Form 990

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2020 Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change TREES FOR LIFE, INC. Doing business as 48-0979347 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 3006 W. ST. LOUIS Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated WICHITA KS 67203 G Gross receipts \$ 327,019 Amended return Name and address of principal officer: X No Application pending H(a) Is this a group return for subordinates? Yes SIMMI DALLA 3006 W SAINT LOUIS ST H(b) Are all subordinates included? No WICHITA KS 67202 If "No." attach a list. See instructions X 501(c)(3) Tax-exempt status 501(c) ( ◀ (insert no.) 4947(a)(1) or WWW.TREESFORLIFE.ORG Website: H(c) Group exemption number X Corporation Trust Association Form of organization: Other > Year of formation: 1984 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO CREATE HOPE THROUGH A MOVEMENT IN WHICH Activities & Governance PEOPLE JOIN HANDS TO BREAK THE CYCLE OF POVERTY AND HUNGER AND CARE FOR OUR EARTH. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 19 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 310,489 280,414 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,679 46,605 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 394,168 327.019 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (Å), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 129,864 141,451 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 45,229 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 273,419 225,555 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 403,283 367,006 19 Revenue less expenses. Subtract line 18 from line 12 -9,115-39,987 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 675,262 659,189 21 Total liabilities (Part X, line 26) 5,938 29,852 22 Net assets or fund balances. Subtract line 21 from line 20 669,324 629,337 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here SIMMI DALLA PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check PTIN Paid DERRY A. LARSON DERRY A. LARSON 11/11/21 self-employed P00967244 Preparer LARSON & COMPANY, P.A. Firm's name Firm's EIN ▶ 48-1089910 Use Only 200 W. DOUGLAS AVE. STE. 1000 WICHITA, KS 67202 316-263-8030 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form 990 (2020) TREES FOR L	IFE, INC.	48-0979347	Page <b>2</b>
	am Service Accomplishments		
Check if Schedule C	contains a response or note to a	any line in this Part III	
1 Briefly describe the organization's m	vission:		
THE ORGANIZATION'S	MISSION IS TO CREAT	E HOPE THROUGH A MOVEME	NT IN WHICH
PEOPLE JOIN HANDS	O BREAK THE CYCLE O	F POVERTY AND HUNGER AN	D CARE FOR OUR
EARTH.			D GIAGO FOR OOK
	•••••	***************************************	
2 Did the organization undertake any s	cignificant program convices during the us		
prior Form 990 or 990-EZ?			T (9)
If "Yes," describe these new service	C-b-d-1- O		Yes X No
- ' 0	ng, or make significant changes in how it	· · · =	
services?			Yes X No
If "Yes," describe these changes on			
4 Describe the organization's program	service accomplishments for each of its	three largest program services, as measured by	<i>'</i>
		rt the amount of grants and allocations to others	<b>;</b> ,
the total expenses, and revenue, if a	ny, for each program service reported.		
4a (Code:) (Expenses \$	255,183 including grant	s of \$ ) (Revenue	\$ )
THE ORGANIZATION'S	MAIN PROGRAM IS PROV	VIDING FUNDING. EDUCATI	ON AND
MANAGEMENT TO PLANT	TREES IN DEVELOPING	G COUNTRIES, THE ORGANI	ZATION ALSO
ESTABLISHES LIBRARI	ES IN THESE COUNTRIS	ES FOR EDUCATIONAL PURP	OSES
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4b (Code: ) (Expenses \$	including grants	s of \$) (Revenue	\$)
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4- (0 1 -			
4c (Code: ) (Expenses \$	including grants	of \$) (Revenue	\$)
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4d Other program services (Describe on	Schedule ()		
	•	) /D	
(Expenses \$	including grants of \$ 255,183	) (Revenue \$	
4e Total program service expenses ►	255,183		

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  complete Schedule A	Yes No X X X X X X X X
2 Is the organization required to complete Schedule 6, Schedule of Contributors (see instructions)?  2 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 II  3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as section 601(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization from 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 V  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  110 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  11 If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," com	x x x x x
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"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	
12b	v
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule F	X
14a Did the organization maintain on office analysis and the United City of the United States	
b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	X
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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	X_
for any forming against the Ostalian and Association and Assoc	<b></b>
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  15  16  17  18  18  18  19  19  19  19  19  19  19	X_
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	7
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of groups income from a didition on D. A.VIII. III. 0.00	<u> </u>
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u> </u>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ł
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	x

Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 Х 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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 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 Х 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV X 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Х 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Х 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X Part 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Form 990 (2020) TREES FOR LIFE, INC. 48-0979347 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a If "Yes," enter 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 shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? þ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? 12a 12a

Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

the organization is licensed to issue qualified health plans

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

c Enter the amount of reserves on hand

Is the organization licensed to issue qualified health plans in more than one state?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year? X X 16

14b

13a

13b

Form 990 (2020)

X

13

14a

þ

15

Form 990 (2020) TREES FOR LIFE, INC. 48-0979347 Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 19 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. Enter the number of voting members included on line 1a, above, who are independent 18 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
describe in Schedule O how this was done	12c		
Did the organization have a written whistleblower policy?	13		X
Did the organization have a written document retention and destruction policy?	14		Х
Did the process for determining compensation of the following persons include a review and approval by		54.W	4 g (4 g)
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		1
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).	13.4		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.1346		
with a taxable entity during the year?	16a		X
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	145		
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		17/3	
organization's exempt status with respect to such arrangements?	16b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  13  Did the organization have a written document retention and destruction policy?  14  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  13  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

<u>sec</u>	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website Upon request Other (explain on Schedule O)
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

TREES FOR LIFE, INC.

3006 W. SAINT LOUIS ST

KS 67203

316-945-6929

WICHITA

	Form 990 (2020	TREES	FOR	LIFE.	INC.
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48-0979347

Page 7

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

(1) JEFFREY FAUS  40.00 SECRETARY  (2) STEVE CARTER  1.00 DIRECTOR  (3) CHARLES EBY  1.00 DIRECTOR  (4) BUNNY HILL  1.00 DIRECTOR  (5) SHERIL LOGAN  1.00 DIRECTOR  (0) OO  (3) CHARLES COV  (1) JERCTOR  (1) OO  (2) STEVE CARTER  1.00 DIRECTOR  (0) OO  (3) CHARLES COV  (4) BUNNY HILL  1.00 DIRECTOR  (0) OO  (3) CHARLES COV  (4) BUNNY HILL  (5) SHERIL LOGAN  DIRECTOR  (0) OO  (3) CHARLES COV  (4) BUNNY HILL  (5) SHERIL LOGAN  DIRECTOR  (7) NANCY MCCOY  (8) HALL MCCOY  1.00 DIRECTOR  (0) OO  (3) CHARLES COV  (4) BUNNY HILL  (5) SHERIL LOGAN  (6) HALL MCCOY  (7) NANCY MCCOY  (8) MICHAEL NORTON  DIRECTOR  (0) OO  (8) MICHAEL NORTON  1.00 DIRECTOR  (0) OO  (1) OO  (1) OO  (2) COV  (3) CHARLES COV  (4) COV  (5) SHERIL LOGAN  (6) HALL MCCOY  (7) NANCY MCCOY  (8) MICHAEL NORTON  (9) REED OPPENHEIMER  1.00 DIRECTOR  (0) OO  (1) ADAM SMITH  1.00 DIRECTOR  (0) OO  (1) ADAM SMITH  1.00 DIRECTOR  (0) OO  (1) JAP SMITH  (1) JAY SMITH  (1) JAY SMITH  (1) JAY SMITH	Check this box if neither the orga	,				izatio	on co	mpe	ensated any current officer,	director, or trustee.	
Color		Average hours per week (list any hours for	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both or/trus	n an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and
SECRETARY		organizations below	dividual trustee director	stitutional trustee	ficer	employee	ghest compensated nployee	ormer			related organizations
SECRETARY   0.00	(1) JEFFREY FAUS										
DIRECTOR   1.00   X   0   0   0   0   0   0   0   0	SECRETARY				x				44,510	o	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(2) STEVE CARTER										
1.00											
DIRECTOR		0.00	X						0	0	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(3) CHARLES EBY	1 00									
A   BUNNY HILL	DIRECTOR	*	v							0	
DIRECTOR		0.00	Α						U	U	<u> </u>
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(.,= ::::::::::::::::::::::::::::::::::::	1.00									
1.00	DIRECTOR	<b>*</b> * * * * * * * * * * * * * * * * * *	X						ol	o	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(5) SHERIL LOGAN							-			
1.00	DIRECTOR	h	x						0	O	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(6) HAL MCCOY								- V		
1.00		1.00									
1.00		0.00	X						0	o	0
DIRECTOR	(7) NANCY MCCOY			ĺ							
(8) MICHAEL NORTON  1.00  DIRECTOR  0.00 X  0 0 0 0  (9) REED OPPENHEIMER  1.00  DIRECTOR  0.00 X  0 0 0 0  (10) ADAM SMITH  1.00  DIRECTOR  0.00 X  0 0 0 0	D-TD-0000								_	_	
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0		0.00	X						0	0	0
DIRECTOR   0.00   X   0   0   0   0   0   0   0   0	(6)MICHAEL NORION	1 00		Ì		ı					
(9) REED OPPENHEIMER  1.00  DIRECTOR 0.00 X 0 0 0  (10) ADAM SMITH  1.00  DIRECTOR 0.00 X 0 0 0 0 0 11) JAY SMITH 1.00	DIRECTOR		x						n		0
1.00   0   0   0   0   0   0   0   0   0										<u> </u>	<u> </u>
(10) ADAM SMITH  1.00  DIRECTOR 0.00 X 0 0 0  (11) JAY SMITH  1.00		1.00									
DIRECTOR 0.00 X 0 0 0 0 0 0 1.00		0.00	X						0	o	0
DIRECTOR 0.00 X 0 0 0 0 0 (11) JAY SMITH 1.00	(10) ADAM SMITH										
(11) JAY SMITH 1.00	DIRECTOR		x				İ		0	o	0
				$\neg \dagger$	$\dashv$		$\neg \dagger$	-	<u> </u>	<u> </u>	
DIRECTOR 0.00 X 0 0	DIRECTOR	1.00	x						0	0	0

(A) Name and title	(B) Average hours per week	(0	do not	Po check	(C) sition	than	one	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director	Institution	Officer	Key employee	Highest compensated employee	<del>,</del>	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(12) CORNELIA STEV	!		<u> </u>			-				
DIRECTOR	1.00	X						o	0	
(13) JASON VANDECE						<del> </del>	<u> </u>	0	0	
DIRECTOR	1.00	x								
(14) VIK WALL	0.00	<u> </u>		ļ				0	0	
DIRECTOR	1.00	v								
(15) MARGALEE WRIG		X						0	0	
DIDECTION	1.00	7.								
DIRECTOR (16) SIMMI DALLA	0.00	X						0	0	(
	25.00							_		
PRESIDENT (17) STEVE KRAUSE	0.00			Х				0	0	
	1.00									
TREASURER (18) BECKY O'HEARN	0.00			Х				0	0	C
CHAIRPERSON	1.00			x				0		^
CHAIRFERSON	0.00			^				0	0	<u> </u>
	,									
1b Subtotal							<b>&gt;</b>	44,510		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S						<b>&gt;</b>	44,510		***************************************
2 Total number of individuals (incl	luding but not lim	ited t	to the				ve) w		0,000 of	
reportable compensation from the			0		···					Yes No
3 Did the organization list any form employee on line 1a? If "Yes," c	<b>ner</b> officer, direc o <i>mplete Schedu</i>	tor, t <i>le J f</i> e	ruste or su	e, ke ich in	ey er Idivid	nploy dual	yee,	or highest compensated		3 X
4 For any individual listed on line organization and related organization	1a, is the sum of	repo	rtabl	e coi	mpe	nsatio	on ar	nd other compensation from	n the	
individual										4 X
5 Did any person listed on line 1a for services rendered to the organ	receive or accru anization? <i>If "Yes</i>	e cor s," co	mper <i>mple</i>	isatio	on fro	om a dule u	ny ui I for .	nrelated organization or indi such person	ividual	5 X
Section B. Independent Contractor  1 Complete this table for your five		nata -	4 12-7	200-	do-		rect.	ore that received	\$400,000 -£	
compensation from the organiza	tion. Report com	pens	ation	n for	the o	calen	dar	year ending with or within th	e organization's tax year.	
Name and b	(A) pusiness address							Description	(B) on of services	(C) Compensation
								<del></del>		
		***************************************								
	**************************************									
2 Total number of independent cor							se lis	sted above) who		
received more than \$100,000 of	compensation fr	om th	ne or	gani	zatio	<u>n ▶</u>		· · · · · · · · · · · · · · · · · · ·	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt (C) (D) Revenue excluded Unrelated function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above . . . . . 280,414 1f g Noncash contributions included in lines 1a-1f 157,925 1g \$ h Total. Add lines 1a-1f 280,414 > Business Code Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f • Investment income (including dividends, interest, and other similar amounts) 46,605 46,605 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a Less: rental expenses Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue b Less: cost or other basis and sales exps. 7h c Gain or (loss) 7с Other d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ,..... of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses ..... 8b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory **Business Code** d All other revenue ..... Total. Add lines 11a-11d. 327,019 Total revenue. See instructions. 0 46,605

### Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other o	organizations must comp	lete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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			in a medical property of the second of the s	
	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				
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	129,654	97,241	25,931	6,482
8	Pension plan accruals and contributions (include	1 540			
_	section 401(k) and 403(b) employer contributions)	1,548	1,161	310	77
9	Other employee benefits	10 040			
10	Payroll taxes	10,249	7,687	2,050	512
11	Fees for services (nonemployees):				
a		40			
b		40	30	8	2
c d					
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,333	1,750	467	116
g	1	2,333	1,750	40/	116
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,613	1,210	323	
13	Office	5,125	3,845	1,026	80 254
14	Information technology	3,123	3,043	1,020	234
15	Royalties				
16	Occupancy	85,202	63,901	17,041	4,260
17	Travel	4,482	3,362	896	224
18	Payments of travel or entertainment expenses		0,002		££3
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,447	5,585	1,489	373
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	line 24e amount exceeds 10% of line 25, column			ses historia	
	(A) amount, list line 24e expenses on Schedule O.)				
а	VOLUNTEERS	80,000	60,000	16,000	4,000
b	CONTRACT LABOR	28,586			28,586
С	TRANSFERS	5,463	5,463		
d	SOFTWARE	5,264	3,948	1,053	263
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	367,006	255,183	66,594	45,229
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				
DAA	following SOP 98-2 (ASC 958-720)				- 000

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 153,433 1 98,810 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 12,777 6,434 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 571,460 571,460 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 503,219 548,112 11 Investments---other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 5,833 5,833 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) ..... 675,262 659,189 16 Accounts payable and accrued expenses ..... 17 5,938 17 18 Grants payable ..... 18 Deferred revenue \_\_\_\_\_ 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26,100 25 Total liabilities. Add lines 17 through 25 ..... 5,938 26 29,852 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 392,164 629,337 Net assets with donor restrictions 28 277,160 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30

Retained earnings, endowment, accumulated income, or other funds .....

Total net assets or fund balances

Total liabilities and net assets/fund balances .....

659,189 Form **990** (2020)

629,337

31

32

669,324

675,262

31

33

orn	1 990 (2020) TREES FOR LIFE, INC. 48-0979347			Pa	age <b>12</b>
Pa	art XI Reconciliation of Net Assets				· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part XI.			<i>.</i>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	27,	019
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	67,	006
3	Revenue less expenses. Subtract line 2 from line 1	3	•••	39,	987
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	69,	324
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)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6	29,	337
Pa	rt XII Financial Statements and Reporting			<i>-</i>	
	Check if Schedule O contains a response or note to any line in this Part XIJ				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			134	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7.7.	11134	3445
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1000	3.	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			4 J. M.	
	separate basis, consolidated basis, or both:		- X - A3	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	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			2 - 25	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	• • • • • • • • • • • • • • • • • • • •	-20	45.5	
	Schedule O.				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

За

3b

X

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

**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

Internal Revenue Service Name of the organization

Part I

Department of the Treasury

TREES FOR LIFE, INC.

Employer identification number 48-0979347 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Γhe	organization is	not a private foundation because	se it is: (For lines 1 through 12, ch		\				
1			sociation of churches described in			\/ <b>A</b> \/ ;\			
2			(A)(ii).(Attach Schedule E (Form			<b>ДАД</b> 1).			
3						***			
4			ce organization described in sect						
7			d in conjunction with a hospital de	escribed ii	n section	170(b)(1)(A)(III). Enter the hos	pital's name,		
5	city, and								
3			of a college or university owned o	r operate	d by a gov	vernmental unit described in			
6		170(b)(1)(A)(iv).(Complete Par							
6			overnmental unit described in se						
′	describe	d in section 170(b)(1)(A)(vi).(C	• •		nmental u	nit or from the general public			
8	A commu	nity trust described in section	<b>170(b)(1)(A)(vi)</b> .(Complete Part i	il.)					
9	An agricu	ltural research organization des	cribed in section 170(b)(1)(A)(i	x)operate	d in conju	nction with a land-grant college			
	or univer university	sity or a non-land-grant college o	of agriculture (see instructions). E	nter the r	name, city	, and state of the college or			
10	X An organ	zation that normally receives; (	1) more than 33 1/3% of its suppo	ort from co	ntribution	s, membership fees, and gross			
	receipts f	rom activities related to its exem	npt functions, subject to certain ex	ceptions;	and (2) n	o more than 331/3% of its			
	support fi	om gross investment income ar	nd unrelated business taxable inc	ome (less	section 5	11 tax) from businesses			
			0, 1975. See <b>section 509(a)(2).</b> (						
11			exclusively to test for public safet						
12	An organ	zation organized and operated o	exclusively for the benefit of, to pe	erform the	functions	of, or to carry out the purposes	5		
	of one or Check the	more publicly supported organize box in lines 12a through 12d th	rations described in <b>section 509(</b> nat describes the type of supportin	(a)(1) or s	ection 50	9(a)(2). See section 509(a)(3)	2a		
			erated, supervised, or controlled t				2 <b>9</b> .		
	the si	ipported organization(s) the pov	ver to regularly appoint or elect a	maiority d	of the dire	ctors or trustees of the			
	suppo	orting organization. You must c	omplete Part IV, Sections A ar	nd B.	or and and	otors or traditions or tric			
			pervised or controlled in connecti		s supporte	ed organization(s), by having			
	contro	of or management of the suppor	ting organization vested in the sa	me perso	ns that co	ntrol or manage the supported			
	organ	ization(s). <b>You must complete</b>	Part IV, Sections A and C.	,					
	Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
			dA supporting organization opera				s)		
	that is	not functionally integrated. The	organization generally must satis	sfy a distr	ibution red	quirement and an attentiveness	- /		
	requir	ement (see instructions). <b>You n</b>	nust complete Part IV, Section	s A and	D, and Pa	art V.			
	e Check	this box if the organization reco onally integrated, or Type III non	eived a written determination from -functionally integrated supportin	n the IRS g organiz	that it is a ation.	Type I, Type II, Type III			
		number of supported organization					ſ		
	g Provide th	e following information about the	e supported organization(s).						
(i)	Name of supported	(ii) EiN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of	
	organization		(described on lines 1–10	1 .	ur governing	support (see	other support		
		İ	above (see instructions)		ment?	instructions)	instructions	5)	
<u> </u>				Yes	No				
A)									
 В)									
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tal						**************************************			
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Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	Section A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 201 <b>7</b>	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4		***************************************							
Sec	tion B. Total Support	<del></del>								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4			· · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities, etc. (s	see instructions)	······································	<u> </u>		12				
13	First 5 years. If the Form 990 is for the organization	anization's first, sec	and third fourth o	r fifth tax vear as a	section 501(c)(3)	<u>L'-</u> L	**************************************			
	organization, check this box and stop here			=	, ,, ,		<b>&gt;</b> [			
Sec	tion C. Computation of Public Sur		ле		·····		·····			
14	Public support percentage for 2020 (line 6, o			))		14	%			
15	Public support percentage from 2019 Sched	lule A. Part II, line 1	4	" ····································		15	%			
16a	33 1/3% support test—2020. If the organiz	ation did not check	the box on line 13.	and line 14 is 33 1	/3% or more, chec	k this				
	box and stop here. The organization qualifie						▶ □			
b	33 1/3% support test—2019.If the organiz		-		33 1/3% or more.	check	ــا ٠٠٠٠٠٠٠٠			
	this box and <b>stop here</b> . The organization qu						<b>&gt;</b>			
l7a	10%-facts-and-circumstances test—202	0. If the organization	did not check a bo	x on line 13, 16a.	or 16b. and line 14	is	===============================			
	10% or more, and if the organization meets									
	Part VI how the organization meets the "fact									
	organization						<b>&gt;</b>			
b	10%-facts-and-circumstances test—2019	9. If the organization	did not check a bo	ox on line 13, 16a.	16b. or 17a. and lir					
	15 is 10% or more, and if the organization m									
	in Part VI how the organization meets the "fa									
	organization						▶ □			
8	Private foundation. If the organization did r	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see					
	instructions						<b>&gt;</b>			

### 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.)

Se	ction A. Public Support	quality artaor tric	Toble field b	siow, piodeo co	improte i dit ii.)		
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	169,457	127,113	426,591	310,489	280,414	1,314,064
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	169,457	127,113	426,591	310,489	280,414	1,314,064
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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.)						1 214 064
Sec	tion B. Total Support	<u> </u>	L	<u>l</u>	<u>-</u>		1,314,064
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	169,457	127,113	426,591	310,489	280,414	1,314,064
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,017	90,025	-38,629	83,679	46,605	235,697
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	54,017	90,025	-38,629	83,679	46,605	235,697
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1500		
3	Total support. (Add lines 9, 10c, 11, and 12.)	223,474	217,138	387,962	394,168	327,019	1 540 761
4	First 5 years. If the Form 990 is for the orga					327,019	1,549,761
	organization, check this box and stop here						<b>&gt;</b> []
Sect	ion C. Computation of Public Sup	port Percentag	е	*************		***************************************	
5	Public support percentage for 2020 (line 8, o	column (f), divided by	line 13, column (f	())		15	84.79 %
6	Public support percentage from 2019 Sched	lule A, Part III, line 15	· 			16	85.70%
Sect	ion D. Computation of Investmen	t Income Percer	ntage				
7	Investment income percentage for 2020 (line	e 10c, column (f), div	ided by line 13, co	olumn (f))		17	15%
8	Investment income percentage from 2019 S	chedule A, Part III, lir	17			امدا	14%
<b>9</b> a	33 1/3% support tests—2020. If the organi		the box on line 14	, and line 15 is mor	e than 33 1/3%, an	id line	
	17 is not more than 33 1/3%, check this box	and <b>stop here.</b> The	organization quali	fies as a publicly su	upported organizati	on	<b>&gt;</b> X
	33 1/3% support tests—2019. If the organi	zation did not check	a box on line 14 o	r line 19a, and line	16 is more than 33	1/3%, and	
	line 18 is not more than 33 1/3%, check this						
0	Private foundation. If the organization did r	not check a box on lir	ne 14, 19a, or 19b	, check this box and	d see instructions .		<b>&gt;</b>

# Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Ore

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

- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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.
- 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).
- 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.)

	V	NI.
	Yes	No
1		
2 3a		1 8 <sub>9</sub> ) 1 4 4
15. St.		
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3c 4a		AVE
4b		
4c		
5a	1 ( 14) 1 ( 14)	
5b		
5c		
6		
7	er SA.	489.50 413.00
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<b>9</b> a		
9Ь		S E S
9c		
10a		
10b		EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

_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	, , , , , , , , , , , , , , , , , , , ,	11b		
С	, part at the street of the above in the training from the provide			F KANAGAS
	detail in Part VI.	11c		<u> </u>
Sect	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		2 8 39 g	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		4.5500.7	
	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	** *		1 4 4 5 4
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 3		133
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
	ion of Type is outporting organizations			T
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Sect	ion D. All Type III Supporting Organizations		<del></del>	
		T	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		- 1 3 3	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	L Maria		
	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 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	1.38
	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		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction and the state of the	ons). r		<u></u>
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 <b>Part VI identify</b>			
	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.	2-	1 17 41	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a	341174	3.545.525.11
-				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	1333	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-7	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		J. 3. 15
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3h	İ	

Schedule A (Form 990 or 990-EZ) 2020 TREES FOR LIFE, INC.		48-0979	347 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Suppo			
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 organi	zations must complete	Sections A through E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Not Teal	(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		
Section 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):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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		
Section 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-functionally i		oorting organization	
(see instructions).	3		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

	n 990 or 990-EZ) 2020	TREES	FOR	LIFE,	INC.		48-0979347	Page t
Part VI	III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	formation. P /, Section A, li Part IV, Section /, line 1; Part	rovide ines 1, on C, lir V, Sec	the explar 2, 3b, 3c, ne 1; Part tion B, line	nations req 4b, 4c, 5a IV, Sectior e 1e; Part \	uired by Part II, line 10; , 6, 9a, 9b, 9c, 11a, 11t n D, lines 2 and 3; Part V, Section D, lines 5, 6, information. (See instru	Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V.	17b; Part Section 1c, 2a, 2b.
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

2020

TREES FOR LIFE, INC. 48-0979347 Organization type (check one): Filers of: Section: **X** 501(c)( Form 990 or 990-EZ 3 ) (enter number) organization 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  $|\mathbf{X}|$  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 331/3% 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 Employer identification number

q	TREES FOR LIFE, INC.		40 (	1070247
		do on Other Circles Free S		0979347
Г	Part I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F	form 900 Port IV line 6	counts	•
	Complete if the organization answered Tes Off	T T		
4	Total purples at and of uses	(a) Donor advised funds		(b) Funds and other accounts
1				
2	33 -9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
3	33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			
4				
5	and the state of t			functional functional
_	funds are the organization's property, subject to the organization's exclus			Yes No
6	and a series of a			
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	<u> </u>		Yes No
۲	art II Conservation Easements.	000 Deat N/ 1' - 7		
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (for example, recreation or educat			
	Protection of natural habitat	Preservation of a certified histo	oric struc	ture
_	Preservation of open space			
2	1	ation contribution in the form of a conservati	on	7
	easement on the last day of the tax year.			Held at the End of the Tax Year
а		***************************************	2a	
b	Total acreage restricted by conservation easements		2b	
С	<ul> <li>Number of conservation easements on a certified historic structure include</li> </ul>	ed in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization o	during the	e
	tax year ▶			
4	Number of states where property subject to conservation easement is local			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi	olations, and enforcing conservation easem	nents dur	ing the year
	<b>•</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conservation easements	during t	he ye <b>a</b> r
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easement	s in its revenue and expense statement and	1	horse-mad temporal of
	balance sheet, and include, if applicable, the text of the footnote to the org	anization's financial statements that describ	es the	
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of Art, H	istorical Treasures, or Other Sim	nilar As	ssets.
	Complete if the organization answered "Yes" on Fo			
1a	If the organization elected, as permitted under FASB ASC 958, not to repo			i
	of art, historical treasures, or other similar assets held for public exhibition		ublic	
	service, provide in Part XIII the text of the footnote to its financial statemen			
b	If the organization elected, as permitted under FASB ASC 958, to report in			
	art, historical treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of publ	ic service	9,
	provide the following amounts relating to these items:			
	(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 treasures, or oth	ner similar assets for financial gain, provide	the	
	following amounts required to be reported under FASB ASC 958 relating to			
а	Revenue included on Form 990, Part VIII, line 1			\$
<b>L</b>	Assets included in Form 000, Ded V			

Р	art III Organizations Maintainir	ng Collections of	Art, Historical T	reasures, o	r Other Simi	lar Ass	ets	(contin		Page 4
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the follo	owing that make	e significant use	of its		100/11//	<u>uou</u> ,	
а	Public exhibition	d	Loan or exchange pr	rogram						
b	Scholarly research	e	Other	-9.2						
С	Preservation for future generations	Newson of					•			
4	Provide a description of the organization's of	collections and explain	how they further the o	organization's ex	kempt purpose i	n Part				
	XIII.		·		, , ,					
5	During the year, did the organization solicit	or receive donations of	f art, historical treasure	es, or other sim	ilar					
	assets to be sold to raise funds rather than							. T	es	No
Pa	art IV Escrow and Custodial Ar	rangements.								
	Complete if the organization	n answered "Yes"	' on Form 990, Pa	art IV, line 9,	or reported a	ın amo	unt or	Form		
	990, Part X, line 21.					<del></del>		···		·····
та	Is the organization an agent, trustee, custoo								r	,
	included on Form 990, Part X?							. Y	es	No
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:							
_	Decimals a balance							Amour	<u>ıt</u>	
C L	Beginning balance					1c	······································			
a	Additions during the year					1d				
e	Distributions during the year					1e				
f 2a		······································				1f		<u></u>		
£a h	Did the organization include an amount on F	Orm 990, Part X, line 2	(1, for escrow or custo	dial account lia	bility?				es	No
Pa	If "Yes," explain the arrangement in Part XIII  Art V Endowment Funds.	. Crieck here if the exp	nanation has been pro	vided on Part X	(III				<u>l</u>	
	Complete if the organizatio	n answered "Vos"	on Form 000 Po	rt IV/ line 10						
	Complete if the organization	(a) Current year	(b) Prior year			Th	- 11	T ()=	<del></del>	
1a	Beginning of year balance	(a) carront year	(b) Hor year	(c) Two year	S Dack (d)	Three years	s Dack	(e) FO	ır years	раск
h	Contributions									
	Net investment earnings, gains, and	1.1		1						
_	losses									
ď	Grants or scholarships									
е	Other expenditures for facilities and							<del> </del>		
	programs			]						
f	Administrative expenses					***************************************				·
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance (	line 1g. column (a)) h	eld as:						· · · · · · · · · · · · · · · · · · ·
а	Board designated or quasi-endowment	%	,e ,g, ee,a,,,,,,	0.0 00.						
	Permanent endowment ► %	***************************************								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses		on that are held and ad	dministered for	the					
	organization by:	-							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Itelated organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as required	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endowr	ment funds.					<u></u>		
	rt VI Land, Buildings, and Equi	pment.						***************************************		·····
	Complete if the organization	answered "Yes"	on Form 990, Par	t IV, line 11a	a. See Form 9	390, Pa	art X, I	ine 10.		
	Description of property	(a) Cost or other b		I I	(c) Accumula			(d) Book	value	
		(investment)	(oth	er)	depreciation	1				
1a	Land									
b	Buildings								***********	
С	Leasehold improvements							1971	****	
d	Equipment									
e	Other									
otal.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X.	column (B), line 10c.	)		<b>&gt;</b>			**********	

	(Form 990) 2020 TREES FOR LIFE, INC.		48-0979347	Page
Part VII		000 5 . 114 11	444 6	
	Complete if the organization answered "Yes" on Fo			
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia			Cost or end-or-year n	narket value
(1) Closely	al derivatives			
(2) Oloseiy	held equity interests			
(A)				
\∵/ (B)				
· · · · (C)				
(२)		· · · · · · · · · · · · · · · · · · ·		
(F)				
\≒/ (E)				
\'. / (G)				
(9) . (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			I	
· art vin	Complete if the organization answered "Yes" on Fol	rm 000 Part IV line	11a Sac Form 000 Part \	/ line 12
	(a) Description of investment	(b) Book value		
	(2) Secondarion of the Salmoni	(b) book value	(c) Method of val Cost or end-of-year m	
(1)			Cost of Charles year in	arket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			The state of the s
Part IX	Other Assets.			
. 4/1 //	Complete if the organization answered "Yes" on For	m 990 Part IV line	11d Soo Form 000 Port V	lino 15
·····	(a) Description	in 330, raitiv, inte	11d. See Form 990, Part X	(b) Book value
(1)	(a) Sociation			(b) Book Value
(2)				
(3)				
(4)				······································
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
. 4/1/	Complete if the organization answered "Yes" on For	m 990 Part IV line	110 or 11f Soc Form 000	Dort V
	line 25.	in 990, Fait IV, line	The of Th. See Form 990,	rait A,
1.	(a) Description of liability			/b) Realt webse
	income taxes			(b) Book value
(2) PPP				26,100
(3)				20,100
(4)				
(5)				
(6)				
(7)				
(8)				****
				· · · · · · · · · · · · · · · · · · ·
(9)	n/h) must oqual Form 000 Feet V and 700 '			06 100
	n (b) must equal Form 990, Part X, col. (B) line 25.)	- Also		26,100
	uncertain tax positions. In Part XIII, provide the text of the footnote to			
nyanization's	liability for uncertain tax positions under FASB ASC 740. Check here	e if the text of the footnote	e nas been provided in Part XIII .	

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Za	learn for the	
b	Donated services and use of facilities 2b	- 37	
С	Recoveries of prior year grants	- :	
d	1 Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	To the state of th		
b	7	·	
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	***************************************		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
	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		
t_			
D	Other (Describe in Part XIII.)		
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4c	
с 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide 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; Pa	5	
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide 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; Pa	5	
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide 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; Pa	5	
5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide 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; Pa	5	
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Schedule D (F	orm 990) 2020	TREES	FOR	LIFE,	INC.		48-0979	347	Page 5
Part XIII	Suppleme	ntal Inform	ation (	continued	)				
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# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

So to union form

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

OMB No. 1545-0047

2020

Open To Public Inspection

TREES FOR LIFE, INC.

Employer identification number 48-0979347

<u>P</u>	art I Types of Property	1			<b>*</b>			
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c)  Noncash contribution  amounts reported on	(d) Method of determinir noncash contribution am	•		
1	Art Works of art	4,7,1100.0	Norma contributed	Form 990, Part VIII, line 1g	noncasii communion am	Ounts		
2	Art — Works of art Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Books and publications Clothing and household							
J								
6	goods							
7	Cars and other vehicles							
8	Boats and planes							
9	Intellectual property Securities — Publicly traded							
10	Securities — Closely held stock	-						
11	Securities — Partnership, LLC,							
11	The state of the s							
12	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
14	Structures							
14	Qualified conservation							
4.5	contribution — Other							
15 16	Real estate — Residential						·····	
16	Real estate — Commercial							
17 40	Real estate — Other							
18	Collectibles							
19 20	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							······································
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(	37	4	155 005	***			
26	Other ► (	Х	1	157,925				
27	Other ► (							
28	Other ( )	L						
29	Number of Forms 8283 received by the							
	which the organization completed Forr	n 8283, Pa	rt IV, Donee Acknowledg	ement	29		Τ	T
٠	De teather than the						Yes	No
30a	During the year, did the organization re							
	28, that it must hold for at least three y			ribution, and which isn't req	uired	153	AND N.	
	to be used for exempt purposes for the		ding period?			30a		X
	If "Yes," describe the arrangement in F					' '		Tage 1
31	Does the organization have a gift acce	ptance poli	cy that requires the revie	w of any nonstandard				
	contributions?					31		X
12a	Does the organization hire or use third	parties or i	related organizations to s	olicit, process, or sell nonce	ash			
						32a		X
	If "Yes," describe in Part II.							North Control
3	If the organization didn't report an amo	unt in colur	nn (c) for a type of prope	rty for which column (a) is o	checked,			-3.77
	describe in Part II.					100	1,450	1384

Schedule M (For	m 990) 2020	TREES	FOR	LIFE,	INC.			48-0979	347		Page 2
Part II	the orga	<b>nental Info</b> nization is	<b>rmatio</b> reportin	<b>n.</b> Provide g in Part I	e the informa , column (b)	ation required ), the number t for any addi	d by Part I, of contribu	lines 30b, 3 itions, the ni	2b, and 33, a	nd whether as received,	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Inspection

48-0979347

Department of the Treasury Internal Revenue Service Name of the organization

TREES FOR LIFE, INC.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990for the latest information. Employer identification number

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 IS REVIEWED BY AN OFFICER BEFORE IT IS FILED
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION IT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.
• • • • • • • • • • • • • • • • • • • •

TRE47 Trees for Life, Inc. 48-0979347

FYE: 12/31/2020

# **Federal Statements**

**Taxable Dividends from Securities** 

Description				
	Amount	Unrelated Exclus Business Code		US Obs (\$ or %)
INTEREST INCOME				
	\$ 15,783		32	
TOTAL	\$ 15,783			