	itnir	the organization's tax y	year.		(C	<u> </u>	
Name and busines	s address	NO	INC	3				Description of s	ervices	C	ompei		า
							_						
							\dashv						
							\dashv						
							- 1						
Total number of independent contractors	(including but n	ot li	mite	d to		_	sted	d above) who received m	nore than				
Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li:	sted	d above) who received m	nore than			990 (r	

032008 12-23-20

FRIENDS OF THE URBAN FOREST

Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response or	note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	All other contributions, gifts, grants, and similar amounts not included above	72,937.	4,045,773.			sections 512 - 514
- "		<u>'' </u>	Total. Add lines 1a-1f	usiness Code	1,013,773			
ervice Je	2	a ! b	<u>1</u>	561499	16,989.	16,989.		
Program Service Revenue		c d						
입	(е -	<u></u>					_
_	1		All other program service revenue		16,989.			
$\overline{}$			Total. Add lines 2a-2f		10,909.			
	3		Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond produced to the control of tax-exempt bond produced to t	> ceeds >	185.			185.
	5	١	Royalties					
			Gross rents 6a	(ii) Personal				
			' " 					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Othor				
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ø			Less: cost or other basis					
Revenue			and sales expenses					
ě								
⋇	ο.	u i	Net gain or (loss) Gross income from fundraising events (not					
ğ	0	i	including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
	-		Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9 :	а	Gross income from gaming activities. See					
		ı	Part IV, line 19 9a					
			Less: direct expenses 9b					
	(c I	Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
-	- '	С	Net income or (loss) from sales of inventory					
snc	11 :	2	B	usiness Code				
nec		a b						
ella		C.						
Miscellaneous Revenue		-	All other revenue					
≥			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		4,062,947.	16,989.	0.	185.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	plete all columns. All othuse or note to any line in		, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	221,632.	110,816.	66,490.	44,326
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,571,663.	1,237,760.	73,701.	260,202
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		4.4.		4 =
9	Other employee benefits	226,645.	191,870.	16,968.	17,807
10	Payroll taxes	146,087.	112,041.	10,496.	23,550
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	15,188.		15,188.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	91,408.	71,241.	20,167.	
12	Advertising and promotion	1,056.	1,056.		
13	Office expenses	14,167.	13,845.		322
14	Information technology				
15	Royalties				
16	Occupancy	192,007.	144,391.	15,010.	32,606
17	Travel	520.	520.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		F.C. C.E.O.		10 505
22	Depreciation, depletion, and amortization	75,344.	56,659.	5,890.	12,795
23	Insurance	74,874.	56,306.	5,853.	12,715
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	E10 C1E	E10 C1E		
а	TREE PLANTING	510,617.	510,617.		F 0.60
b	EQUIPMENT RENTAL AND RE	87,744.	82,647.	29.	5,068
С	TELECOMMUNICATIONS	35,120.	26,411.	2,745.	5,964
d	PRINTING AND GRAPHICS	26,159.	977.	11 100	25,182
е	· —	47,896.	31,550.	11,169.	5,177
25	Total functional expenses. Add lines 1 through 24e	3,338,127.	2,648,707.	243,706.	445,714
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Part X Balance Sheet

ran	L X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			591,701.	1	495,920
	2	Savings and temporary cash investments			1,767,991.	2	2,199,726
	3	Pledges and grants receivable, net			666,234.	3	1,149,101
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
13	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,082.	8	1,586
⋖	9	Prepaid expenses and deferred charges			35,035.	9	22,052
	10a	Land, buildings, and equipment: cost or other		500 455			
		basis. Complete Part VI of Schedule D	10a	588,166.	225 424		0.50 50 0
	b	Less: accumulated depreciation		319,469.	337,431.	10c	268,697
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		15 025	14	15 025	
	15	Other assets. See Part IV, line 11			15,035.	15	15,035
	16	Total assets. Add lines 1 through 15 (must ed		1	3,416,509.	16	4,152,117
	17	Accounts payable and accrued expenses		182,534.	17	193,322	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		of Schedule D	es 17-24). Complete Part A		25	
	26	Total liabilities. Add lines 17 through 25			182,534.	26	193,322
	20	Organizations that follow FASB ASC 958, c			102/3310	20	1937322
Ses		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			3,183,975.	27	3,783,795
Pa	28	Net assets with donor restrictions			50,000.	28	175,000
		Organizations that do not follow FASB ASC					
7		and complete lines 29 through 33.	,	ŕ			
S 0	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
₩ I	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • • •	3,233,975.	32	3,958,795
	33	Total liabilities and net assets/fund balances			3,416,509.	33	4,152,117

Form	1990 (2020) FRIENDS OF THE URBAN FOREST	94-269	9528	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,062	2,9	<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,338		
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,233	3,9	<u>75.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
	column (B))	10	3,958	3,7	<u>95.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF THE URBAN FOREST **Employer identification number** 94-2699528

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		· ·			ii).	
4	一	A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the hoopital o haine,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C				.	()	
6	v	A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	· · · ·	•		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	, ,	, aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·				
		organization. You must o						, a p p a g
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	avina
~		control or management o	•					-
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								• •
		that is not functionally int	-		-		-	iveriess
		requirement (see instruct	•	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.		
f		er the number of supported of						
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	162	NO	,	, , , , , , , , , , , , , , , , , , ,
Γota	11							I

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	7.	iso complete r are	•						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Gifts, grants, contributions, and	`,'	, ,	, ,	, ,	, ,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	2496009.	3609879.	3581860.	3749735.	4045773.	17483256.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	0.4.0.6.0.0.0	262255	2524262	2542525	404555	45400056			
4	Total. Add lines 1 through 3	2496009.	3609879.	3581860.	3749735.	4045773.	17483256.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						45400056			
	Public support. Subtract line 5 from line 4.						17483256.			
	ction B. Total Support				T	г				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019 3749735.	(e) 2020	(f) Total 17483256.			
	Amounts from line 4	2496009.	3609879.	3581860.	3/49/35.	4045//3.	1/483256.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	2 215	1 014	002	400	105	F 700			
	and income from similar sources	3,215.	1,014.	883.	492.	185.	5,789.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						17489045.			
11	• • • • • • • • • • • • • • • • • • • •	-4- /!4:4!	\				502,935.			
12	Gross receipts from related activities,			fourth or fifth toy		12	302,333.			
13	First 5 years. If the Form 990 is for the organization, check this box and stop						\sim			
Sec	etion C. Computation of Publi		rcentage							
	Public support percentage for 2020 (I			column (f))		14	99.97 %			
	Public support percentage from 2019					15	99.91 %			
	33 1/3% support test - 2020. If the o									
	stop here. The organization qualifies	•		•		•				
b	33 1/3% support test - 2019. If the o									
	and stop here. The organization quali	-								
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□			
18	Private foundation. If the organizatio	n did not check a								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	, ,	,				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
ocquired ofter June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is						
regularly carried on					-	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
						<u></u> ▶∟
Section C. Computation of Public						
15 Public support percentage for 2020 (lin					15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves						
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations			
_	When a section to the second section to the second section and the second section to the section of the section to		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		25		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Da	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizatione /		4 2033320 Fage /
		(a)(a) Supporting Orga	amzations (continu	ıed)	0
	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is .	3	
4_	Amounts paid to acquire exempt-use assets	- 'd- d-1-'l- '- D- 13M)		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount		Г	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Evene distributions commence to 2001 Add lines 2				

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
-	
•	
_	

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

94-2699528

2020

Name of the organization Employer identification number

FRIENDS OF THE URBAN FOREST

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

FRIENDS OF THE URBAN FOREST

94-2699528

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 595,953.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,576,984.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 416,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ <u></u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF THE URBAN FOREST

94-2699528

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** 94-2699528 FRIENDS OF THE URBAN FOREST Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE URBAN FOREST

Employer identification number 94-2699528

Pai		ed Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		2 200					
	, ,	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring					
	impermissible private benefit?							
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area					
	Protection of natural habitat	Preservation of a	certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ear	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year					
								
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year					
_	> \$							
8	Does each conservation easement reported on line 2(d) above	•						
_	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati	·						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the					
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats					
I al	Complete if the organization answered "Yes" on Form		nei olilliai Assets.					
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works					
ıa	, .	'						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
h	If the organization elected, as permitted under FASB ASC 95							
b	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre							
_	the following amounts required to be reported under FASB A	·	ga, provido					
а	Revenue included on Form 990, Part VIII, line 1	_	> \$					
	Assets included in Form 990, Part X							

032051 12-01-20

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

268,697.

e Other

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

Schedule D (Form 990) 2020 FRIENDS OF	THE URBAN FOR	EST 9	4-2699528 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	* '	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	1 (1) D
·) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.))	<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(7) (8)

Sche	dule D (Form 990) 2020 FRIENDS OF THE URBAN FORES!	r	94-2	2699528 Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	4,062,947			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1		3	4,062,947			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c	0 .			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,062,947			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Retu	rn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1	3,338,127			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e	0 .			
3	Subtract line 2e from line 1		3	3,338,127			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b		4c	0 .			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,338,127			
Pa	t XIII Supplemental Information.						
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.					
PAI	RT X, LINE 2:						
THE ORGANIZATION FOLLOWS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE							
UNITED STATES RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.							
ADOPTION OF THESE PROVISIONS DID NOT HAVE ANY IMPACT ON THE ORGANIZATION'S							
LIZ	BILITY FOR UNRECOGNIZED TAX LIABILITIES. 1	MANAGEMENT BELII	EVES	THAT THE			
ORGANIZATION HAS ADEQUATELY ADDRESSED ALL TAX POSITIONS AND THAT THERE ARE							
NO UNRECORDED TAX LIABILITIES.							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

FRIENDS OF THE URBAN FOREST

Employer identification number 94-2699528

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year did any parson listed on Form 000 Part VII. Section A. line 1s, with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
•		4a		Х			
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
11 163 to any or lines 42.6, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DANIEL FLANAGAN	(i)	200,000.	0.	0.	0.	27,623.	227,623.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)						-	
	(ii)							
	(i)							
	(ii)							<u> </u>

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Internal Revenue Service

Name of the organization

FRIENDS OF THE URBAN FOREST

Employer identification number 94-2699528

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

TO PROMOTE A LARGER & HEALTHIER URBAN FOREST AS PART OF THE URBAN

ECOSYTEM IN SAN FRANCISCO WITH COMMUNITY PLANTING, MAINTENANCE,

EDUCATION & ADVOCACY.

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN
REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND FINANCE COMMITTEE. THIS
GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE
OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE
NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS
OF THE ORGANIZATION'S VOTING BODY ON THEIR REQUEST. A BOARD MEMBER AND
OFFICER SIGNS AND MAILS THE RETURN TO THE DEPARTMENT OF THE TREASURY.

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

THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

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

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FRIENDS OF THE URBAN FOREST	Employer identification number 94-2699528
ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. E	FFORTS ARE MADE TO
SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER T	O DETERMINE
COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY E	FFORT IS MADE TO
ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN AC	CORDANCE WITH IRS
GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES	s
FORM 990, PART VI, SECTION C, LINE 18:	
ALL OF THE ORGANIZATION'S TAX FILINGS ARE MAINTAINED IN A	SECURE
ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTH	ORITIES AND THE
GENERAL PUBLIC.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL	STATEMENTS AND
OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMEN	IT AND HELD
AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENER	AL PUBLIC.
FORM 990 PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE ITS AUDITOR SELECTION OR	REVIEW PROCESS
DURING THE YEAR.	