EXTENDED TO NOVEMBER 15, 2017

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A For the 2016 caiendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change TULEYOME Name change 68-0522325 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 607 NORTH STREET 530-350-2599 1,505,118. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 95695 WOODLAND, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANDREW FULKS X No for subordinates? Yes SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ► WWW.TULEYOME.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile; CA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) <u>10</u> 4 9 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) <u>30</u> 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 407,213 1,492,329. 3.148. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 414. 239 7,045. 12,375. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 417,645 1,505,118. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 226,537 184,202. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 192,000. 1,031,084. 1,215,286. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 418,537. 289,832. -892. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,912,562. Total assets (Part X, line 16) 1,312,786. 21 Total liabilities (Part X, line 26) 23,000. 332,834. 1,289,786. ,579,728. Net assets or fund balances. Subtract line 21 from line 20 Part II | 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 Date ANDREW FULKS, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid PATRICIA A. FAITH P00294123 Firm's name BFBA, LLP Preparer Firm's EIN 68-0000424 Firm's address 83 SCRIPPS DRIVE, STE 210 **Use Only** SACRAMENTO, CA 95825 Phone no. 916.924.0800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TULEYOME ENGAGES IN ADVOCACY AND ACTIVE STEWARDSHIP WITH DIVERSE
	COMMUNITIES TO CONSERVE, ENHANCE, RESTORE, AND ENJOY THE LANDS IN THE
	REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 648,238. including grants of \$) (Revenue \$ 556,148.)
	THE CORONA AND TWIN PEAKS MINES PROGRAM IS TO DEVELOP AND DEMONSTATE A
	COST-EFFECTIVE LEGAL APPROACH FOR MINE REMDIATION INVOLVING PRIVATE
	LANDOWNERS, NON-PROFIT ORGANIZATIONS, REGULATORS, AND OTHER
	STAKEHOLDERS. THIS PROJECT WILL DESIGN, IMPLEMENT, AND DOCUMENT THE
	EFFECTIVENESS OF SEMI-PASSIVE TREATMENT TECHNOLOGY TO REMEDIATE THE
	IMPACTS OF DISCHARGES FROM REMOTE, INACTIVE MERCURY MINE SITES.
	106 262
4b	(Code:) (Expenses \$ 106,263. including grants of \$) (Revenue \$ 113,709.)
	THE LAKE BERRYESSA NORTH END TRAILS WILL REALIGN THE TRAIL TO CREATE A
	MORE SUSTAINABLE AND SAFER TRAIL AND TO ENSURE THAT THE NORTH END TRAIL
	IS A VIABLE SEGMENT OF THE LAKE BERRYESSA TRAIL. FREE SPAN BRIDGES AND
	BOARDWALKS WILL BE INSTALLED AT FORMER BRIDGE SITES, NEW TRAILHEAD GATES WILL REPLACE DETERIORATED ENTRANCE STRUCTURES, AND WET CROSSING
	GATES WILL REPLACE DETERIORATED ENTRANCE STRUCTURES, AND WET CROSSING
	CONSTRUCTED TO PROTECT THE NUMEROUS MINOR DRAINAGES IN THIS AREA. THE
	PROJECT INCLUDES DEVELOPING SOME NEW LOOP TRAILS TO PROVIDE ALTERNATIVE ROUTES AND BETTER ACCESS TO THE NORTH SHORE AREA.
	ROUTES AND BETTER ACCESS TO THE MORTH SHORE AREA.
4c	(Code:) (Expenses \$ 93,959 • Including grants of \$) (Revenue \$ 99,000 •)
70	(Code:) (Expenses \$ 93,959. Including grants of \$) (Revenue \$ 99,000.) BSM PROGRAM - THE BERRYESSA SNOW MOUNTAIN PROGRAM HELPED TO PROTECT THE
	BERRYESSA SNOW MOUNTAIN REGION. THE PROGRAM PREPARES MATERIALS AND
	PARTICIPATES IN PUBLIC EDUCATION OUTREACH TO RAISE AWARENESS ABOUT THE
	CONSERVATION PROJECT.
	MEETS WITH LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES. MEETS WITH
	CIVIC ORGANIZATIONS, RECREATIONAL GROUPS, BUSINESS ORGANIZATIONS, AND
	NATIVE AMERICAN TRIBES TO DISCUSS CONSERVATION AREA.
	THE TENTE OF THE PROPERTY AND
4d	Other program services (Describe in Schedule O.)
-TU	4 122 702
4e	Total program service expenses 972,162.
10	7/2/15/20

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)? 1 If Yes," complete Schedule or direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including sasaments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation easement, including sasaments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization receive or an amount in Part X, line 21, for eacrow or oustodial account liability, serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII 10 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VIII, VIII, XI, or X as applicable. 10 Did the organization is an amount for investments - order nemiested in Part X, line 19 fit "Yes," complete Schedule D, Part X VIII bid to organization is an amount for winestments - order nemiested in Part X, line 19 fit is 5% or				Yes	No
2 X 2 Ib the organization regulared to complete Schedule B, Schedule of Contributore? 2 Did the organization engage in direct or initiotic political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as section 501(c)(d), 601(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.191 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization review or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization maintain collections of works of art, historical treasures, or criter similar assets? If "Yes," complete Schedule D, Part II I Did the organization, dereity or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V I Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I I If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X I II D II Did t	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization or 501(c/4), 501(c/6), 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 receive or fold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures 0" fives," complete Schedule C, Part III 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit compliance, debt management, organization, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part V II 12 Did the organization report an amount for investments - organization report as a mount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 14 Did the organization report an amount for	_		<u> </u>		
public office? If "Yes," complete Schedule C, Part I Section 501(Kg) 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 Is the organization a section 501(c)(l), 501(c)(l5), or 501(c)(l6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.191 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of If "Yes," complete Schedule D, Part II 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization amount in Part X, line 21, for secrow 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II Did the organization paper an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets			2		
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		18		х
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
10		complete Schedule G, Part III	19		X

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Statements Regarding Other IRS Filings and Tax Compliance

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

1s Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1				Yes	No			
b. Enter the number of Forms W-G3 included in line 1a. Enter 0-If not applicable Did the organization comply with backpy withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 22. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stetements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-line (see instructions) 30. Did the organization have unrelated business gross income of \$1.000 or more during the year? 32. A vary 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 accounts? 42. A vary 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 accounts (FBAR). 33. But the organization a partly to a prohibited tax shelter transaction at any time during the tax year? 44. A vary time for the security of the organization in the file file file file file file file fil	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize womens? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If the sum of lines is a and 2 as is greater than 250, you may be required to e-file (see instructions). If it less an one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is a and 2 as is greater than 250, you may be required to e-file (see instructions). If it less is a sum of the sum of lines is a possible of li								
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year occered by this refuge to the statements of the calendar year ending with or within the year occered by this refuge to the file of the calendar year ending with or within the year occered by this refuge to the file (see instructions) 3 bit if a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X X bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 bit where the name of the foreign country. 5 bit "Yes," another the name of the foreign country. 5 bit "Yes," another the name of the foreign country. 5 bit "Yes," another the name of the foreign country. 5 bit old any taxel pertyr northy the organization that end it was or is a party to a prohibitor tax ware? 5 bit old any taxel pertyr northy the organization file Form 886617 6 c If "Yes," to line 5a or 55, did the organization file Form 886617 6 c 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? 6 bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 bit he organization receive deductible contributions under section 170(c). 8 bit he organization selection of the value of the goods or services provided? 7 bit he organization selection and the services of \$75 made party as a contribution and party for goods and services provided to the payor? 7 bit he organization selection and the services of \$75 made party as a contribution and party for goods an	С							
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 12a 11b 14a 15b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 14a 15c 15c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16	а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ļ				
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 111 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 15 c Enter the amount of reserves on hand 15 c Inter the amount of reserves on hand 15 c Inter the amount of reserves any payments for indoor tanning services during the tax year? 14a X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 2 Inter the amount of reserves on hand 13c 14a X	10							
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X	120		120					
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	b				1			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~							
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				1121			
			14a		X			
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			1111
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		100	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			1113
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	····	х
6	Did the organization have members or stockholders?	6		X
-	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b	- 15	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	<u> </u>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	-		
·	in Schedule O how this was done	12c	X.	
13		13	-	X
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	-	100	-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	1
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.00		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		1
17	List the states with which a copy of this Form 990 is required to be filed J CA	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	nle	
.0	for public inspection. Indicate how you made these available. Check all that apply.	a v anal		
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	u ilital	·J·a·	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	ERIKA TRUJILLO - 530-350-2599			· .
	607 NORTH STREET, WOODLAND, CA 95695			

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

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

- 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.

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one)		(D) Reportable	(E) Reportable	(F) Estimated
rane and viso	hours per week	box offic	, unle	ss per	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BOB SCHNEIDER	30.00								_	
TREASURER	4 00	X	_	X	-			0.	0.	0.
(2) JOHN AND JUDY AHMANN	4.00	 								_
BOARD DIRECTOR	2 00	Х	_	\vdash	_	-	L	0.	0.	0.
(3) JIM EATON SECRETARY	2.00	x		x				0.	0.	0.
	8.00	<u> </u>	-	^	-	-	⊢	0.	0.	0.
(4) ANDREW FULKS PRESIDENT	0.00	x		x				0.	0.	0.
(5) VICTORIA BRANDON	2.00	<u> </u>	_	Α	-		\vdash	0.	0.	•
VICE PRESIDENT	2.00	X		x				0.	0.	0.
(6) GLEN HOLSTEIN, PHD	2.00	-					\vdash			
BOARD DIRECTOR		x						0.	0.	0.
(7) CAROL KUNZE	2.00	-			┢		┪			
NAPA DIRECTOR		X						7,055.	0.	0.
(8) JEFF FALYN	2.00									
BOARD DIRECTOR		X					1	0.	0.	0.
(9) CHAD ROBERTS, PHD	2.00		П							
BOARD DIRECTOR		X			_			0.	0.	0.
(10) STEVE GRECO	2.00								_	
BOARD DIRECTOR		X				L		0.	0.	0.
(11) STEVE DROWN	2.00						l			
BOARD DIRECTOR	40.00	X				<u> </u>	_	0.	0.	0.
(12) SARA HUSBY-GOOD	40.00	1	l					25 540	_	
EXECUTIVE DIR.	10.00	_		X	ļ	 -		35,519.	0.	0.
(13) BRET HEWITT	40.00			,,				25 000	_	
EXECUTIVE DIR.		-	_	Х	<u> </u>	-	-	25,000.	0.	0.
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Part VII	Section A. Office	cers, Directors, Trus	tees, Key Em	ploy	loyees, and Highest Compensated Employees (continued)											
	(A)		(B)			•	C)			(D)	(E)			(F)		
	Name and	title	Average	Position (do not check more than one			than		Reportable	Reportable		_	timate			
			hours per week					is bot or/trus						nount	-	
			(list any	ē					Г	from the	from related organizations			other pensa		
			hours for	trustee or director			l	D			(W-2/1099-MISC			om th		
			related	age .	trustee			BSUBCE		(W-2/1099-MISC)				anizat		
			organizations below	S I	omait	1	ploye	E 00 88				and related organizations				
			line)	Individual	Institutional	Officer	Key employee	Highest compensated employee	o me				orga	ırıızatı	10115	
	***************************************			-	-		×		-							
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										67,574.		0.			0.	
		ion sheets to Part VI nd 1c)								67,574.		0.			0.	
2 Total	number of indivi	iduals (including but n								received more than \$100						
comp	ensation from th	ne organization												Yes	No	
	_				e, ke	ey er	nplo	уее	, or	highest compensated e	mployee on					
	•	plete Schedule J for s			omn	ens	ation	n and	d ot	ther compensation from	the organization	6555E	3	CHIC	X	
		ions greater than \$150								-			4		х	
		on line 1a receive or a nization? If "Yes," com					-			ted organization or indiv	idual for services		5		x	
	. Independent C		piete ochedu	e 5 i	01 3	ucii	pers	3011	00000		*******************************	4000E	3		122	
1 Com	plete this table fo	or your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	pens	ation f	rom		
the o	rganization. Repo		the calendar y	/ear	end	ing v	vith	or w	ithi	n the organization's tax	year.					
		(A) Name and business	address							(B) Description of s	services	С	Ompe		on	
	N SMITH	MIDDLETOW	N CA 9	541	۰ ۲1					CONSTRUCTION			10	7 4	76.	
1.0. 1	JOH TOOL,	MIDDEBIONI	N, CA J	<u> </u>	<u> </u>				\dashv	CONDINCTION			10	/ , =	70.	
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						. —										
																
2 Total	number of indep	pendent contractors (i	ncluding but r	not li	mite	nd to	tho	se li	ster	d above) who received n	ore than		- P	- Ale		
		sation from the organi	E-12	.011				1	J.00		.o.o triair					

Form 990 (2016) TULEYOM
Part VIII | Statement of Revenue

		Check if Schedule O cont	a a 183poi 186	or note to any mi	(A)	(B) I	(C)	[D]
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
2 00	1 0	Federated campaigns	1a			10101100	10101100	312-314
	ı a b							
2 E	C							
E E	d		1d					
2 E		Government grants (contribut		669,857.				
82	f	All other contributions, gifts, gran	· -	000,00.0				
토힐	•	similar amounts not included abo		822,472.				
Ēδ	g		0.15(0.150)					
Contributions, Giffs, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			1,492,329.			
-		Total Add iiiles Ta-11	****************	Business Code				
	2 a			Dusiness Code				
Program Service Revenue	2 a							
8 2	c							
<u>چ</u> چ	q							
200	0							
ž	f	All other program service reve	anue					
	,	Total. Add lines 2a-2f						
	3	Investment income (including						
	Ū	other similar amounts)			414.			414.
	4	Income from investment of ta						1
	5	Royalties	-					+
	•	Tioyanios	(i) Real	(ii) Personal	LIVE BY AND RESERVE			
	6 a	Gross rents	Wilde	(ii) i ersoriai		EED EN LINE		
	b			 				
	~	Rental income or (loss)						Manual State
	q	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(y cocarnics	(ii) Guioi				
	h	Less: cost or other basis						
	-	and sales expenses						
- 1	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin						
a		including \$	of					
8		contributions reported on line						
Other Reven		Part IV, line 18						
章	b	Less: direct expenses		6	17-128-14-1			
0		Net income or (loss) from fund						
		Gross income from gaming ac						- ATT - 1
		Part IV, line 19		a				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less	- ,					
ļ		and allowances		a l				
	b	Less: cost of goods sold		,				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				N ACERT
	11 a	OTHER INCOME		900099	12,375.	12,375.		
	b		······································				,	
	C							
	d	All other revenue					· ·	
	A	Total. Add lines 11a-11d			12,375.			
	12	Total revenue. See instructions.			1,505,118.		0	414.

Form 990 (2016) TULEYOME Part IX Statement of Functional Expenses

	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				
	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,	67 574	C7 574		
	trustees, and key employees	67,574.	67,574.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	100 520	32 150	66 001	2 200
7	Other salaries and wages	100,539.	32,150.	66,081.	2,308.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,089.	11,457.	4,440.	192.
10	Payroll taxes	10,009.	11,43/•	4,440.	132.
11	Fees for services (non-employees):				
	Management	3,257.	105.	3,152.	
	Legal	35,645.	15,409.	20,236.	
	Accounting	33,043.	13,403.	20,230.	
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	798,505.	786,506.	7,534.	4.465.
12	Advertising and promotion	1,623.	70.	118.	4,465. 1,435.
13	Office expenses	76,118.	21,937.	34,171.	20,010.
14	Information technology	15,558.	6,068.	3,491.	5,999.
15	Royalties	11			
16	Occupancy	20,702.	8,168.	11,834.	700.
17	Travel	9,536.	5,791.	1,860.	1,885.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,587.	8,301.	4,593.	3,693.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	53,553.	8,626.	44,927.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,215,286.	972,162.	202,437.	40,687.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			k	

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	111 120	1	244 002
		Savings and temporary cash investments	144,132.	2	311,003.
-1		Pledges and grants receivable, net		3	
		Accounts receivable, net		4	3,750.
-1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	ATTENDED TO SERVICE		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
-		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2 020	8	2 105
-	9	Prepaid expenses and deferred charges	3,030.	9	2,185.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,595,624.	1 165 604		1 505 624
		Less: accumulated depreciation 10b	1,165,624.		1,595,624.
- 1	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11	1,312,786.	15	1,912,562.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,158.	16	164,787
- 1	17	Accounts payable and accrued expenses	4,130.	17	104,707
- 1	18	Grants payable		18	
- 1	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities	<u> </u>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		22-11	
				00	
		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties	5,000.	23	5,000.
- 1	24 25	Unsecured notes and loans payable to unrelated third parties	3,000.	24	3,000
-1	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			
			13,842.	25	163,047.
	26	Total IlabIlities. Add lines 17 through 25	23,000.		332,834.
十	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,018,675.	27	1,399,293.
	28	Temporarily restricted net assets	271,111.	28	180,435.
	29			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	<u></u>	31	
:	32	Retained earnings, endowment, accumulated income, or other funds		32	
: I	33	Total net assets or fund balances	1,289,786.		1,579,728.
					, ,

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI		******
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,505,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,215,286.
3	Revenue less expenses. Subtract line 2 from line 1	3	289,832.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,289,786.
5	Net unrealized gains (losses) on investments	5	110.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,579,728.

Part XIII Financial Statements and Reporting

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

			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				•
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				•
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 In Schedule O.				•
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? if the organization did not undergo the required audit	\neg			•
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			