** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

<u>A</u> F	or the	2017 calendar year, or tax year beginning S	EP 1, 2017 and	l ending A	<u>UG 31, 201</u>	<u> </u>
B	Check if pplicable	C Name of organization			D Employer ider	ntification number
	Addres	THE STREET TRUST				
	Name change	- · · ·			93	-1057956
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nun	
	Final return/	618 NW GLISAN		401	50	3-226-0676
	termin- ated	, , , , , , , , , , , , , , , , , , , ,	ZIP or foreign postal code		G Gross receipts \$	1,050,290.
L	Amend	PORTLAND, OR 9/209			H(a) Is this a grou	
	Applica tion pendin	F Name and address of principal officer: U 11	LIAN DETWEILER		for subordina	—
		SAME AS C ABOVE	. —		1	tes included? Yes No
				or 527	1	ch a list. (see instructions)
		WWW.THESTREETTRUST.ORG	· 🗖 ou 🔈		H(c) Group exem	
		organization,	ssociation Other	L Year	of formation: 1990	0 M State of legal domicile; OR
P	_	Summary		ромошн	AND THERE	NIE DIDI TO
ø	1	Briefly describe the organization's mission or most				NE LOBUIC
anc	.	TRANSIT, WALKING AND BICYO				
Governance	2	Check this box if the organization disco	1	1 4-		
ģ	3 4	Number of voting members of the governing body Number of independent voting members of the gov			3 17 4 17	
	1 -	Fotal number of individuals employed in calendar y				5 26
Activities &		Fotal number of individuals employed in calendar y				6 1000
ξį		Fotal unrelated business revenue from Part VIII, co				7a 0.
¥		Net unrelated business taxable income from Form				7b 0.
		vet armolated sacrifices taxasie moonto nom rem	000 1, 11110 0 1		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			888,883	
une	l				66,392	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			1,529	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			14,940	
	l	Fotal revenue - add lines 8 through 11 (must equal			971,744	996,201.
		Grants and similar amounts paid (Part IX, column ((0.
	l	Benefits paid to or for members (Part IX, column (A			(0.
တ္	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		712,139	9. 673,763.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), I	ine 11e)		(0.
, de	b.	Total fundraising expenses (Part IX, column (D), line	e 25) 249,5	98.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	, 11f-24e)		347,471	
	18	Fotal expenses. Add lines 13-17 (must equal Part เ	X, column (A), line 25)		1,059,610	
	19	Revenue less expenses. Subtract line 18 from line	12		-87,866	26,799.
Net Assets or				Ве	ginning of Current Ye	
sset	20				398,301	
et A	21				117,90	
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		280,394	307,193.
			including accompanying cohedule	a and atatama	and to the best o	f my knowledge and balish it is
		ties of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office				i iliy kilowieuge aliu bellel, it is
uuu	, correc	, and complete. Declaration of preparer (other than office	of j is based on an information of w	mon preparei	nas any knowledge.	
Sig	,	Signature of officer			Date	
Her		JILLIAN DETWEILER, EXEC	CUTIVE DIRECTOR			
1101		Type or print name and title	<u> </u>			
		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN
Paid					if self-e	mployed
	arer	Firm's name	•		Firm's EIN	•
	Only	Firm's address				
					Phone no.	
May	the IF	S discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE STREET TRUST IS A NON-PROFIT MEMBERSHIP ORGANIZATION WORKING TO
	PROMOTE AND IMPROVE PUBLIC TRANSIT, WALKING AND BICYCLING CONDITIONS
	<u>IN OREGON</u>
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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?
3	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.
 4а	(Code:) (Expenses \$
	EDUCATION:
	THE STREET TRUST EDUCATES CHILDREN, YOUTH, AND FAMILIES TO USE SAFE,
	ACTIVE TRANSPORTATION TO GET TO AND FROM SCHOOL AND WORK, AND
	THROUGHOUT THEIR COMMUNITIES.
	THE SAFE ROUTES TO SCHOOL BIKE & PEDESTRIAN EDUCATION PROGRAM IS
	COORDINATED BY THE STREET TRUST TO ENCOURAGE CHILDREN, YOUTH, AND
	FAMILIES TO USE SAFE & ACTIVE TRANSPORTATION TO GET TO AND FROM SCHOOL
	AND THROUGHOUT THEIR COMMUNITIES. THIS PROGRAM REACHED 30 SCHOOLS AND
	2500 STUDENTS.
	(CONTINUED ON SCH O)
4b	(Code:) (Expenses \$189,282. including grants of \$) (Revenue \$)
	ADVOCACY:
	THE STREET TRUST ADVOCATES FOR BICYCLING, PEDESTRIAN, AND PUBLIC
	TRANSIT INFRASTRUCTURE AND PROGRAMS AT THE LOCAL AND STATE LEVEL AND
	ENGAGES COMMUNITY MEMBERS IN OUR ADVOCACY ACTIVITIES. THE STREET TRUST
	WORKS WITH LOCAL GOVERNMENTS AND TRANSPORTATION AGENCIES TO IMPLEMENT MORE AND BETTER BIKE, PEDESTRIAN, AND PUBLIC TRANSIT INFRASTRUCTURE.
	MORE AND BETTER BIRE, PEDESTRIAN, AND PUBLIC TRANSIT INFRASTRUCTURE.
	THE STREET TRUST WORKS WITH TRANSPORTATION DEPARTMENTS, ENFORCEMENT
	AGENCIES, AND OTHER COMMUNITY LEADERS TO IDENTIFY STRATEGIES FOR
	INCREASING SAFETY FOR ALL ROAD USERS IN AN EFFORT TO ELIMINATE
	FATALITIES AND SERIOUS INJURIES ON OUR COMMUNITY'S STREETS.
	(CONTINUED ON SCH O)
4c	(Code:) (Expenses \$
	ENCOURAGEMENT:
	THE STREET TRUST ENGAGES MEMBERS AND THE COMMUNITY IN OUR ADVOCACY,
	EDUCATION, AND VOLUNTEER PROGRAMS THROUGHOUT THE YEAR. THE STREET TRUST
	COORDINATES THE STATEWIDE BIKE MORE CHALLENGE, AN ANNUAL COMPETITION
	AMONG WORKPLACES TO SEE WHICH BUSINESSES CAN GET THE LARGEST NUMBER OF
	EMPLOYEES BICYCLING TO WORK DURING THE MONTH OF MAY. THE STREET TRUST
	TEACHES BIKE COMMUTE WORKSHOPS AT WORKPLACES THROUGHOUT THE PORTLAND
	METRO AREA.
	AT THE ANNUAL ALICE AWARDS AND AUCTION, THE STREET TRUST RECOGNIZES
	INDIVIDUALS, BUSINESSES, AGENCIES, AND ELECTED OFFICIALS WHO HAVE MADE
	(CONTINUED ON SCH O)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 614,733.

Form 990 (2017) THE STREET TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	in rea, complete conceans 2,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	The state of the s	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII	12a	Λ	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
J	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		<u> </u>
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		х
			222	

Form 990 (2017) THE STREET TRUST 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		X
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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	

Form 990 (2017) THE STREET TRUST 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
-1	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6 7f		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	(0017)
		F		(0047)

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	1a	17							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17							
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?		L	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	L	5		X				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or								
	more members of the governing body?		L	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?	-		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		·····							
	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 Re									
	(The social Dispose in Strington as as policies for Equition by the Internal for	, o,,,,,,,			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		[·	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		-	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·								
12a				12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done	,	-	12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		T-	15a	Х					
	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a								
	taxable entity during the year?		-	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·····							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	· · · · · · · · · · · · · · · · · · ·								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶OR									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s	onlv) avai	ilable	,					
	for public inspection. Indicate how you made these available. Check all that apply.	((((((((((((((((((((,,							
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	,	v. and fir	nanci	al					
	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 boo	oks and records:								
_0	GREG SUTLIFF - 503-226-0676	4.14 1000140.	-							
	618 NW GLISAN, SUITE 401, PORTLAND, OR 97209									

93-1057956

Part VIII 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.

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week				recto	rrirus	iee)	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 111100)		and related
	below	idual	tution	er	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JUSTIN YUEN	4.00									
CHAIR		Х		Х				0.	0.	0.
(2) LESLIE CARLSON	2.00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(3) RANDY MILLER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) DAVID FORMAN	2.00								•	•
SECRETARY	2 00	Х		Х				0.	0.	0.
(5) PHIL RICHMAN	3.00	٠,		37					0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(6) ANTHONY CARLTON	1.00	v							0	0
(7) JUDE GERACE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(8) DIANE GOODWIN	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(9) HAU HAGEDORN	1.00	25							0 •	
DIRECTOR		х						0.	0.	0.
(10) ADNAN KADIR	1.00									
DIRECTOR		х						0.	0.	0.
(11) DWAYNE KING	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(12) PETER KOONCE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BEN MCKINLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOCELYN ORR	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVE ROTH	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KIMBERLEE STAFFORD	1.00							_	_	_
DIRECTOR	4.55	Х						0.	0.	0.
(17) DRU VAN HENGEL	1.00									_
DIRECTOR		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st (<u>Cọi</u>						
(A)	(B)	(C) Position							(D)	(E)			(F)	
Name and title	Average hours per			heck	more	than			Reportable	Reportable compensation			timated	
	week					is bot or/trus			compensation from	from relate			ount of other	J
	(list any	tor						\neg	the	organization			oensati	on
	hours for	direc				, ,			organization	(W-2/1099-MI			om the	011
	related	ee or	stee			nsate			(W-2/1099-MISC)	,	,	orga	anizatio	n
	organizations	trust	nal tru		oyee	ompe "						and	l related	b
	below	ndividual trustee or director	nstitutional trustee	Ja .	Key employee	Highest compensated employee	Former	<u>a</u>				orgar	nizatior	าร
	line)	Indi	lust	Offlicer	Key	Eigi	Ē,	퇴						
(18) JERRY ZELADA	1.00													_
DIRECTOR	 	X	_			_	_	\dashv	0.		0.			0.
(19) JILLIAN DETWEILER	40.00	1												_
EXECUTIVE DIRECTOR	 		_	X		_	_	\dashv	30,289.		0.			0.
(20) GREG SUTIFF	40.00	1										Ì.		_
FINANCE DIRECTOR				X				\perp	36,950.		0.	4	1,42	<u>1.</u>
												ĺ		
								\perp						
												ĺ		
								\perp						
												ĺ		
												<u> </u>		
												1		
1b Sub-total	•						▶	-	67,239.		0.	4	1,42	$\overline{1.}$
c Total from continuation sheets to Part \	II. Section A						•	. [0.		0.			0.
d Total (add lines 1b and 1c)							١	.	67,239.		0.	4	1,42	$\overline{1.}$
2 Total number of individuals (including but							10 1	rec	eived more than \$100.	000 of reportabl	 e			
compensation from the organization						,			,					0
													Yes	No
3 Did the organization list any former office	r. director. or tr	uste	e. ke	ev en	olan	vee	. OI	r hi	ahest compensated er	nplovee on				
line 1a? If "Yes," complete Schedule J for				•	•	•			•			3	\neg	Х
4 For any individual listed on line 1a, is the s										he organization				
and related organizations greater than \$15												4		X
5 Did any person listed on line 1a receive or														
rendered to the organization? If "Yes." co.	•				-		oiu	icou	organization of marvic	addi for oct vices		5		Х
Section B. Independent Contractors	ripiete Schedul	. J /	OF SI	JCII J	oers	OH								
Complete this table for your five highest c	ompensated inc	dene	nde	nt co	ntr	acto	re ·	tha	t received more than \$	100 000 of com	nensa	tion fro		
the organization. Report compensation fo	•	•								•	PC11341			
(A)	tric calcridar y	carc	Jiiuii	ig w	1011	OI W	11111	T	(B)	car.		(C)	·	
Name and busines	s address	N	ОМІ	₹.					Description of s	ervices	l c	Compen		
								+	•					
								+						
								+						
								+						
											1			
								+			\vdash			
											1			
2 Total number of independent contractors	(including but =	ot 1:	nita	4 + 4	tha	20 11-	>+ c	اء ام	hove) who received	aro than				
2 Total number of independent contractors \$100,000 of componentian from the organ		OL III	inte	<i>a</i> 10		se iis)	sie(u d	bove) who received mo	טוס נוומוו				
\$100,000 of compensation from the organ	nzatio()												200 (-	

93-1057956

Form 990 (2017) THE STR
Part VIII Statement of Revenue

		Chack if Schodula O cont	aine a roenoneo	or note to any line	o in this Bart VIII			
		Check if Schedule O cont	airis a response	or note to any line	ε	(B)	(C)	
					Total revenue	Related or	Unrelated	(D) Revenue excluded
					Total Tovollab	exempt function	business	from tax under
						revenue	revenue	sections 512 - 514
is S	1 a	Federated campaigns	1a	20,261.				
an	h	Membership dues		120,325.				
2 0				144,175.				
ts, An	С	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	444,189.				
s, mi	е	Government grants (contributi	ions) 1e					
io	f	All other contributions, gifts, gran	ts, and					
pe et		similar amounts not included above	ve 1f	190,884.				
ĕ₽	~	Noncash contributions included in lines		54,329.				
o bu	9		- 11. ψ		919,834.			
Oe	n	Total. Add lines 1a-1f						
				Business Code		00 400		
မွ	2 a	PROGRAM FEES		900099	80,430.	80,430.		
Program Service Revenue	b							
Se	С							
E S	d							
gra	e							
ro								
_	•	All other program service reve	nue		00 420			
	g	Total. Add lines 2a-2f			80,430.			
	3	Investment income (including						
		other similar amounts)		> [2,261.			2,261.
	4	Income from investment of tax						
	5	Royalties		T T				
	_	rioyanioo	(i) Real	(ii) Personal				
	_		(i) Neai	(II) Fersonal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		` '				
	h	Less: cost or other basis						
	b							
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)						
ø	8 a	Gross income from fundraising	g events (not					
ž		including \$ 144,1	75 • of					
Other Revenu		contributions reported on line						
æ		Part IV, line 18	-	26,321.				
ĕ				34,882.				
₹		Less: direct expenses		34,002.	0 5 6 1			0.561
-		Net income or (loss) from fund	-	>	-8,561.			-8,561.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
		Net income or (loss) from gam		•				
		Gross sales of inventory, less	-					
	10 4	• •		4,607.				
		and allowances						
		Less: cost of goods sold		19,207.	14 600	14 600		
	С	Net income or (loss) from sale		<u>,</u>	-14,600.	-14,600.		
		Miscellaneous Revenu	e	Business Code				
	11 a	LICENSE PLATE P	ROCEEDS	900099	9,668.	9,668.		
		OTHER REVENUE		900099	7,169.	-		7,169.
	c				,			,
		All other revenue			16 927			
				.	16,837. 996 201.	75 498		869.
	12	Total revenue See instructions			99h /111.	ו אים בא או	0	ı XhY

Form 990 (2017) THE STREET TR Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	· I	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	160,033.	57,810.	73,618.	28,605.
6	Compensation not included above, to disqualified	100,0331	3770101	7370101	20,0031
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	414,357.	295,063.	3,385.	115,909.
8	Pension plan accruals and contributions (include	===,00,0		2,3031	
-	section 401(k) and 403(b) employer contributions)	6.278.	4,457.	63.	1.758.
9	Other employee benefits	6,278. 36,950.	4,457. 24,954.	2,435.	9,561.
10	Payroll taxes	56,145.	35,058.	6,780.	1,758. 9,561. 14,307.
11	Fees for services (non-employees):	,	•	,	,
а	Management				
b	Legal				
С	Accounting	12,104.	7,496.	1,537.	3,071.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	75,658.	34,005.	2,628.	39,025. 650.
12	Advertising and promotion	659.	9.		650.
13	Office expenses	34,597.	19,849.	2,535.	12,213.
14	Information technology	17,412.	15,621.	597.	1,194.
15	Royalties	60.050	40 641	0.541	15 460
16	Occupancy	68,850.	42,641.	8,741.	17,468.
17	Travel	8,045.	7,446.	9.	590.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	28,395.	28,355.		40.
19	Conferences, conventions, and meetings	40,393.	40,333.		40.
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	6,390.	3,958.	811.	1,621.
23		6,214.	3,848.	789.	1,577.
23 24	Other expenses. Itemize expenses not covered	J, 221.	2,010.	, 55 •	=,577.
	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 0.)				
а	PROGRAM SUPPLIES	28,732.	28,732.		
b	MISCELLANEOUS	8,583.	5,431.	1,143.	2,009.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	969,402.	614,733.	105,071.	249,598.
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)				5 000 (0047)

Form 990 (2017)

Part X | Balance Sheet

Pai	rt 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			96,129.	1	85,755.
	2	Savings and temporary cash investments			198,911.	2	133,345.
	3	Pledges and grants receivable, net			40,000.	3	101,697.
	4	Accounts receivable, net	12,491.	4	3,111.		
	5	Loans and other receivables from current and form					
		trustees, key employees, and highest compensate					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifie					
		section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of sectio					
y,		employees' beneficiary organizations (see instr). C			6		
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use			10,081.	8	
	9	B			24,738.	9	33,875.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	149,016.			
	b	Less: accumulated depreciation	10b	149,016.	15,951.	10c	9,560.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			398,301.	16	367,343.
	17	Accounts payable and accrued expenses			45,107.	17	44,050.
	18	Grants payable			18		
	19	Deferred revenue			72,800.	19	16,100.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
S	22	Loans and other payables to current and former o	fficers,	directors, trustees,			
litie		key employees, highest compensated employees,	and di	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t	third pa	ırties		24	
	25	Other liabilities (including federal income tax, paya	ables to	related third			
		parties, and other liabilities not included on lines 1	7-24). (Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			117,907.	26	60,150.
		Organizations that follow SFAS 117 (ASC 958),	check	here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and			224 564		0.10.001
Š	27	Unrestricted net assets			221,764.	27	243,001.
3ala	28	Temporarily restricted net assets			58,630.	28	64,192.
Þ	29					29	
Ē		Organizations that do not follow SFAS 117 (ASC	C 958),	check here			
ō		and complete lines 30 through 34.		L			
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, or	other funds	000 001	32	000 101
Z	33	Total net assets or fund balances			280,394.	33	307,193.
	34	Total liabilities and net assets/fund balances			398,301.	34	367,343.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	96	9,4	02.
3	Revenue less expenses. Subtract line 2 from line 1	3		6 , 7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	0,3	94.
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 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	30	7,1	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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		X
	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	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

2017
Open to Public

Inspection
Employer identification number

Nan	ne of t	the organization							identification number
_			STREET TRU					9	3-1057956
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general r	oublic described in
		section 170(b)(1)(A)(vi). (C			· ·				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	unction with a l	and-grant	college
		or university or a non-land-g				-		-	-
		university:		,				· ·	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busin	-	•					-
		See section 509(a)(2). (Cor		,		•	, 0		,
11		An organization organized a	•	velv to test for public sa	fetv. See	section 50	09(a)(4).		
12	\Box	An organization organized a	•	•	•			rv out the	purposes of one or
		more publicly supported org	· ·	•	•			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	* *					-	giving
		the supported organization	•	•	•	_			
		organization. You must o			, ,				
b		¬ -	-		tion with its	s supporte	ed organization	(s), by hav	vina
		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported					-		
		organization(s). You mus			•		9		
С		Type III functionally inte			in connect	ion with, a	and functionall	v integrate	ed with.
		its supported organization	• • • • •					, ,	,
d		Type III non-functionally		·				ed organiz	zation(s)
		that is not functionally int	•				• •	•	* *
		requirement (see instructi	-		-		· = ·		
е		Check this box if the orga	•					. Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . ,	
f	Ente	er the number of supported o		,					
		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
				,,					
Tota	ıl								

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1075775.	1093868.	1024607.	888,883.	919,834.	5002967.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		100000	100100				
4	Total. Add lines 1 through 3	1075775.	1093868.	1024607.	888,883.	919,834.	5002967.	
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)						29,361.	
	Public support. Subtract line 5 from line 4.						4973606.	
	ction B. Total Support	<u> </u>			Γ			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	1075775.	1093868.	1024607.	888,883.	919,834.	5002967.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	626	706	0 007	1 500	0 061	7 010	
	and income from similar sources	636.	786.	2,007.	1,529.	2,261.	7,219.	
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				14 606	7 160	01 775	
	assets (Explain in Part VI.)				14,606.	7,169.	21,775.	
11	• • • • • • • • • • • • • • • • • • • •		`				5031961.	
12	Gross receipts from related activities,	•	,			12 521()(2)	561,015.	
13	First five years. If the Form 990 is for	-			•		. □	
Sec	organization, check this box and storection C. Computation of Publi	- 0 1 0 -					P	
	Public support percentage for 2017 (li			olumn (f)\		14	98.84 %	
15	Public support percentage from 2016					15	99.10 %	
	33 1/3% support test - 2017. If the d							
	stop here. The organization qualifies	•		•		•		
b	33 1/3% support test - 2016. If the o							
_	and stop here. The organization qual	•		•		•		
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	ŭ					·	
	meets the "facts-and-circumstances"		,	•		•		
b	10% -facts-and-circumstances test							
_	more, and if the organization meets the							
	,		•		•			
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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.)

Sec	ction A. Public Support	siow, piease comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the						/ is not
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						▶ ☐
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t 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 (b) and (c)			
	below, the governing body of a supported organization?	1a		
b	A family member of a person described in (a) above?	lb		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	, ,,	1		
	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,			
	. • • · · · · · · · · · · · · · · · · ·	2		
Sect	tion C. Type II Supporting Organizations			
		Т	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	,		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
000	ion b. Air Type in Supporting Sigurizations	\neg	Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	NO
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	7	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	\dashv		
	and digarization maintained a dioce and dominated working relationship with the dapported digarization(o).	2		
	By reason of the relationship described in (2), 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			
Soci	supported organizations played in this regard.	<u>; </u>		
	tion E. Type III Functionally Integrated Supporting Organizations	—		
	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the contraction of	- 1	<u>, </u>	
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition definition of the definition	а		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 survived to organization of inventorial	b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The section will be a section with the section will be a section will be a section with the section will be a section will be a section will be a section with the section will be a section will be a section will be a section with the section will be a section will be a section with the section will be a section will be a section with the section will be a section will be a section will be a section with the section will be a section will be a section with the section will be a section will be a sectio	а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See in					
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see	
	inche (ationa)	-			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Current Year			
1	Amou				
2	Amou				
	organi				
3	Admin	istrative expenses paid to accomplish exempt purpose	3		
4	Amoui	nts paid to acquire exempt-use assets			
5	Qualifi				
6		distributions (describe in Part VI). See instructions.			
		annual distributions. Add lines 1 through 6.			
8	Distrib				
		de details in Part VI). See instructions.			
9		outable amount for 2017 from Section C, line 6			
		amount divided by line 9 amount			
	on E -	(iii) Distributable Amount for 2017			
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2				
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carryo	over from 2012 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5	Remai	ining underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		o from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2018. Add lines 3			
	and 4	- 1			
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 THE STREET TRUST	93-1057956 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	r 17b; Part III, line 12; I and 2; Part IV, Section C, /, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE STREET TRUST 93-1057956

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; 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, II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \$					
but it mu	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).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

THE STREET TRUST

93-1057956

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$3,816.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

THE STREET TRUST

93-1057956

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

	REET TRUST				93-1057956	
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet	e columns (a) through (e) and the	he following line	entry. For organizations	3	
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$ onal space is needed.	1,000 or less for the	e year. (Enter this info. once.) 🏲 🤊	
a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held		
-	Transferee's name, address,	(e) Transfer		plationable of tran	nsferor to transferee	
-	Transferee's flame, address,		ne	erationship of tran	isieror to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	Transferee's name, address,	(e) Transfer		elationship of tran	nsferor to transferee	
n) No. From Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Descr	ription of how gift is held	
-	Transferee's name, address,	(e) Transfer		elationship of tran	nsferor to transferee	
) No. rom	(b) Purpose of gift	(c) Use of gif	t	(d) Descr	ription of how gift is held	
— - -		(e) Transfer	of gift			
	Transferee's name, address,	and ZIP + 4	Re	elationship of tran	nsferor to transferee	
-						

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

) (see separate instructions), then		, , (eee eepan ate	,	, ,
	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.		Emn	lavar idoptification number
INam	ne of organization	FFM MDIIOM		Emp	loyer identification number
Da	art I-A Complete if the ord	EET TRUST panization is exempt unde	er section 501(c)	or is a section 527 or	93-1057956
Pa	Gomplete if the org	janization is exempt unde	er section 50 f(c)	or is a section 527 or	yanızatıon.
1	Provide a description of the organiz	ation's direct and indirect politica	al campaign activities	in Part IV.	
	Political campaign activity expendit				S
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	janization is exempt unde	er section 501(c)((3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	> \$	S
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 > \$	S
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501(c	e)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt func	tion activities > \$	S
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities				S
3	Total exempt function expenditures				
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en	' '	,	· ·	0 0
	made payments. For each organiza contributions received that were pro-				
	political action committee (PAC). If	• •		•	e segregated fund of a
		· · · · · · · · · · · · · · · · · · ·	1		1 , , , , , , , , , , ,
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				Tariad: Il fidito, differ d .	delivered to a separate
					political organization.
					If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017	THE STREET	TRUST		93-1	057956 Page 2			
Part II-A Complete if the org	ganization is exen	npt under section	1501(c)(3) and file	d Form 5768 (ele	ction under			
section 501(h)).								
A Check ▶ ☐ if the filing organiza	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
	re of excess lobbying e	expenditures).						
B Check ▶ if the filing organiza	ation checked box A ar	d "limited control" pro	visions apply.		1			
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to infl	uence public opinion (d	rass roots lobbying)		9,011.				
b Total lobbying expenditures to infl				•				
c Total lobbying expenditures (add I	•			9,011.				
d Other exempt purpose expenditur			I I	710,793.				
e Total exempt purpose expenditure				719,804.				
f Lobbying nontaxable amount. Ent	er the amount from the			132,971.				
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:					
Not over \$500,000	20% of t	he amount on line 1e.						
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.					
Over \$17,000,000	\$1,000,0	000.						
g Grassroots nontaxable amount (er	nter 25% of line 1f)			33,243.				
h Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.				
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.				
j If there is an amount other than ze	ero on either line 1h or l	ine 1i, did the organiza	ation file Form 4720	_				
reporting section 4911 tax for this	year?				Yes No			
(Some organizations t	hat made a section 50	• •	nave to complete all o	f the five columns be	elow.			
		ate instructions for lin						
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		1			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2a Lobbying nontaxable amount	184,927.	177,764.	145,392.	132,971.	641,054.			
b Lobbying ceiling amount (150% of line 2a, column(e))					961,581.			
c Total lobbying expenditures	28,293.	21,341.	2,953.	9,011.	61,598.			

44,441.

21,341.

36,348.

2,953.

46,232.

28,293.

Schedule C (Form 990 or 990-EZ) 2017

160,264.

240,396.

61,598.

33,243.

9,011.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.		Yes No		
the lobbying activity.	Yes			
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	tion 501(c)(5), or se	ection	
rt III-A Complete if the organization is exempt under section 501(c)(4), sec	. , ,			
			Ves	
rt III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).			Yes	ı
rt III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes	N
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from tri III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	n the prior year tion 501(c)(2 ? 3 5), or se	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n the prior year tion 501(c)(ed "No," OR	? 3 5), or set (b) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	n the prior year tion 501(c)(ed "No," OR	? 3 5), or set (b) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n the prior year tion 501(c)(ed "No," OR	? 3 5), or set (b) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 161(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	n the prior year tion 501(c)(ed "No," OR	2 ? 3 5), or sea (b) Par	ection t III-A, lin	
TILI-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of potential expenses for which the section 527(f) tax was paid). Current year	n the prior year tion 501(c)(ed "No," OR	2 3 5), or sea (b) Par	ection t III-A, lin	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polescent part of the section 527(f) tax was paid). Current year Carryover from last year	n the prior year tion 501(c)(ed "No," OR	2 3 5), or set (b) Par 2 2 2 2 2 2 2	ection t III-A, lin	e 3, i
The complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year Carryover from last year	n the prior year tion 501(c)(ed "No," OR	2 3 5), or sea (b) Par	ection t III-A, lin	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	n the prior year tion 501(c)(ed "No," OR	2 3 5), or sea (b) Par	ection t III-A, lin	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n the prior year tion 501(c)(ed "No," OR	2 3 5), or sea (b) Par	ection t III-A, lin	
Trick Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of post expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the following and political expenditures (do not include amounts of post expenses for which the section 527(f) tax was paid).	n the prior year ition 501(c)(ed "No," OR blitical excess d political	2 3 5), or set (b) Par 2a 2b 2c 3	ection t III-A, lin	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from sert III-B Complete if the organization is exempt under section 501(c)(4), section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amou	n the prior year ition 501(c)(ed "No," OR blitical excess d political	2 3 5), or set (b) Par 2a 2b 2c 3	ection t III-A, lin	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE STREET TRUST

Employer identification number 93-1057956

Pai	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	÷ 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ition easements during the year
_	> \$		(1.)(4)(7)(1)
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of A	Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
12	If the organization elected, as permitted under SFAS 116 (ASC		nent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhil	•	
	the text of the footnote to its financial statements that describe		inde of public service, provide, in Fait Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	doction, or research in farther and or par	blio service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under SFAS 110		3, p. 61100
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		S

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, or	Other	r Simi	lar Assets	s (continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	are a si	gnifican	t use of its o	collection it	ems
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ev further th	ne organizatio	n's exen	not pur	pose in Part	XIII.	
5	During the year, did the organization solicit or	•		•	· ·			•	,	
	to be sold to raise funds rather than to be ma				•	· Oirrina	400010		Yes	☐ No
Par	t IV Escrow and Custodial Arrang					Yes" on	Form C	990 Part IV		
	reported an amount on Form 990, Par)	organizatio	ii anoworda	100 011	. 0	,00,1 41111,		
1a	Is the organization an agent, trustee, custodia		iary for c	ontributions	s or other ass	ets not i	include	d		
	on Form 990, Part X?		-						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a								_ 103	140
D	ii res, explain the arrangement iiii art xiii e	and complete the for	iowing te	ibic.					Amount	
_	Beginning balance						10	,	Amount	
							. —			
	Additions during the year									
e	Distributions during the year									
f	Ending balance								٦,,	
	Did the organization include an amount on Fo						ıty?	∟	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if				1	1			T	
		(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Thre	ee years back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses		tion that	are held ar	nd administer	ed for th	e orgar	nization		
	by:								[\sqrt	res No
	(i) unrelated organizations								3a(i)	100 110
										+
h	(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b							_		
4	Describe in Part XIII the intended uses of the								30	
Par			WITICITE TO	iiido.						
	Complete if the organization answered		Part IV	line 11a S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumul		(d) Book	value
	becomplient of property	basis (investn			(other)		preciati		(a) Book	value
10	Land		-7	20.0						
	Land									
	Buildings				6,482.		- 6	482.		0.
	Leasehold improvements		+		2,534.			974.	۵	,560.
	Equipment				4,334.	-	.J.,	J / 4 •		, 500 •
	Other Add lines 1a through 1e (Column (d) must on			(D) !! 1					Q	.560.

Schedule D (Form 990) 2017 THE STREET	TRUST		93-1057956 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part IV,	line 11b. See Form 990, Par	rt X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		line 11d. See Form 990, Par	
(a	n) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV,		30, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Fodoral income taxes			

	,
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part Y, col. (R) line 25.)	•

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

732054 10-09-17

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Name of the organization

Go to www.irs.gov/Form99() for the latest instructions

THE STR	EET TRUST				93-1057	956
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organizatio or licensing.				or has been notified	it is exempt from re	gistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BIKE MORE ALICE (add col. (a) through CHALLENGE AUCTION col. (c)) (event type) (event type) (total number) <u>170,4</u>96. 27,420. 127,475. 15,601. Gross receipts 1 24,650. 113,225. 6,300. 144,175. 2 Less: Contributions 2,770. 14,250. 9,301 26,321. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 8,011. 1,215. 9,226. 17,524. 8,042. 25,566. 7 Food and beverages 8 Entertainment 90. 90. 9 Other direct expenses 34,882 10 Direct expense summary. Add lines 4 through 9 in column (d) -8,561 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2017 THE STREET TRUST	93-10	57	956	Par	ge 3
	Does the organization conduct gaming activities with nonmembers?		<u> </u>	Yes	T a	No.
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?	[Yes		No
13	Indicate the percentage of gaming activity conducted in:					
á	a The organization's facility	<u> </u>	13a			%
	o An outside facility		13b			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	: :				
	Name ►					
	Address					
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes		No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt				
	of gaming revenue retained by the third party > \$					
(If "Yes," enter name and address of the third party:					
	Name ▶					
						_
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation > \$					
	Description of services provided					
	☐ Director/officer ☐ Employee ☐ Independent contractor					
	Mandatory distributions:					
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	\neg	Yes		No
ŀ	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	∟ the		163	ш	NO
•	organization's own exempt activities during the tax year > \$	uic				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines	s 9,	9b, 10	b, 15l	b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
_						
_						

Schedule G	G (Form 990 or 990-EZ)	THE ST	REET TR	UST		93-1057956	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation _{(con:}	tinued)				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE STREET TRUST

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

Employer identification number 93-1057956

Par	τι	Types of Property									
			(a)	(b)	(c)			(d)			
			Check if	Number of contributions or	Noncash contribut amounts reported			Method of det cash contribut			
			applicable		Form 990, Part VIII, li		riorio	cash contribu	lion ar	nounts	5
1	Art -	Works of art									
2	Art -	Historical treasures									
3		Fractional interests									
4		ks and publications									
5		ning and household goods									
6		and other vehicles									
7		s and planes									
8		lectual property									
9		ırities - Publicly traded									
10		ırities - Closely held stock									
11		urities - Partnership, LLC, or									
	trust	interests									
12	Secu	urities - Miscellaneous									
13	Qua	ified conservation contribution -									
	Histo	oric structures									
14	Qua	ified conservation contribution - Other									
15	Real	estate - Residential									
16	Real	estate - Commercial									
17	Real	estate - Other									
18	Colle	ectibles									
19	Food	d inventory									
20	Drug	s and medical supplies									
21	Taxi	dermy									
22	Histo	orical artifacts									
23	Scie	ntific specimens									
24	Arch	eological artifacts									
25	Othe	er (AUCTION ITEMS)	X	75				MARKET			
26	Othe	er (EVENT PRIZES)	X	8				MARKET			
27	Othe	er ▶ (SUPPLIES)	X	8	5,8	02.	FAIR	MARKET	VA	JUE	
28		er > ()									
29		ber of Forms 8283 received by the organization	_	•							
	for w	hich the organization completed Form 828	3, Part IV, D	Donee Acknowledg	ement 2	9					
								1		Yes	No
30a		ng the year, did the organization receive by						t It			
		t hold for at least three years from the date									
		npt purposes for the entire holding period?							30a		<u> </u>
		es," describe the arrangement in Part II.	aliau that ra	autica tha raviau	of any nanatandard as	. ntribt	ionoO				
31		s the organization have a gift acceptance po					. 10110		31		<u>X</u>
3∠a		s the organization hire or use third parties o	`						20-		Х
h		ributions?							32a		Λ
		es," describe in Part II. e organization didn't report an amount in co	dumn (a) far	a type of property	for which column (a)	ic char	ekod				
33		e organization didn't report an amount in co eribo in Part II	nullili (C) IOI	a type of property	ioi wilich column (a)	is criec	⊼ c u,				

LHA

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE STREET TRUST

Employer identification number 93-1057956

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STREET TRUST BIKE SAFETY EDUCATION INSTRUCTORS TEACH COURSES IN 4TH-7TH
GRADE CLASSROOMS, MEETING NUMEROUS CURRICULUM BENCHMARKS MANDATED BY
THE STATE OF OREGON. THE BICYCLE SAFETY EDUCATION PROGRAM BRINGS
RESOURCES INTO SCHOOLS INCLUDING A TRAINED INSTRUCTOR, A FLEET OF 30
BIKES, HELMETS, BROCHURES AND PAMPHLETS, SAFETY VESTS, VIDEOS, AND
OTHER EQUIPMENT. THE STREET TRUST ALSO TRAINS INSTRUCTORS, COORDINATES
PROGRAM LOGISTICS, AND ASSISTS WITH FUNDRAISING AND VOLUNTEER
COORDINATION.
THE STREET TRUST HELPS IMPLEMENT AND TEACH THE SHARE THE ROAD SAFETY
CLASS, WHICH FOCUSES ON TRAFFIC LAW AND SAFETY ISSUES AS THEY RELATE TO
BICYCLISTS, PEDESTRIANS AND MOTORISTS NEEDING TO SHARE THE PUBLIC
RIGHT-OF-WAY IN A SAFE AND LAWFUL MANNER.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE STREET TRUST PARTNERS WITH PUBLIC AGENCIES, NONPROFITS, PUBLIC
HEALTH PROFESSIONALS, AND BUSINESS COMMUNITIES THROUGHOUT OREGON TO
BUILD HIGH-LEVEL SUPPORT FOR INCREASING FUNDING FOR ACTIVE
TRANSPORTATION INITIATIVES.
THE STREET TRUST ADVOCATES AT THE STATE LEGISLATURE FOR LAWS THAT
PROTECT SAFETY OF ALL ROADWAY USERS, EXPAND DRIVER AND BICYCLIST
EDUCATION, INSTITUTE POLICIES THAT FACILITATE WALKING AND BIKING TO

SCHOOL, AND INCREASE FUNDING FOR ACTIVE TRANSPORTATION. AT THE REGIONAL

THE STREET TRUST WORKS TO INTEGRATE ACTIVE TRANSPORTATION

Name of the organization **Employer identification number** THE STREET TRUST 93-1057956 POLICIES INTO REGIONAL TRANSPORTATION PLANNING, DEVELOP HIGH-QUALITY PLANNING GUIDELINES, AND GROW THE BICYCLE TRAIL NETWORK CONNECTING URBAN AND NATURAL AREAS. AT THE NATIONAL LEVEL, THE STREET TRUST LOBBIES OREGON SENATORS AND REPRESENTATIVES IN CONGRESS TO PASS FEDERAL LEGISLATION THAT SUPPORTS FUNDING FOR ACTIVE TRANSPORTATION AND SAFE ROUTES TO SCHOOL PROGRAMS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: A SIGNIFICANT CONTRIBUTION TO ACTIVE TRANSPORTATION IN THEIR COMMUNITY. THE EVENT IS ALSO A FUNDRAISER, PROVIDING APPROXIMATELY 5% OF THE STREET TRUST'S BUDGET. (CONTINUED ON SCH O) THE STREET TRUST PROVIDES A VARIETY OF VOLUNTEER OPPORTUNITIES AND WAYS TO GET INVOLVED. STREET TRUST VOLUNTEERS HELP COORDINATE RIDES AND EVENTS, ASSIST OUR BIKE & PEDESTRIAN SAFETY EDUCATION INSTRUCTORS, PROVIDE IN-OFFICE SUPPORT FOR STAFF, AND MORE. THE STREET TRUST COMMUNICATES ABOUT OUR ADVOCACY, ENCOURAGEMENT, AND VOLUNTEER PROGRAMS THROUGH OUR WEBSITE, E-NEWSLETTER, SOCIAL MEDIA, AND COMMUNITY OUTREACH EVENTS. FORM 990, PART VI, SECTION A, LINE 7A: THE STREET TRUST IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, ELECTED BY OUR MEMBERS EACH SEPTEMBER. THE BOARD ESTABLISHES AND MONITORS MAJOR POLICY DIRECTION, OVERSEES THE FINANCES AND HELPS SECURE RESOURCES FOR THE ORGANIZATION, AND WORKS IN COOPERATION WITH THE STAFF TO FULFILL THE GOALS

Name of the organization THE STREET TRUST	Employer identification number 93-1057956
OF THE STREET TRUST.	
FORM 990, PART VI, SECTION B, LINE 11B:	
	, DOYDD MILLOII
FINANCE COMMITTEE REVIEWS DRAFT AND RECOMMENDS APPROVAL BY APPROVES 990.	BOARD WHICH
MITROVID JJV.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WE HAVE FORMS ON FILE FOR EACH OFFICER, DIRECTOR, AND KEY	EMPLOYEE.
POTENTIAL CONFLICTS OF INTEREST ARE ADDRESSED AT MEETINGS	OF THE BOARD AND
DISCLOSED IF APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15:	
BOARD REVIEWED SALARY SURVEY FOR EXECUTIVE DIRECTOR TO DET	ERMINE
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION	N'S WEBSITE
ANNUAL REPORTS, CONFLICT OF INTEREST POLICY AND OTHER SPEC	FIFIC DOCUMENTS
ARE AVAILABLE THROUGH THE FINANCE OFFICE.	
990 PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT AND THE SELECTION OF	THE
INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR	. .

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

93-1057956

Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	or Total inco		(e) End-of-year assets		(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 99	90, Part IV, line 34, l	oecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ct controlling entity	cont en	g) 512(b)(13) trolled tity?
THE STREET TRUST ACTION FUND - 83-0886388				33.(3)(3))			Yes	No
618 NW GLISAN #401 PORTLAND, OR 97209	POLITICAL INVOLVEMENT	OREGON	501(C)(4)					х
	_							

THE STREET TRUST

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	(state or entity	Legal domicile (state or	Legal domicile (state or	Legal domicile (state or foreign Press) Continue C	or eritity (leiateu, ullielateu,	redominant income Share of total income			amount in box mallocations?		manag partne	Percentage ing ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo l		
-													

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) otion b)(13) rolled ity?
								163	140

Scriedule h	(FOIIII 990)) ZU I /	1111	DIKEL	TIVO

Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. Yes No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity **b** Gift. grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Х f Dividends from related organization(s) X Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1h X Exchange of assets with related organization(s) Х i Lease of facilities, equipment, or other assets to related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) Х 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Х o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p 1g | X q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 1r s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a)
Name of related organization Transaction Amount involved Method of determining amount involved type (a-s)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	Dispr tion alloca	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener manag partn Yes	(k) al or Percentage ging ownership
		(b) Primary activity Legal domicile (state or foreign country)	(b) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity Legal domicile Predominant income fare all partners sec frelated, unrelated, 501 (e)(3) excluded from tax under 010s.?	(b) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No Share of total income (related, unrelated, excluded from tax under sections 512-514) Yes No Share of some of total income (related, unrelated, excluded from tax under sections 512-514) No Share of some of total income (related, unrelated, excluded from tax under sections 512-514) Yes No	(c) Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections \$12-514) Predominant income (related, unrelated, excluded from tax under sections \$12-514) Predominant income (related, unrelated, excluded from tax under sections \$12-514) Predominant income (related, unrelated, excluded from tax under sections \$12-514) Predominant income (related, unrelated, excluded from tax under sections \$12-514) Predominant income (related, unrelated, 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excluded from tax under sections \$12-514) Predominant income (related, unrelated, unrelated, excluded from tax under sections \$12-514 Predominant income (related, unrelated, un	(c) Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Primary activity Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, excluded from tax 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unrelated, unrelated, excluded from tax under sections \$12-\$514) Predominant income (related, unrelated, unrela	(c) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Primary activity Relations \$12-\$514) Share of total income end-of-year assets Share of end-of-year assets Predominant income (related, unrelated, year look) Relations \$12-\$514) Relations \$12-\$514 R	(c) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections \$12-\$14) Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections \$12-\$514) Pres No Share of cond-fryear asserts Pres No Code V-I/BI (noome asserts) Pres No Code V-I/BI ((c) Primary activity Legal domicile (state or foreign country) Scribins 512-514) Predominant income Predominant income (related, unrelated, excluded from the sections 512-514) Vesi No Share of end-of-year assets (c) Share of end-of-year assets (c) S

732165 09-11-17

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print THE STREET TRUST 93-1057956 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 618 NW GLISAN, NO. 401 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, 97209 OR

Enter the Return Code for the return that this application is for (file a separate application for each return) 0						
Application		Application	Return			
Is For	Code	Is For	Code			
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990-BL	02	Form 1041-A	08			
Form 4720 (individual)	03	Form 4720 (other than individual)	09			
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above)	06	Form 8870	12			

orn	n 990-T (trust other than above)	06 Form 8870					
	GREG SUTLIFF		- 404				
	he books are in the care of \blacktriangleright 618 NW GLISAN,	SUITE	E 401 - PORTLAND, OF		209		
Т	elephone No. ► 503-226-0676		Fax No. \triangleright 503-226-049	8			
• If	the organization does not have an office or place of business	in the Un	ited States, check this box		>		
• If	this is for a Group Return, enter the organization's four digit of	Group Exe	emption Number (GEN) If t	his is fo	or the whole group, c	heck this	
оох	▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of a	ll memb	ers the extension is	for.	
1	I request an automatic 6-month extension of time until	JUL:	Y 15, 2019 , to file t	he exen	npt organization retu	rn	
	for the organization named above. The extension is for the o	organizatio	on's return for:				
	calendar year or						
	► X tax year beginning SEP 1, 2017	, an	nd ending AUG 31, 2018				
2	If the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return Fi	nal retui	rn		
	Change in accounting period						
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
	nonrefundable credits. See instructions.			3a	\$	0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	estimated tax payments made. Include any prior year overpa			3b	\$	0.	
С	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required,				
	by using EFTPS (Electronic Federal Tax Payment System). S	See instrud	ctions.	Зс	\$	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)