

			** PUBLIC DISCLOSURE C	OPY **							
	0	00	Return of Organization Exempt	From	Income Tax	OMB No. 1545-0047					
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu			s) 2019					
•		uary 2020)	Do not enter social security numbers on this form	n as it may	be made public.	Open to Public					
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
<u>A</u>	A For the 2019 calendar year, or tax year beginning and ending										
	Check if	la.	organization		D Employer identific	ation number					
č	applicab	UNIT	ED STATES ENDOWMENT FOR FORESTRY								
	Addre	ge AND	COMMUNITIES, INC.								
Name change Doing business as 20-5583324											
	return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suit							
			EAST NORTH STREET		864-233-7						
	ated Amen	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,845,763.					
	return Applie	GREE	NVILLE, SC 29601		H(a) Is this a group re						
	tion pendi	F Name ar	nd address of principal officer: CARLTON OWEN AST NORTH STREET, GREENVILLE, SC	29601	for subordinates						
	Tax av		X 501(c)(3) \bigcirc 501(c) () \checkmark (insert no.) \bigcirc 4947(a)(1								
			USENDOWMENT.ORG) 01 52	H(c) Group exemption	list. (see instructions)					
		f organization:				State of legal domicile: DE					
	art I	Summary									
	1		e the organization's mission or most significant activities: \underline{TO}	ADVANC	E POSITIVE CH	IANGE FOR					
e Ce			ION'S WORKING FORESTS AND FOREST-								
nar	2	-	if the organization discontinued its operations or disposed								
Governance	3				3	12					
			ependent voting members of the governing body (Part VI, line 1b)			11					
Activities &	5		of individuals employed in calendar year 2019 (Part V, line 2a)			10					
/itie	6	Total number of	of volunteers (estimate if necessary)		6	12					
\cti	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>		-28,551.					
					Prior Year	Current Year					
ē	8	Contributions	and grants (Part VIII, line 1h)		8,922,536.	10,675,091.					
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.					
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		7,748,066.	2,887,439.					
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		149,116.	283,233.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,819,718. 12,956,062.	<u>13,845,763.</u> 13,308,973.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		12,950,002.	<u> </u>					
	14		o or for members (Part IX, column (A), line 4)		1,722,646.	1,822,723.					
Expenses	15		compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.					
en	l lua		ng expenses (Part IX, column (D), line 25)	0.	U •						
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		497,747.	840,610.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,176,455.	15,972,306.					
	19		expenses. Subtract line 18 from line 12		1,643,263.	-2,126,543.					
or					Beginning of Current Year	End of Year					
ets i	20	Total assets (F	Part X, line 16)		232,246,974.	262,794,587.					
Ass	21		(Part X, line 26)		7,985,120.	4,433,090.					
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 232,246,974. 262,794,587 21 Total liabilities (Part X, line 26) 7,985,120. 4,433,090 22 Net assets or fund balances. Subtract line 21 from line 20 224,261,854. 258,361,497											
	art II	Signature									
Und	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedul	les and stater	nents, and to the best of my	knowledge and belief, it is					
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of v	which prepare	er has any knowledge.						
			of officer								
		I Signature	of officer		Date						

Sign	Signature of officer Date												
Here	CARLTON OWEN, PRESIDENT/CEO												
	Type or print name and title												
	Print/Type preparer's name Preparer's signature Date Check PTIN												
Paid	aid AMY BIBBY AMY BIBBY 11/11/20 BOO445891												
Preparer	Firm's name DIXON HUGHES G	OODMAN, LLP.	Firm's EIN ▶ 56-	0747981									
Use Only	Firm's address 500 RIDGEFIELD	COURT											
	ASHEVILLE, NC 28806 Phone no. 828 – 254 – 2254												
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)												
-	LIN For Boundary In Bouldary for Act N												

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	Part III Statement of Program Service Accomplishments	20-5583324	Page
Par	Check if Schedule O contains a response or note to any line in this Part III		X
1			21
•	THE ENDOWMENT WORKS COLLABORATIVELY WITH PARTNERS IN	THE PUBLIC AND	
	PRIVATE SECTORS TO ADVANCE SYSTEMIC, TRANSFORMATIVE,		
	CHANGE FOR THE HEALTH AND VITALITY OF THE NATION'S WO	ORKING FORESTS A	ND
	FOREST RELIANT COMMUNITIES.		
2			v
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3			XNo
Ŭ	If "Yes," describe these changes on Schedule O.		
4		ces, 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, a	nd
	revenue, if any, for each program service reported.		
4a			
	SEE SCHEDULE O FOR STATEMENT OF PROGRAM SERVICE ACCO	MPLISHMENTS:	
		N (
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	C (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		/ (
4d	d Other program services (Describe on Schedule O.)		
4d	d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$		990 (2019

AND COMMUNITIES, INC.

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			х
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u>x</u> x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u> </u>
19		10		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	x	
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Form 990 (2019)

Part IV Checklist of Required Schedules

AND COMMUNITIES, INC.

Form 990 (2019)

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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	6			

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Part V Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2 10 10 10 2a Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements, 2 10 10		990 (2019) AND COMMUNITIES, INC. 20-5583	324	Р	_{age} 5							
ga Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, ya 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? yab X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e.g/le Gee instructions) 3a X a At any time during the calender year, did the organization have an interest in, or a signature or other autifyed wear? 3b X b If Yes, 'nast filted a form 300-Tire this year? if Yeo' to line 3b, provide an explanation or Schedule O 3b X d At any time free maner of the fragm country Yes, 'nast filted a forming requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Se X Se instructions for fling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Se X Bold any taxable party notify the organization fine from 8866.77 Se X Bold the organization real wear more statement that such contributions solid. Se X B If Yes, 'ndid the organization real wear settlement that such contributions or gifts were not tax deducible? Se X D If Yes, 'ndidate the organization neces set SIS finade anthy as a contribution or	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
tied for the calendar year ending with or within the year covered by this return $2a$ 10 bit at least one is reported on line 2, did the organization file all required desirel employment tax returns? $2a$ X ab Ot the erganization have unrelated business gross income of \$1,000 or more during the year? $2a$ X at At any time during the calendar year. dd the organization have an intersit in, or a signature or other authority over, a dinatation tax is the transit of the interval in control security of the financial accounts (FBAR). a X bit "Yes," enter the name of the foreign county V a x a x bit Dod any taxing organization have any taxing or a prohibited tax sheller transaction $ration ratio rati = ratio rati rati = ratio ratio ratio rati$				Yes	No							
b If at least one is reported on line 2a, did the organization fiel all required tearing required to a-file (see instructions) 26 X 3a Do the organization have inner data is greater than 250, you may be required to a-file (see instructions) 3a X 3b X 3b Tyes," has it filed a form 99D T for this year? If the start of the organization have anony be required to a-file (see instructions) 3b X 3b X b If Yes," has it filed a form 99D T for this year? If the start of the organization and the organization in the rest or, ar a signature or other subnotity over, a transciol account? 3b X 4a X b If Yes," has it filed a form 99D T for this year? If the organization approximation appro	2a											
Note: If the sum of times 1a and 2a is greater than 250, you may be required to e-fig (see instructions) Image: Second 1 Ima		filed for the calendar year ending with or within the year covered by this return 2a 10										
ab Did the organization have unrelated business gross income of \$1.000 or more during the yea? 3a X b If "yes," institute a form 0800 for the isyse? yea X c X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of uch as a bank account, securities account, or other financial accounts (FBAR). Sa X SW bit for organization appet to a prohibit data whate the transaction at any time during the tax yea? Sa X D Id any taxable party nofity the organization from 889-72 Sa X Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that ween on tax deductible or more solidit any contributions that ween to tax deductible as charbatic contributions or gifts ween not tax deductible as charbatic contributions and partly for goods and services provided to the graphization receive a symmetri mexess of \$75 male parity as a contribution and parity for goods and services provided to the good? 7a X D If "Yes," idd the organization include with unsign of the value of the agood or services provided? 7c X D If "Yes," idd the organization neckles as pariter in explority as a contribution or garized for the seganization receive a symmetri mexess of \$75 male parity as a contribution and parity for goods and services provided? 7c X D If "Yes," idd the organization in early tas adoot indive oreservices prov	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
b If Yes," has It filed a Form 900-T for this yea? Y Wo't form \$20, year, dd the organization have an interest in, or a signature or other authority over, a financial account in a foreign ocurity (such as a bark account, securities account, or other financial accounts)? 4a X b If Yes," mater the name of the foreign ocurity (such as a bark account, securities account, or other financial accounts (FEAP). 5a X b Bob account in a foreign ocurity (such as a bark account, securities account, or other financial accounts (FEAP). 5a X b Did any taskable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X b Did any taskable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X b Did any contributions that are normally greater that \$100,000, and id the organization solid any contributions unal greas receipts that are normally greater that \$100,000, and id the organization solid the organization notify the donor of the value of the goods or services provided? 7a X f Poganization netwise aparts and is a contribution on grant as a contribution on granization file form 8282? 7a X f Post originazition netwise aparts and inform 6200 and services provided to the payo? 7a X f Post originazition netwise apart prentinwess (dispose of langible personal property		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
4a At any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a financial account's local to a toringin country (such as a bank account, securities account, or other financial accounts) 4a X bit 1' ves, 'net the name of the foreign country is local tas a bank account, securities account, or other financial accounts (FBAR). 5a X bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X bit organization a party to a prohibited tax shelter transaction? 5a X costs the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X costs the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 0 dift the organization include with every solicitation an express statement that such contributions or gifts were no tax deductible? 7a X 0 dift the organization include with every solicitation an express statement that such contract? 7a X 1 if 'ves,' indicate the number of Forms 8282? 6d diring the year express attement that such contract? 7a X d the organization include with every solicitation an express attement contract? 7a X d the organization forevers any totax, directly or indirectly, to	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
francial account in a torsign country (such as a bark 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). See X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See X 5b Did any taxable party notify the organization that was on is a party to a prohibited tax shelter transaction? See X 6a Does the organization near amula gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? See X b I' Yes,' did the organization neity by a prohibited tax shelter transaction? See X b I' Yes,' did the organization neity by a conthibition and party for gnobs and services provided? To Ta X 7 Yes,' did the organization neity any premiums, dispose of tangible personal property for which it was required to the Form 8628? Ta X 0 Ut the organization neave any funds, directly or indirectly, to any premiums on a personal benefit contract? Te X 10 Ut the organization neave any funds, directrave indider the elevitant of the Form 8899 as requir	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
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). 5a X B Was the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5b X CH Did any taxable party notify the organization file form 88867? 5c X GB 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 chartable contributions? 5c X O Organization studie are yraceive deductible contributions under section 170(c). 6b 6b 6c 0 If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the party of the organization notify the donor of the value of the goods or services provided? 7c X 0 If 'Yes,' idicate the number of Forms 8282 filed during the year 7d 7d <th>4a</th> <td colspan="11">a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</td>	4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					- 23							
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	. –											
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		15		x							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			1.5									
	16		16		X							

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Form **990** (2019)

932005 01-20-20

Form	990 (2019) AND COMMUNITIES, INC.		20-5583		Р	age 6					
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.										
	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	12	2							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 11										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision								
				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X					
6	Did the organization have members or stockholders?			6							
/a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-		x					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	dore or	<u>7a</u>							
b	nonconstant the second second of			7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea										
	The governing body?	-	-	8a	х						
	Each committee with authority to act on behalf of the governing body?			8b	x						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code)			·					
		0.100			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such cha										
	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	befor	e filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe								
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
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 approval	by ind	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v						
	The organization's CEO, Executive Director, or top management official			15a	X X						
D	Other officers or key employees of the organization			15b							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ant w	the e								
104				16a		x					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104							
D D	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			100		<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright DE$, SC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	T (Section 501(c)(3	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			d finano	cial						
	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	ks and	l records 🕨								
	SIGNE C. CANN - 864-233-7646										
	908 EAST NORTH STREET, GREENVILLE, SC 29601										
932006	01-20-20			Form	990	(2019)					

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UNITED STATES END	OWMENT FOR	FORESTRY							
Form 990 (2019) AND COMMUNITIES,	INC.		20-5583324	Page 7					
Part VII Compensation of Officers, Directors, Trus	stees, Key Emp	loyees, Highes	st Compensated						
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to an	ny line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
12. Complete this table for all parsons required to be listed. Depart compensation for the calendar year anding with ar within the organization's tay year									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation Reportable compensation Estimated amount of organizations •	
hours per week (list any hours for related organizations below line) below line) below l	
week (list any hours for related organizations below line)	
	۱
(1) JOHN T. COOPER, JR. 1.00 1.00	—
DIRECTOR X 0. 0. 0.	•
(2) MARK D EMMERSON 2.00	
CHAIRMAN X X O. O. O.	•
(3) JAMES FARRELL 1.00	
DIRECTOR X 0. 0. 0.	•
(4) JEFF HEARN 1.00	
DIRECTOR X 0. 0. 0.	•
(5) JIM HOOLIHAN 1.00	
DIRECTOR X 0. 0. 0.	•
(6) RACHEL JACOBSON 1.00	
DIRECTOR X 0. 0. 0.	•
(7) COLIN MOSELEY 1.00	
PAST CHAIRMAN X 0. 0. 0.	•
(8) MARK REED 1.00	
DIRECTOR X 0. 0. 0.	•
(9) CRIS STAINBROOK 1.00	
DIRECTOR X 0. 0. 0.	•
(10) JUDITH STOCKDALE 1.00	
DIRECTOR/VICE CHAIR X X 0. 0. 0.	•
(11) KEVIN SCHUYLER 2.00	
DIRECTOR/TREASURER X X 0. 0. 0.	•
(12) ANDREA TUTTLE 1.00	
DIRECTOR X 0. 0. 0.	•
(13) SOILE KILPI 1.00	
DIRECTOR X 0. 0. 0.	•
(14) ADRIAN BLOCKER 1.00	
DIRECTOR X 0. 0. 0.	•
(15) CARLTON OWEN 40.00	
PRESIDENT/CEO SECRETARY X X X 360,978. 0. 41,012.	•
(16) PETER STANGEL 40.00	
coo X 268,271. 0. 41,112.	•
(17) ALICIA CRAMER 40.00	
SR VICE PREISDENT X 204,951. 0. 38,851. 032007.01.00.00 Control of the second seco	

932007 01-20-20

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UNITED	STATES	ENI	DOWMENT	FOR	FORESTRY
AND CON	MUNITIE	ES,	INC.		

20-5583324 Page 8

Form 990 (2019) AND COMMU	JNITIES,	I	NC	•					20-55	<u>833</u>	324	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation											Esti amo	(F) imated ount of other
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	fro orga and	ensation om the nization related nizations
(18) MICHAEL GOERGEN	40.00										22	160
VICE-PRESIDENT (19) SIGNE CANN	40.00				x			207,455.		0.	23	,460.
CFO	40.00	•			x			178,246.		0.	23	,207.
(20) MATT KRUMENAUER	40.00							1/0/2100		<u> </u>		,20,.
VICE-PRESIDENT		·				х		144,115.		0.	20	,686.
		-								\square		
1b Subtotal							•	1,364,016.		0.	188	,328.
c Total from continuation sheets to Part VII, Section A										0.		0.
d Total (add lines 1b and 1c) ▶ 1,364,016. 0. 1										188	,328.	
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d abo	ove)) who	o re	eceived more than \$100,0	000 of reportable			6
										г		Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,	,		•		·	0		,	[3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensati	ion a	and	oth	er compensation from th	ne organization		4	X
5 Did any person listed on line 1a receive or a	accrue compen	isati	on fr	om a	iny เ	unrel	late	ed organization or individ	ual for services			
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or sl	ich pi	ersc	on				<u> </u>	5	X
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt cor	ntra	ctors	s th	nat received more than \$	100,000 of compe	nsati	on fror	m
the organization. Report compensation for	the calendar ye	ear e	endir	ng wit	th o	r wit	hin	the organization's tax ye	ear.			
(A) Name and business	address							(B) Description of se	ervices	С	(C) mpens	
VIREO ADVISORS LLC 11 DEPKING CH #222 ROGHON MA 02120 CONSULTING								344	,202.			
11 PERKINS ST. #223, BOSTON, MA 02130CONSULTINGIBMBLOCKCHAIN									511	,2021		
PO BOX 534151, ATLANTA, GA 30353 CONSULTING								268	,235.			
PRODUCT SAFETY LABS LLC, DEPT #2642, PO ENVIRONMENTAL BOX 11407, BIRMINGHAM, AL 35246 CONSULTING								193	,844.			
JEFF LERNER							ſ					,
1405 WOODMAN AVE., SILVER	SPRING	,	MD	20)9(02		PROJECT MANAG	GEMENT		140	,073.
CONVERSANT SOLUTIONS LLC 207 CANYON BLVD, BOULDER,	CO 803	02						SYSTEM MAPPIN	1G		135	,000.
2 Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 of compensation from the organized	zation 🕨				10							

Form **990** (2019)

932008 01-20-20

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			AND COMMUNITI	ES, INC.			20-5583	324 Page 9
Pa	rt ۱	VIII	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					(A) Tatal management	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
nts Its	1	а	Federated campaigns					
ran		b	Membership dues 1b					
0, E		с	Fundraising events 1c					
ifts			Related organizations 1d					
ي. Bila			Government grants (contributions)	7,339,009.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and					
her		-	similar amounts not included above 1f	3,336,082.				
ĞË		g	Noncash contributions included in lines 1a-1f 1g \$					
no'n		-	Total. Add lines 1a-1f		10,675,091.			
0.0				Business Code				
		a		Buoineee eeue				
Program Service Revenue	2							
ue,		b						
S e		C						
Bei		d						
ŗõ		e						
ш			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3	5	Investment income (including dividends, interes		420 400	495 260		017 660
			other similar amounts)		432,400.	-485,260.		917,660.
	4		Income from investment of tax-exempt bond pr					
	5	•	Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,455,039.					
		b	Less: cost or other basis					
iue			and sales expenses 7b 0.					
evenue			Gain or (loss)					
Re		d	Net gain or (loss)	►	2,455,039.			2,455,039.
Other R	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9	a	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	a	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOME	900099	283,233.			283,233.
nec		b						
ella ver		c						
Be			All other revenue					
Σ			Total. Add lines 11a-11d		283,233.			
	12		Total revenue. See instructions		13,845,763.	-485,260.	0.	3,655,932.
93200				F	, , ,	, - • •	•	Form 990 (2019)

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iorm Par	990 (2019) AND COMMUNIT	FIES, INC. es		20-55	83324 Page
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
<u> </u>		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		4		
	and domestic governments. See Part IV, line 21	13,308,973.	13,308,973.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	362,524.	290,019.	72,505.	
	trustees, and key employees	JUZ, JZ4.	290,019.	12,303.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,125,943.	784,779.	341,164.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	334,256.	276,240.	58,016.	
10	Payroll taxes	201,2001	,		
11	Fees for services (nonemployees):				
	Management	01 401		01 401	
b	Legal	21,421.		21,421.	
С	Accounting	46,539.		46,539.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	395,233.		395,233.	
	Other. (If line 11g amount exceeds 10% of line 25,	•			
3	column (A) amount, list line 11g expenses on Sch 0.)				
40					
	Advertising and promotion	69,531.	46,854.	22,677.	
13	Office expenses	09,551.	40,054.	44,077.	
14	Information technology				
15	Royalties				
16	Occupancy	46,446.	12,434.	34,012.	
17	Travel	169,483.	96,586.	72,897.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,261.	44.	17,217.	
20	Interest	1,675.	•	1,675.	
		1,0,5.		<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	07 101	10 040	10.001	
23	Insurance	27,101.	10,840.	16,261.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
~	MISCELLANEOUS	25,617.	105.	25,512.	
	COMMUNITY WEALTH THROUG	20,303.	103.	20,303.	
b	COMMUNITY WEALTH THROUG	20,303.		40,303.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,972,306.	14,826,874.	1,145,432.	C
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2019)

Form 990 (
Part X	Balance Sheet

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Par	τχ	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				1	
	2	Savings and temporary cash investments			16,000,525.	2	8,570,459.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,924,530.	4	7,539,031.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	•			5	
	6	Loans and other receivables from other disqualifi	•	,			
		under section 4958(f)(1)), and persons described				6	
ŝts	7	Notes and loans receivable, net			10.020	7	010 450
Assets	8	Inventories for sale or use			12,839.	8	218,456.
<	9				128,159.	9	23,988.
	10a	Land, buildings, and equipment: cost or other		1 5 704 750			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	<u> </u>	7 217 771		15 645 665
	b				<u>7,317,771.</u> 182,524,782.	10c	15,645,665. 205,907,803.
	11	Investments - publicly traded securities			19,248,293.	11 12	24,774,677.
	12	Investments - other securities. See Part IV, line 1			19,240,295.		24,114,011.
	13	Investments - program-related. See Part IV, line 1				13 14	
	14 15	Intangible assets			90,075.	14	114,508.
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa			232,246,974.	16	262,794,587.
	17	Accounts payable and accrued expenses			7,674,120.	17	4,433,090.
	18	Grants payable and accided expenses			,,0,1,1200	18	1,155,0500
	19	Deferred revenue			311,000.	19	
	20					20	
	21	Escrow or custodial account liability. Complete P				21	
۵	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26				7,985,120.	26	4,433,090.
		Organizations that follow FASB ASC 958, chec	k here	e ▶ 🚺 🔰			
Ce		and complete lines 27, 28, 32, and 33.			01 100 400		04 055 150
alan	27				21,138,499.	27	24,857,158. 233,504,339.
Ä	28	Net assets with donor restrictions			203,123,355.	28	233,504,339.
ŭ		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ŝts	29 20	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or equ				30	
∋t A	31	Retained earnings, endowment, accumulated inc			224,261,854.	31	258,361,497.
ž	32 22	Total net assets or fund balances			232,246,974.	32 33	262,794,587.
	33	Total liabilities and net assets/fund balances			454,440,914.	33	Form 990 (2019)

932011 01-20-20

UNITED	STATES	$_{\rm ENI}$	DOWMENT	FOR	FORESTRY
AND CON	MIINTTT	25	TNC.		

	AND COMMUNITIES, INC.	20-	55833	324	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,845		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,972		
3	Revenue less expenses. Subtract line 2 from line 1	3		,126		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	224,			
5	Net unrealized gains (losses) on investments	5	35,	,057	<u>, 90</u>	<u>)5.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,	<u>,168</u>	3,28	<u>31.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	258,	<u>,361</u>	.,49	<u>97.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0.	- [Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a				
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:					
	Separate basis X 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					1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1
	Act and OMB Circular A-133?		F	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A	Dublic Ch a	rity Status an	d Dub	lic Si	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		nization is a section 501					2010
		947(a)(1) nonexempt cha					2019
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I					Open to Public Inspection
Name of the organization		v/Form990 for instruction			iformation.	Employor	identification number
	 UNITED STATES AND COMMUNITIE 		K FORE	PIKI			0-5583324
Part I Reason fo	or Public Charity Status		omplete thi	s part.) Se	e instructions		0 3303324
	private foundation because it is:						
	vention of churches, or associati				I)(A)(i).		
	ibed in section 170(b)(1)(A)(ii).				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	cooperative hospital service org				ii).		
4 A medical resea	arch organization operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
city, and state:							
	n operated for the benefit of a co	ollege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
)(1)(A)(iv). (Complete Part II.)						
	e, or local government or govern						
-	n that normally receives a substa	antial part of its support f	rom a gove	rnmental	unit or from th	e general p	oublic described in
	(1)(A)(vi). (Complete Part II.) rust described in section 170(b	V1VAVvi) (Complete Par	+ 11 \				
	research organization described		-	d in conii	inction with a	land-grant	college
5	a non-land-grant college of agrid			-		-	-
university:	5 5 5	, , , , , , , , , , , , , , , , , , ,			,	0	
10 An organization	n that normally receives: (1) mor	e than 33 1/3% of its sup	port from c	ontributio	ns, membersh	ip fees, an	d gross receipts from
activities relate	ed to its exempt functions - subje	ect to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
	related business taxable income	e (less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	09(a)(2). (Complete Part III.)						
	n organized and operated exclus	•	•				
-	n organized and operated exclus	•				•	
	supported organizations describ gh 12d that describes the type (
	oporting organization operated,		-			-	aivina
	d organization(s) the power to re	-	• • • •	-			
organization.	You must complete Part IV, S	ections A and B.					
b 🗌 Type II. A su	pporting organization supervise	d or controlled in connec	tion with its	supporte	ed organizatior	n(s), by hav	ing
control or ma	anagement of the supporting org	ganization vested in the s	ame persor	ns that co	ntrol or manag	e the supp	ported
, č	s). You must complete Part IV						
	tionally integrated. A supporting					y integrate	d with,
	d organization(s) (see instruction						
	-functionally integrated. A sup nctionally integrated. The organi					•	
	(see instructions). You must co	• •	•		•	an allentiv	611655
·	ox if the organization received a	•				I. Type III	
	ntegrated, or Type III non-function				, , , , , , , , , , , , , , , , , , ,	, ,	
f Enter the number of	supported organizations						
	g information about the support		(iv) Is the orga	nization listed			
(i) Name of support organization	ted (ii) EIN	(iii) Type of organization (described on lines 1-10	in your governir	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No			
	untion Act Nation and the local	ruotiono for Form 000	000 57	000000	 		m 000 or 000 EZ) 0040
LITA FOR Paperwork Redu	uction Act Notice, see the Inst	ructions for Form 990 of 15	990-EZ.	932021 09-	25-19 SCNeC	iule A (FO	m 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019	AND	COMMUNITIES,	INC.
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4084668.	8093765.	6363417.	8922536.	<u>10675091.</u>	38139477.
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						
4	Total. Add lines 1 through 3	4084668.	8093765.	6363417.	8922536.	<u>10675091.</u>	38139477.
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)						445,531.
	Public support. Subtract line 5 from line 4.						37693946.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4084668.	8093765.	6363417.	8922536.	<u>10675091.</u>	38139477.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2949119.	3382776.	4055678.	2228723.	917,660.	13533956.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						51673433.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,916,828.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stop						>
	ction C. Computation of Publi						70.05
	Public support percentage for 2019 (I		•			14	72.95 %
	Public support percentage from 2018					15	64.75 %
16a	33 1/3% support test - 2019. If the c				14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
-	meets the "facts-and-circumstances"	-		• • • •	•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on dia not check a	box on line 13, 16a	a, 160, 17a, or 17b			
					3006	suule A (FOLIII 990) or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 AND COMMUNITIES, INC. 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		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	<u></u>					>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-	•		•••••		▶∟
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19		17	,	Sch	edule A (Form 99	0 or 990-EZ) 2019

^{2019.05000} UNITED STATES ENDOWMENT F 20558331

Schedule A (Form 990 or 990-EZ) 2019 AND COMMUNITIES, INC.

1

2

Yes No

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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932024 09-25-19

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AND COMMUNITIES, INC. 20-5583324 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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? 11a **b** A family member of a person described in (a) above? 11b c 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. 11c Section 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, supervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
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

supported organizations plaved in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

	c [The organization supported a governmental entity.	Describe in Part VI how you supported a government entity (see instructions,	
--	------------	--	---	--	--

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- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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 but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**

b 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.* 932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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2019.05000 UNITED STATES ENDOWMENT F 20558331

 Yes
 No

 2a

 2b

 3a

 3b

2

3

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Schedule A (Form 990 or 990 EZ) 2019 AND COMMUNITIES , Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 AND COMMUNITIES, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporti

	20-5583324	Page 7
ting Organizations	(continued)	

	- Spe in Henri anotionally integrated beet	allo, oabbol allo ol ga		
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

						R FORESTRY	00 5500001
Schedule A Part VI	(Form 990 or 990-EZ) 2019	AND CO	MMUNITI	ES, INC	•		20-5583324 Page
	Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, lines 2 and 3;	, 4c, 5a, 6, 9a, Part IV, Sectic	9b, 9c, 11a, on E, lines 1c,	11b, and 11c 2a, 2b, 3a, a	; Part IV, Section B, .nd 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, additional information.
32028 09-25-1	9					So	chedule A (Form 990 or 990-EZ) 20
				22			

Schedule	B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name	of	the	org	an	iza	tior
INALLE	UI.		U U	an	ıı∠a	liu

Organization type (check one)

****** PUBLIC DISCLOSURE COPY

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

2019

Employer identification number

20-5583324

-	UNITED	STATES	ENDOWMENT	FOR	FORESTRY
	AND CO	MMUNITI	ES, INC.		

Filers of:	Section:						
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

Name of organization

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC. Employer identification number

20-5583324

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 X Person Payroll 2,988,277. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 1,957,214. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,223,980. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 4 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

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2019.05000 UNITED STATES ENDOWMENT F 20558331

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

25

Name of organization

INT TED STATES ENDOWNENT FOR FORFSTRV

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)			Page ⁴				
Name of or	rganization			Employer identification number				
UNITEI	D STATES ENDOWMENT FOR H	FORESTRY						
AND CO	OMMUNITIES, INC.			20-5583324				
Part III)) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line charitable etc. contributions of \$1,000	or less for the year. (Enter this info	once) >\$				
	Use duplicate copies of Part III if additional	space is needed.						
(a) No.		() · · · · · · · · · ·						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
Ī		(e) Transfer of	gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
Part I		()	.,-					
-	(a) Transfor of aift							
	(e) Transfer of gift							
	Transferee's name, address, ar	Belationship of	transferor to transferee					
ŀ								
(a) No. from	(b) Purpose of gift	(c) Use of gift		escription of how gift is held				
Part I	(b) i dipose ol gitt							
-								
		(e) Transfer of	gift					
	Turneferre la neme establicar es		Deletionship of i					
ŀ	Transferee's name, address, ar		Relationship of	transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee				

923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	SCHEDULE D Supplemental Financial Statements						
(Forn	n 990)	► Complete if the org Part IV line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	h	2019		
	ment of the Treasury		Attach to Form 990. 90 for instructions and the latest informa		Open to Public Inspection		
	Revenue Service		Employer identification number				
Hann	Ū	AND COMMUNITIES, II	NC.		20-5583324		
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b)	Funds and other accounts		
1		nd of year					
2 3		f contributions to (during year) f grants from (during year)					
3 4		t end of year					
5		on inform all donors and donor advisors in v		ed funds			
	-	on's property, subject to the organization's	-		Yes No		
6		on inform all grantees, donors, and donor a					
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose c	conferring			
Des		ate benefit?					
Par		ation Easements. Complete if the org		Part IV, line	e 7.		
1		servation easements held by the organization		- 1-1-11-	- U Sama and and the set of a set		
		n of land for public use (for example, recrea			ally important land area		
		f natural habitat n of open space	Preservation of	a certillec	I historic structure		
2		through 2d if the organization held a qualif	ied conservation contribution in the form c	of a conse	rvation easement on the last		
-	day of the tax year	• •			Held at the End of the Tax Year		
а		onservation easements		2	a		
b					b		
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2			
d		vation easements included in (c) acquired a					
		nal Register			d		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizati	on during the tax		
4	year ►	 where property subject to conservation eas	ement is located				
5		tion have a written policy regarding the per					
•		forcement of the conservation easements it			Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,					
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easem	nents during the year		
	►\$						
8		vation easement reported on line 2(d) abov	•				
٥)(4)(B)(ii)? be how the organization reports conservation					
9	-	d include, if applicable, the text of the footn	•				
		ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	her Sim	ilar Assets.		
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance	e sheet works		
		easures, or other similar assets held for pub			of public		
		Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public ing amounts relating to these items:	exhibition, education, or research in furthe	erance of	public service,		
	-	ded on Form 990, Part VIII, line 1			► \$		
					\$ 		
2	.,	received or held works of art, historical trea					
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:	-			
		on Form 990, Part VIII, line 1			► \$		
		Form 990, Part X			► \$		
		eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2019		
932051	10-02-19		27				

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		STATES ENDO		IT FOR	FOREST	RY	2	0 55	02224	_ 0
	dule D (Form 990) 2019 AND COM	MUNITIES, I	INC.	wie al Twa						Page 2
Par	t III Organizations Maintaining C								(continu	ied)
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check	any of the f	ollowing that	make si	gnificant us	e of its		
а	Public exhibition	d	Πι	oan or excl	nange progra	ım				
b	Scholarly research	е			5 1 5					
c	Preservation for future generations	-								
4	Provide a description of the organization's co	lections and explain	how the	w further th	e organizatio	n's ever	nnt nurnose	in Part	XIII	
5	During the year, did the organization solicit o								XIII.	
5										
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange								Yes	No
I UI	reported an amount on Form 990, Par		ete ii trie	organizatio	ranswered	res on	F0111 990,	Part IV,	line 9, or	
1 a	Is the organization an agent, trustee, custodi								-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing ta	able:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						,		_	\square
Par							10.			
		(a) Current year		rior year	(c) Two year		(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	201,429,295.		406,784.			194,97			596,560.
	Contributions	, , -	, ,	, .	,	, .	/	, .	, ,	, .
		37,428,185.	_11	560,489.	29,279	518	13 73	9,487.	-6.8	393,979.
	Net investment earnings, gains, and losses	37,120,103.	,	500,105.		, 510.	10,70	<i>, 10</i> , <i>.</i>	•,•	
	Grants or scholarships									
е	Other expenditures for facilities	0 175 000	0	417 000	0.000		7 66	7 010		
	and programs	8,175,000.	8,	417,000.	9,026	,878.	7,55	7,919.	9,1	30,005.
	Administrative expenses									
g	End of year balance	230,682,480.	201,	429,295.	221,406	,784.	201,15	4,144.	194,9	972,576.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► <u>86.70</u>	%								
с	Term endowment ►13.30	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that	are held an	d administer	ed for th	e organizati	ion		
	by:	-					-			res No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza									
1	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm			1105.						
	Complete if the organization answered		Dort IV	line 11e S	oo Eorm 000	Dort V	line 10			
	· · · · · · · · · · · · · · · · · · ·				T			.	(-1) D1-	
	Description of property	(a) Cost or ot basis (investm		(b) Cost	I	• •	ccumulated	1	(d) Book	value
			ienų	basis (ue	preciation		1 2 1	704
	Land				7,794.		120.00	_		<u>,794.</u>
	Buildings			32	4,101.	-	139,09	3.	182	,008.
С	Leasehold improvements									
d	Equipment			4						
е	Other			15,32	2,863.					,863.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	X. colum	<u>n (B). line 1(</u>) <u>c.)</u>			▶ 1	5,645	,665.
	· · · · ·						S	chedule	D (Form	990) 2019

UNII	ED	STATES	ENI	DOWMENT	FOR	FORESTRY
AND	COM	IMUNITIE	s,	INC.		

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE LIMITED			
(B) PARTNERSHIPS	24,774,677.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	24,774,677.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	e 15.)		
Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i
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 X, col. (B) line	25)	>	
 Liability for uncertain tax positions. In Part XIII, provide 			hat reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019

	UNITED STATES ENDOWMENT FOR FORESTRY		
	edule D (Form 990) 2019 AND COMMUNITIES, INC.		5583324 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	48,508,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	7,905.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	35,057,905.
3	Subtract line 2e from line 1		13,450,530.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.)	5,233.	
С	Add lines 4a and 4b		395,233.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		13,845,763.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,577,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Conter losses 2c		
d	I Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		15,577,073.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)	5,233.	
с	Add lines 4a and 4b	4c	395,233.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		15,972,306.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION WAS FUNDED WITH A ONE-TIME INFUSION OF \$200 MILLION UNDER						
THE TERMS OF THE SOFTWOOD LUMBER AGREEMENT BETWEEN THE UNITED STATES AND						
CANADA. EARNINGS FROM THE ENDOWMENT CAN BE USED TO FUND THE						
ORGANIZATION'S PURPOSES OF SUPPORTING EDUCATIONAL AND CHARITABLE CAUSES IN						
TIMBER-RELIANT COMMUNITIES, EDUCATIONAL AND PUBLIC-INTEREST PROJECTS						
ADDRESSING FOREST MANAGEMENT ISSUES THAT AFFECT TIMBER-RELIANT						
COMMUNITIES, OR THE SUSTAINABILITY OF FORESTS AS SOURCES OF BUILDING						
MATERIALS, WILDLIFE HABITAT, BIO-ENERGY, RECREATION, AND OTHER VALUES.						

PART X, LINE 2:

THE ENDOWMENT	HAS	OBTAINED	TAX	EXEMPT	STATUS	UNDER	INTERNAL	REVENUE	CODE	
---------------	-----	----------	-----	--------	--------	-------	----------	---------	------	--

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932054 10-02-19

UNITED STATES ENDOWMENT FOR FORESTRYSchedule D (Form 990) 2019AND COMMUNITIES, INC.20-5583324 Page 5
Part XIII Supplemental Information (continued)
SECTION 501(C)(3), AND AS SUCH, IS EXEMPT FROM INCOME TAXES EXCEPT ON
UNRELATED BUSINESS INCOME. ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED
FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL
AND STATE INCOME TAXES. THE ENDOWMENT HAS DETERMINED THAT THERE ARE NO
MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2019.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES 395,233.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES 395,233.

Schedule D (Form 990) 2019

932055 10-02-19

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes	ON	IB No. 1545-0047
(Fo	rm 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part I	V, line 14b, 1	5, or 16.		2019
Depar	tment of the Treasury			Attach to Form 990.				to Public
	al Revenue Service		www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspe	
	e of the organization	ENDOWMENT		R C M D V		Employer	identifi	cation number
	COMMUNITI		FOR FOR	LOIKI		20-55	8332	4
Pa	rt I General I	nformation on A	ctivities Out	side the United States. Comple	te if the organ	ization answ	vered "Y	- <u>-</u> es" on
		Part IV, line 14b.		Comple	to in the organ			
1			n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,		
	the grantees' eligib	ility for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X	Yes 🗌 No
2	For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ce outsi	de the
3				n be duplicated if additional space is n				
	(a) Region	(b) Number of offices	(c) Number of	3	• •	vity listed in gram service	. ,	(f) Total expenditures
		in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		e specific typ		for and
		5	contractors	recipients located in the region)		(s) in the reg		investments in the region
			in the region					
GRAI	ITS			GRANT				25,000.
3 a	Subtotal	0	0					25,000.
b	Total from continua		_					_
	sheets to Part I		0					0.
С	Totals (add lines 3a	a 0	0					25,000.
	and 3b)	0	l v					1 23,000.

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

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019

AND COMMUNITIES, INC.

20-5583324

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		NORTH AMERICA -								
		CANADA AND								
		MEXICO, BUT NOT								
		THE UNITED STATES	WOOD TO ENERGY	25,000.	CHECK	٥.				
			recognized as charities by the f							
			tion 501(c)(3) equivalency letter			►				
3 Enter total number of other organizations or entities										

Schedule F (Form 990) 2019

Page 2

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UNITED	STATES	ENI	OWMENT	FOR	FORESTRY
AND COM	MUNITIE	ES,	INC.		

20-5583324

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2019

	aditional space is needed	J.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		1	1	1	1	1	

Schedule F (Form 990) 2019

Schedu	Ile F (Form 990) 2019 AND COMMUNITIES, INC.	20-5583324	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019 AND COMMUNI Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION MONITORS RECIPIENTS OF GRANTS TO ENSURE THAT FUNDS ARE

SPENT ON INTENDED PURPOSES.

15331111 797738 205583324

SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization UNITED ST. AND COMMU		WMENT FOR FOR	ORESTRY				Employer identification number 20-5583324				
Part I General Information on Grants and											
1 Does the organization maintain records t criteria used to award the grants or assis	tance?				v						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					anization answord "V	as" on Form 000 Part	IV line 21 for any				
recipient that received more than \$	-				anization answered f	es on Form 990, Fan	iv, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
THE LONGLEAF ALLIANCE											
12130 DIXON CENTER ROAD											
ANDALUSIA, AL 36420	75-3263645		134,543.	0.			LONGLEAF MAPPING, SRCWF				
DUCKS UNLIMITED 1220 EISENHOWER PLACE	12 5642700		5 000	0							
ANN ARBOR, MI 48108	13-5643799	501 (C) (3)	5,000.	0.			FOREST RETENTION				
HURON RIVER WATERSHED COUNCIL 1100 N. MAIN ST, STE 210 ANN ARBOR , MI 48104	38-1806452	501 (C) (3)	74,155.	0.			HEALTHY WATERSHED CONSORTIUM				
CHESAPEAKE CONSERVANCY 716 GIDDINGS AVENUE, SUITE 42 ANNAPOLIS, MD 21401	26-2271377	501 (C) (3)	62,688.	0.			SENTINEL LANDSCAPES				
TROUT UNLIMITED PA 1777 N. KENT ST ARLINGTON, VA 22209	38-1612715	501 (C) (3)	40,000.	0.			HEALTHY WATERSHED CONSORTIUM				
THE NATURE CONSERVANCY 4245 FAIRFAX DR #100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	191,191.	0.			FOREST RETENTION, SENTINEL LANDSCAPES				
2 Enter total number of section 501(c)(3) ar	с с		e line 1 table				▶56.				
3 Enter total number of other organizations	s listed in the line 1	table					▶ 38.				

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

Schedule I (Form 990) ANI

AND COMMUNITIES, INC.

Schedule I (Form 990) AND COM	IUNITIES, II	NC.				Z	10-5565524 Page
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH RESEARCH CORP							
P.O BOX 100117							P3 NANO RESEARCH TO
ATLANTA, GA 30384	58-0603146	501 (C) (3)	233,852.	0.			COMMERCIALIZATION
THE CONSERVATION FUND 100 PEACHTREE ST. SUITE 230							
ATLANTA , GA 30303	52-1388917	501C3	68,778.	0.			SENTINEL LANDSCAPES
HILL COUNTRY ALLIANCE							HEALTHY WATERSHED
P.O. BOX 151675 AUSTIN, TX 78715	26-0106908	501 (C) (3)	29,000.	0.			CONSORTIUM
,			,				
HILL COUNTRY CONSERVANCY							
P.O. BOX 163125							HEALTHY WATERSHED
AUSTIN, TX 78716	74-2948145	501 (C) (3)	91,197.	0.			CONSORTIUM
AMERICAN FOREST FOUNDATION							
P.O. BOX 79423							SUSTAINABLE FORESTRY AND
BALTIMORE, MD 21298	52-1235124	501 (C) (3)	5,336.	٥.			LAND RETENTION
AMERICAN WOOD COUNCIL DEPARTMENT 791153							
BALTIMORE, MD 21279	27-2820415		180,305.	٥.			MASS TIMBER
CENTRAL FL REGIONAL PLANNING 555 E. CHURCH STREET							
BARTOW, FL 33830	59-1520550	GOVT	51,331.	0.			SENTINEL LANDSCAPES
THE WATER INSTITUTE							
1110 RIVER RD							
BATON ROUGE, LA 70802	45-1066585	501 (C) (3)	94,422.	0.			FOREST RETENTION
LOUISIANA STATE UNIVERSITY							
240A THOMAS BOYD HALL							P3 NANO RESEARCH TO
BATON ROUGE, LA 70803	72-6000848	UNIVERSITY	29,320.	0.			COMMERCIALIZATION

Schedule I (Form 990) AND COMMUNITIES, INC.

20-5583324 Page 1

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa I	irt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND TRUST FOR MISSISSIPPI COASTAL							
PLAIN - PO BOX 245 - BILOXI, MS							HEALTHY WATERSHED
39533	64-0936130	501 (C) (3)	52,433.	0.			CONSORTIUM
VIRGINIA POLYTECHNIC UNIVERSITY							
NORTH END CENTER (MC 0170)							
BLACKSBURG, VA 24061	54-6001805	UNIVERSITY	9,549.	0.			FOREST HEALTH
CENTER FOR LARGE LANDSCAPE							
P.O. BOX 1587							HEALTHY WATERSHED
BOZEMAN, MT 59771	27-1226829		46,132.	0.			CONSORTIUM
DOLEMAN, MI 33771	27 1220025		40,132.				CONSORTIOM
BUFFALO NIAGARA RIVER KEEPER							
721 MAIN ST							HEALTHY WATERSHED
BUFFALO, NY 14203	22-2993054	501 (C) (3)	124,622.	0.			CONSORTIUM
INSTITUTE OF FOREST BIOSCIENCES							
140 PRESTON EXECUTIVE DRIVE, SUITE							
CARY, NC 27513	56-2278107		25,000.	0.			FOREST HEALTH
CENTER FOR HEIRS' PROPERTY							
PRESERVATION - 1535 SAM RITTENBURG							
BLVD., SUITE D - CHARLESTON, SC							SUSTAINABLE FORESTRY AN
29407	52-2452879	501 (C) (3)	106,816.	0.			LAND RETENTION
VIRGINIA DEPT OF FORESTRY							
900 NATURAL RESOURCE DRIVE, SUITE 8							HEALTHY WATERSHED
CHARLOTTESVILLE, VA 22903	54-6001800	GOVT	109,496.	0.			CONSORTIUM
· · · ·							
PURDUE UNIVERSITY							
23510 NETWORK PLACE							P3 NANO RESEARCH TO
CHICAGO, IL 66073	35-6002041	UNIVERSITY	86,499.	0.			COMMERCIALIZATION
COUNCIL OF GREAT LAKES							
20 N WACKER DR	41 1407500		155 770	^			
CHICAGO, IL 60606	41-1427529		155,779.	0.			FOREST RETENTION

Schedule I (Form 990) AND COMMUNITIES, INC.

20-5583324 Page 1

Part II Continuation of Grants and Othe	r Assistance to Gov		nizations in the Un	ited States (Scho	edule I (Form 990), Pa		10-5565524 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD CLEMSON, SC 29634	57-6000254	UNIVERSITY	119,342.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION, GREEN BUILDING
SC RURAL WATER ASSOCIATION 128 STONEMARK LANE COLUMBIA, SC 29210	57-0646037		21,619.	0.			HEALTHY WATERSHED CONSORTIUM
DOWNEAST SALMON FEDERATION BOX 201 COLUMBIA FALLS, ME 04623	01-0532938	501 (C) (3)	24,229.	0.			HEALTHY WATERSHED CONSORTIUM
NORTHERN FOREST CENTER PO BOX 210 CONCORD, NH 03302	22-3458955	501 (C) (3)	88,623.	0.			FOREST RETENTION
CONSORTIUM FOR RESEARCH ON RENEWABLE INDUSTRIAL MATERIALS - P.O. BOX 2432 - CORVALLIS, OR 97339	91-1744259	501 (C) (3)	154,239.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
OREGON STATE UNIVERSITY 104 KERR ADMIN BUILDING CORVALLIS, OR 97331	61-1730890	govt	361,678.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
MCINTOSH SEED PO BOX 2355 DARIEN, GA 31305	58-2556194	501 (C) (3)	136,250.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
COLORADO SCHOOL OF MINES P.O. BOX 911911 DENVER, CO 80291	84-6000551	UNIVERSITY	179,096.	0.			GREEN BUILDING
BLACK FAMILY LAND TRUST P. O. BOX 2087 DURHAM, NC 27702	04-3797149	501 (C) (3)	135,260.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION

Schedule I (Form 990) AND

AND COMMUNITIES, INC.

20-5583324 Page 1

Part II Continuation of Grants and Other			nizations in the Un	ited States (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY CONTRACT AND GRANT ADMINISTRATION EAST LANSING, MI 48824	38-6005984	UNIVERSITY	106,904.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION, GREEN BUILDING
EUGENE WATER & ELECTRIC BOARD 500 E 4TH AVE EUGENE, OR 97401	93-6001483	501 (C) (3)	115,701.	0.			HEALTHY WATERSHED CONSORTIUM
LRLEAN 3726 COUNTY ROAD 12 FAYETTE, AL 35555	45-3970733	501 (C) (3)	85,875.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
UNIVERSITY OF ARKANSAS 1 UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701	71-6003252	govt	35,659.	0.			MASS TIMBER
ALACHUA CONSERVATION TRUST 7204 SE CR 234 GAINESVILLE, FL 32641	59-2919630	501 (C) (3)	27,288.	0.			HEALTHY WATERSHED CONSORTIUM
HURON PINES RESOURCE CONSERVATION 4241 OLD US 27 SOUTH; SUITE 2 GAYLORD, MI 49735	47-5104164	501 (C) (3)	58,746.	0.			HEALTHY WATERSHED CONSORTIUM
PENNSYLVANIA DEPT OF CONSERVATION & NATURAL RESOURCES - 400 MARKET ST - HARRISBURG, PA 17105	25-1773197	govt	48,392.	0.			HEALTHY WATERSHED CONSORTIUM
HAWAII DEPT OF LAND AND NATURAL RESOURCES – 3190 MAILE WAY – HONOLULU, HI 96822	99-0266119	501 (C) (3)	112,652.	0.			HEALTHY WATERSHED CONSORTIUM
KATY PRARIE CONSERVANCY 5615 KIRBY DRIVE HOUSTON, TX 77005	76-0377029	501 (C) (3)	57,339.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990) AND COMMUNITIES, INC.

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Schedule I (Form 990) AND COMMU	· · ·			ited Chates (Cab			10-5585524 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON COUNTY SELF HELP							
3450 SHANNON DALE DRIVE							SUSTAINABLE FORESTRY AND
JACKSON, MS 39212	64-0771042	501 (C) (3)	120,000.	٥.			LAND RETENTION
NORTH FLORIDA LAND TRUST							
2038 GILMORE ST							HEALTHY WATERSHED
JACKSONVILLE, FL 32204	59-3609167	501 (C) (3)	72,404.	0.			CONSORTIUM
ALASKA DEPT OF FISH AND WILDLIFE							
PO BOX 115526 1255 W 8TH STREET							HEALTHY WATERSHED
JUNEAU, AK 99811	92-6001185	GOVT	163,257.	٥.			CONSORTIUM
TROUT UNLIMITED OR							
1453 EXPLANADE AVE	25 1612715		10.154				HEALTHY WATERSHED
KLAMATH FALLS, OR 97601	35-1612715	501 (C) (3)	10,154.	0.			CONSORTIUM
MORRISON SOIL & WATER CONSERVATION							
16776 HERON ROAD							HEALTHY WATERSHED
LITTLE FALLS, MN 56345	41-0941237	GOVT	18,000.	٥.			CONSORTIUM
UNIVERSITY OF LOUISVILLE RESEARCH							
FOUNDATION - 300 EAST MARKET ST.,							
SUITE 300 - LOUISVILLE, KY 40202	61-1029626	UNIVERSITY	44,009.	0.			WOOD TO ENERGY
UNIVERSITY OF WISCONSIN - MADISON							
333 EAST CAMPUS MALL							P3 NANO RESEARCH TO
MADISON , WI 53715	39-6006492	UNIVERSITY	158,696.	0.			COMMERCIALIZATION
			,				
UNIVERSITY OF MINNESOTA - NRRI							
NW 5957 PO BOX 1450							
MINNEAPOLIS, MN 55485	41-6007513	GOVT	94,840.	0.			WOOD TO ENERGY
MISSISSIPPI STATE UNIVERSITY							
OFFICE OF THE CONTROLLER &							
TREASURER SPONSORED PROGRAMS							GREEN BUILDING, FOREST
ACCOUNTING - MISSIS	38-6005989	UNIVERSITY	19,441.	٥.			RETENTION

Schedule I (Form 990) AND COMMUNITIES, INC.

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Schedule I (Form 990) AND COMMO	NITIES, I	NC.					20-5565524 Page
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE BAY NATIONAL ESTUARY							
118 NORTH ROYAL							HEALTHY WATERSHED
MOBILE, AL 36602	63-0779657	501 (C) (3)	184,632.	0.			CONSORTIUM
FOOTHILLS CONSERVANCY OF NC							
PO BOX 3023							HEALTHY WATERSHED
MORGANTON, NC 28680	56-1947390	501 (C) (3)	60,312.	0.			CONSORTIUM
UNIVERSITY OF IDAHO							
875 PERIMETER DR, MS3020							
MOSCOW, ID 83844	82-6000945	GOVT	55,192.	0.			MASS TIMBER
WASHINGTON STATE DEPT OF COMMERCE							
1011 PLUM ST. SE							
OLYMPIA, WA 98504	91-0823820	GOVT	28,005.	0.			SENTINEL LANDSCAPES
UNIVERSITY OF MAINE							
5717 CORBETT HALL, ROOM 400							P3 NANO RESEARCH TO
ORONO, ME 04469	01-6000769	UNIVERSITY	156,671.	0.			COMMERCIALIZATION
CONSERVATION FOUNDATION OF THE							
GULF COAST - P.O. BOX 902 - OSPREY	00 0045040		05.050				HEALTHY WATERSHED
, FL 34229	20-0345249	501 (C) (3)	25,250.	0.			CONSORTIUM
UNIVERSITY OF PENNSYLVANIA							
OFFICE OF RESEARCH SERVICES 5TH							
FLOOR, FRANKLIN BUILDING 3451		L					P3 NANO RESEARCH TO
WALNUT STREET	23-1352685	UNIVERSITY	55,993.	0.			COMMERCIALIZATION
UNIVERSITY OF ARKANSAS PINE BLUFF							
MS 4984							SUSTAINABLE FORESTRY AND
PINE BLUFF, AR 71601	58-1353149	501 (C) (3)	104,882.	0.			LAND RETENTION
WESTERN RIVERS CONSERVANCY							
							HEALTHY WATERSHED
71 SW OAK STREET, SUITE 100	93_1326405	501 (C) (3)	13 574	0.			
PORTLAND, OR 97204	93-1326405	DOT (C) (D)	43,574.	U.			CONSORTIUM

AND COMMUNITIES, INC. Schedule I (Form 990) AND COMMUNITIES, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE NORTHWEST							
1130 SW MORRISON ST. SUITE 510							HEALTHY WATERSHED
PORTLAND, OR 97205	93-1152222	501 (C) (3)	46,754.	0.			CONSORTIUM
FEATHER RIVER LAND TRUST							
PO BOX 1826							HEALTHY WATERSHED
QUINCY, CA 95971	68-0449687	501 (C) (3)	71,045.	0.			CONSORTIUM
WORKING LANDS TRUST							
1600 GLENWOOD AVENUE							
RALEIGH, NC 27608	46-2913344	501 (C) (3)	71,428.	0.			SENTINEL LANDSCAPES
NORTH CAROLINA STATE UNIVERSITY							WOOD TO ENERGY, GREEN
OFFICE OF GRANTS AND CONTRACTS							BUILDING, SENTINEL
RALEIGH, NC 27695-7214, NC 27695	56-6000756	UNIVERSITY	100,501.	0.			LANDSCAPES
HIGHSTEAD FOUNDATION							L
PO BOX 1097	0.5. 1100.510						HEALTHY WATERSHED
REDDING, CT 06875	06-1108612	501 (C) (3)	117,354.	0.			CONSORTIUM
ROANOKE ECONOMIC DEVELOPMENT INC.							
409 MAIN ST PO BOX 148							SUSTAINABLE FORESTRY AN
RICH SQUARE, NC 27869	56-2182552	501(C)(3)	105,000.	0.			LAND RETENTION
	50 1101551	301 (0) (3)	100,000.				
BLUE FOREST CONSERVATION							
2716 6TH AVE							
SACRAMENTO, CA 95818	47-5104164		299,370.	0.			FOREST RETENTION
,				- •			INNOVATIVE FINANCE FOR
THE TRUST FOR PUBLIC LAND							FOREST CONSERVATION,
101 MONTGOMERY ST.SUITE 900							HEALTHY WATERSHEDS
SAN FRANCISCO, CA 94104	23-7222333	501 (C) (3)	179,834.	0.			CONSORTIUM
PACIFIC FOREST TRUST							
1001-A O'REILLY AVENUE							HEALTHY WATERSHED
SAN FRANCISCO, CA 94129	68-0292509	501 (C) (3)	81,465.	Ο.			CONSORTIUM

Schedule I (Form 990)

AND COMMUNITIES, INC.

· · · ·	UNITIES, II						10-5565524 P	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SONOMA LAND TRUST								
822 FIFTH ST							HEALTHY WATERSHED	
SANTA ROSA, CA 95404	51-0197006	501 (C) (3)	103,169.	0.			CONSORTIUM	
THE BULLITT FOUNDATION								
1501 E MADISON ST							HEALTHY WATERSHED	
SEATTLE, WA 98122	91-6027795	501 (C) (3)	63,206.	0.			CONSORTIUM	
PUGET SOUND REGIONAL COUNCIL								
1011 WESTERN AVENUE #500							HEALTHY WATERSHED	
SEATTLE, WA 89104	91-0662794	501 (C) (3)	16,124.	0.			CONSORTIUM	
· · · ·								
ATHENA INSTITUTE								
600 GRINGS HILL RD.								
SINKING SPRING, PA 19608	23-3099315		30,831.	0.			GREEN BUILDING	
LOWER SHORE LAND TRUST								
100 RIVER ST							HEALTHY WATERSHED	
SNOW HILL, MD 21863	52-1701152	501 (C) (3)	68,000.	0.			CONSORTIUM	
BEAVER WATERSHED ALLIANCE								
614 EASE EMMA AVE. SUITE M438							HEALTHY WATERSHED	
SPRINGDALE, AR 72764	45-2476224	501 (C) (3)	74,569.	0.			CONSORTIUM	
ST. CROIX								
230 S WASHINGTON							HEALTHY WATERSHED	
ST. CROIX FALLS, WI 54024	26-3025933	501 (C) (3)	47,347.	0.			CONSORTIUM	
EARTH ECONOMICS								
107 NORTH TACOMA AVE	20 1042411		0.020	•				
TACOMA, WA 98403	20-1843411	DUI (C) (3)	9,038.	0.			FOREST RETENTION	
TALL TIMBERS RESEARCH INC.								
13093 HENRY BEADEL DR							HEALTHY WATERSHED	
TALLAHASSEE, FL 32312	59-0952956		14,544.	0.			CONSORTIUM	

Schedule I (Form 990) AND COMMUNITIES, INC.

20-5583324

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Schedule I (Form 990) AND COMMO	· · ·						10-5565524 Pag	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FLORIDA STATE								
874 TRADITIONS WAY								
TALLAHASSEE, FL 32306	59-1961248	UNIVERSITY	111,235.	٥.			PRESCRIBED FIRE	
ECOSTRAT INC.								
60 ST CLAIR AVE EAST							P3 NANO RESEARCH TO	
TORONTO , ONTARIO , CANADA	98-0400239		25,000.	٥.			COMMERCIALIZATION	
AZ LAND AND WATER TRUST								
3127 N CHERRY AVE							HEALTHY WATERSHED	
TUCSON, AZ 85719	86-6148507	501 (C) (3)	118,327.	0.			CONSORTIUM	
BLUE MOUNTAIN LAND TRUST 8 1/2 N 2ND AVE #304							HEALTHY WATERSHED	
WALLA WALLA, WA 99362	98-1989279	501 (C) (3)	164,169.	0.			CONSORTIUM	
WALLA WALLA, WA 33302	50-1505275	501 (C) (3)	104,105.	0.			CONSORTIOM	
CACAPON AND LOST RIVERS LAND TRUST								
P.O. BOX 58							HEALTHY WATERSHED	
WARDENSVILLE, WV 26851	55-0700086	501 (C) (3)	57,328.	0.			CONSORTIUM	
AMERICAN UNIVERSITY								
4400 MASSACHUSETTS AVE. NW							P3 NANO RESEARCH TO	
WASHINGTON, DC 20016	53-0196549	UNIVERSITY	81,514.	0.			COMMERCIALIZATION	
			,					
NORTH AMERICAN FOREST PARTNERSHIP								
2000 M ST. NW SUITE 550							NORTH AMERICAN FOREST	
WASHINGTON, DC 20036	83-4465245	501C3	100,000.	0.			PARTNERSHIP	
AMERICAN RIVERS								
1101 14TH STREET, NW SUITE 1400							HEALTHY WATERSHED	
WASHINGTON, DC 20005	23-7305963	501 (C) (3)	75,740.	٥.			CONSORTIUM	
NOODKODKO								
WOODWORKS								
1101 K STREET NW STE 700	68-0643679		108,789.	٥.			MASS TIMBER	
WASHINGTON, DC 20005	00-00430/9		1 100,/09.	U.			TINDER	

Schedule I (Form 990) AND COMMUNITIES, INC.

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Part II Continuation of Grants and Other	Assistance to Gov		nizations in the Un	ited States (Sche	edule I (Form 990), Pa		20-5565524 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 500 5TH STREET, NW WASHINGTON, DC 20001	53-0196932	GOVT	102,326.	0.			FOREST HEALTH
WORLD RESOURCES INSTITUTE 10 G STREET, N.E. SUITE 800 WASHINGTON, DC 20002	52-1257057	501 (C) (3)	30,000.	0.			FOREST RETENTION
WORLD WILDLIFE FEDERATION MT 1250 TWENTY-FOURTH STREET WASHINGTON, DC 20037	52-1693387		90,000.	0.			HEALTHY WATERSHED CONSORTIUM
QUANTIFIED VENTURES 1875 CONNECTICUT AVE WASHINGTON, DC 20009	46-5296778		200,000.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
SOFTWOOD LUMBER BOARD 1800 BLANKENSHIP ROAD, SUITE 200 WEST LINN, OR 97068	42-4225562		220,000.	0.			THINK WOOD MOBILE TOUR
CHAGRIN RIVER WATERSHED PARTNERS P.O. BOX 229 WILLOUGHBY, OH 44096	34-1822374	501 (C) (3)	56,765.	0.			HEALTHY WATERSHED CONSORTIUM
SCHOODIC INSTITUTE OF ACADIA P.O. BOX 277 WINTER HARBOR, ME 04693	20-1054593	501 (C) (3)	37,006.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990) (2019)

Part III

AND COMMUNITIES, INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.		C C			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE TYPICALLY SELECTED FROM SUBMISSIONS IN RESPONSE TO COMPETITIVE

REQUESTS FOR PROPOSALS PROCESSES. EACH PROJECT HAS A DIFFERENT SET OF

CRITERIA. ALL GRANTEES OPERATE WITH AN AGREED-UPON WORKPLAN AND

DELIVERABLES FOR EACH PROJECT. FUNDS ARE DISBURSED BASED UPON MONITORING

OF PROGRESS AND THE AGREEMENT BETWEEN THE GRANTEE AND THE ENDOWMENT OF

SATISFACTORY ACCOMPLISHMENTS PER THE AWARD CONTRACT.

THE ORGANIZATION'S PROGRAM-RELATED INVESTMENTS ARE MADE UNDER THE DIRECTION

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Schedule I (Form 990) Part IV Supplemental Info	UNITED STATES ENDOWM AND COMMUNITIES, INC		20-5583324 Page 2
OF THE BOARD OF DIE	ECTORS. ALL INVESTM	ENTS ARE WITH ORGANIZ	LATIONS THAT
SUPPORT THE US END	WMENT FOR FORESTRY A	ND COMMUNITIES' PURPO	OSE AND GOALS.
THE INVESTMENTS ARE	E MONITORED BY THE BO	ARD OF DIRECTORS.	
			Cobadula I (Farma 200)
932291 04-01-19			Schedule I (Form 990)

49 2019.05000 UNITED STATES ENDOWMENT F 20558331

SC	HEDULE J Compensation Information	ОМ	B No. 1	545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	-	40	<u> </u>	
•	Compensated Employees	6	2U	19)
_	truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Op	en to	Publi	ic
	rtment of the Treasury Attach to Form 990. Attach to Form 990. ■ Attach to Form 990. ■ Go to www.irs.gov/Form990 for instructions and the latest information.	-	nspe		
Nam		oloyer identif	icatio	n nur	nber
	AND COMMUNITIES, INC.	20-5583	324	1	
Pa	Int I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	ſ			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal us	se			
	Travel for companions X Payments for business use of personal residence	ce			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, che	əf)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant Independent compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation commit	ittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		Х
	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		Х
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	·····			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	·····	-		
-	Regulations section 53.4958-6(c)?		9		
LHA		Schedule J		1 990)	2019

932111 10-21-19

Schedule J (Form 990) 2019

AND COMMUNITIES, INC.

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CARLTON OWEN	(i)	360,978.	0.	0.	30,803.	10,209.	401,990.	0.
PRESIDENT/CEO SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETER STANGEL	(i)	268,271.	0.	0.	30,008.	11,104.	309,383.	0.
coo	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICIA CRAMER	(i)	204,951.	0.	0.	23,302.	15,549.	243,802.	0.
SR VICE PREISDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GOERGEN	(i)	207,455.	0.	0.	22,820.	640.	230,915.	0.
VICE-PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SIGNE CANN	(i)	178,246.	0.	0.	19,706.	3,501.	201,453.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATT KRUMENAUER	(i)	144,115.	0.	0.	16,060.	4,626.	164,801.	0.
VICE-PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

PAID \$420 IN 2018 FOR LODGING OF OUT-OF-TOWN STAFF IN PERSONAL RESIDENCE

DURING TRIPS TO GREENVILLE, AT RATE OF \$20 PER NIGHT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. UNITED STATES ENDOWMENT FOR FORESTRY



20-5583324

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND COMMUNITIES,

THE ENDOWMENT ADVANCES ITS MISSION USING A "THEORY OF CHANGE" THAT

INC.

FOCUSES ON THREE AREAS: RETAINING AND RESTORING HEALTHY WORKING

FORESTS; PROMOTING AND CAPTURING MULTIPLE VALUE STREAMS USING

MARKET-BASED TOOLS; AND ENHANCING COMMUNITY CAPACITY, COLLABORATION,

AND LEADERSHIP. THE ENDOWMENT DEPLOYS ITS WORK THROUGH FIVE PRIMARY

INITIATIVES, EACH OF WHICH SUPPORTS SEVERAL PROGRAMS OR PROJECTS.

I. ECOSYSTEM MARKETS: MONETIZING NON-TRADITIONAL FOREST PRODUCTS.

THE HEALTHY WATERSHED THROUGH HEALTHY FORESTS PROGRAM CONNECTS

DOWNSTREAM WATER CONSUMERS WITH UPSTREAM FOREST OWNERS WITH THE INTENT

TO ADVANCE OVERALL WATERSHED HEALTH AND QUALITY BY ENSURING WORKING

FOREST RETENTION. MUCH OF THIS WORK IS JOINTLY-FUNDED IN PARTNERSHIP

WITH THE USDA NATURAL RESOURCES CONSERVATION SERVICE (NRCS) AND THE

ENVIRONMENTAL PROTECTION AGENCY (EPA). WE CONTINUE NATION-WIDE

COLLABORATION WITH THE AMERICAN WATER WORKS ASSOCIATION, WHICH

REPRESENTS WATER UTILITIES AND THE WATER COMMUNITY.

II. FOREST RETENTION AND HEALTH: RETAINING/EXPANDING AND ENSURE HEALTH

OF FORESTS. A WIDE-RANGING INITIATIVE THAT INCLUDES SERVING AS

CROSS-BORDER CONVENER FOR MORE STRATEGIC COLLABORATION BETWEEN CANADA

AND THE U.S. TO DATE WE HOSTED FOUR CANADA/US FOREST HEALTH AND

INNOVATION SUMMITS ROUGHLY ON A BIENNIAL BASIS. OTHER WORK INCLUDES

TWO MAJOR PROGRAMS IN THE SOUTHERN U.S. -- KEEPING FORESTS & THE

PARTNERSHIP FOR SOUTHERN FORESTLAND CONSERVATION ALONG WITH THE

NATIONAL CONSERVATION EASEMENT DATABASE; AND SUPPORT FOR THE DEPARTMENT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 09-06-19

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 Page 2

 Name of the organization
 UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.
 Employer identification number 20-5583324

 OF DEFENSE'S BASE BUFFERING PROGRAM.
 EACH IS DESIGNED TO AID IN

 RETENTION AND RESTORATION OF HEALTHY WORKING FORESTS. PROJECTS CONTINUE

 TO FOSTER COLLABORATION TO RESTORE FORESTS IN THE MISSISSIPPI RIVER

 BASIN AND OTHER RIVERS FLOWING INTO THE GULF TO MITIGATE IMPACTS FROM

 THE BP DEEPWATER HORIZON OIL SPILL.

III. TRADITIONAL MARKETS: AFTER SUCCESSFUL WORK THAT LED TO THE CREATION OF TWO COMMODITY CHECK-OFFS SOFTWOOD LUMBER BOARD AND PAPER & PAPER-BASED PACKAGING BOARD -- MORE RECENT WORK CENTERS ON STRENGTHENING THE TIMBER HARVEST AND HAUL SEGMENT OF THE FOREST PRODUCTS VALUE CHAIN.

IV. FUTURE MARKETS: THE ENDOWMENT IS PARTNERING WITH THE USDA FOREST SERVICE AND EMERGING PRODUCERS TO ADVANCE COMMERCIALIZATION OF 21ST WOODY CELLULOSE PRODUCTS USING NANOTECHNOLOGY. THIS MULTI-YEAR INITIATIVE ENGAGES PARTNERS TO FILL KNOWLEDGE GAPS THAT SHOULD LEAD TO POTENTIAL NEW PRODUCTS ALL WHILE PLACING A PRIMARY INTEREST ON ENSURING HUMAN AND ENVIRONMENTAL HEALTHY AND SAFETY. WORK ALSO CONTINUES TO ADVANCE MASS TIMBER APPLICATIONS TO SUPPORT TALL WOODEN BUILDINGS. THE GREATEST SUCCESS TO DATE WAS ACHIEVED IN CONCERT WITH THE SOFTWOOD LUMBER BOARD AND AMERICAN WOOD COUNCIL AS EFFORTS TO MODERNIZE BUILDING CODES WERE ACHIEVED THAT WILL ALLOW CONSTRUCTION OF MASS TIMBER BUILDINGS UP-TO 18 STORIES FROM THE CURRENT 6-STORY LIMIT. ADDITIONALLY, WE ARE WORKING TO DEVELOP MARKETS FOR SMALL DIAMETER, DYING & DEAD TREES TO ENHANCE FOREST HEALTH WHILE ADVANCING FAMILY-SUPPORTING JOBS IN RURAL COMMUNITIES THROUGH DOMESTIC GREEN ENERGY PRODUCTION. THROUGH PARTNERSHIP WITH THE USDA FOREST SERVICE WE ARE CONCENTRATING OUR WORK IN SEEKING TO COMMERCIALIZE TORREFACTION TO Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
PROVIDE A ROBUST NEW MARKET FOR FUELS THAT COULD YIELD GRE	EN ENERGY.
BUILDING ON A TEST BURN OF TORREFIED PELLETS COMPLETED IN	A COAL-FIRED
FACILITY, CONSTRUCTION IS NEARING COMPLETION ON THE NATION	'S FIRST
COMMERCIAL-SCALE TORREFACTION FACILITY.	
V. ASSET CREATION: WE CONTINUE TO TRANSITION OUR HIGHLY S	UCCESSFUL
SUSTAINABLE FORESTRY AND LAND RETENTION WORK WITH AN OBJEC	TIVE OF USING
FORESTS AND FOREST-BASED ASSETS TO CREATE ECONOMIC OPPORTU	NITY FOR
UNDER-SERVED POPULATIONS, TO THE AUSPICES OF THE AMERICAN	FOREST
FOUNDATION. THE MULTI-YEAR PROGRAM IN PARTNERSHIP WITH TH	E USDA FOREST
SERVICE AND NRCS ACROSS SEVEN SOUTHERN STATES HAS SUCCESSF	ULLY SEEN
1500 BLACK FAMILIES MOVE THEIR LANDS INTO THE FOREST MANAG	EMENT
PIPELINE. ADDITIONALLY, WE ARE WORKING WITH THE ECONOMIC	DEVELOPMENT
ADMINISTRATION IN NEW ENGLAND TO FILL THE VOID CREATED BY	CLOSURE OF
MUCH OF THE REGIONS PULP AND PAPER PRODUCTION.	

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

THE ENTIRE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE DRAFT FORM 990. REVIEW AND DISCUSSION OF THE CONTENTS WERE LED BY THE AUDIT COMMITTEE AND THE PRESIDENT & CEO. ALSO, OUR LEAD AUDIT PARTNER FREQUENTLY WAS AT THE MEETING TO DISCUSS DETAILS. THE BOARD THEN FORMALLY APPROVED THE FORM 990 BEFORE IT IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: AT EVERY MEETING OF THE BOARD OF DIRECTORS, BEFORE ANY ACTION IS TAKEN ON A PARTICULAR TOPIC, MEMBERS ARE ASKED TO NOTE FOR THE RECORD ANY AREAS OF POTENIAL CONFLICT. ANNUALLY, EACH MEMBER OF THE BOARD AND STAFF ARE ASKED TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLICY. 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

15331111 797738 205583324

2019.05000 UNITED STATES ENDOWMENT F 20558331

Schedule O (Form 990 or 9	Page 2
Name of the organization	Employer identification number
	20-5583324

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

OFFICER-LEVEL SALARIES ARE ESTABLISHED BASED UPON THE EDUCATION, EXPERIENCE AND OTHER QUALIFICATIONS OF EACH INDIVIDUAL AND BENCHMARKED AGAINST THE PAY OF SIMILAR POSITIONS WITHIN NOT-FOR-PROFITS AS A CLASS (E.G. AVERAGE ANNUAL SALARY OF WASHINGTON, DC-BASED NGOS) AND A MORE DEFINED GROUP OF NOT-FOR-PROFITS "PEER" ORGANIZATIONS. SALARIES OF ALL STAFF, WITH THE EXCEPTION OF THE CEO, ARE ESTABLISHED USING THESE BENCHMARKS AND ADMINISTERED BY THE CEO WITH BOARD REVIEW/APPROVAL ON EACH EMPLOYEE'S ANNIVERSARY DATE WITH THE ENDOWMENT. IN THE CASE OF THE CEO, THE BOARD OF DIRECTORS REVIEWS THE CEO'S PAY AND BENEFITS AT LEAST ANNUALLY. THE ENTIRE PAY/BENEFITS PACKAGE IS TESTED IN A REVIEW OF PEER GROUP AND OTHER BENCHMARKS IN A SCAN ADMINISTERED BY THE AUDIT COMMITTEE AND PERIODICALLY REVIEWED BY OUTSIDE COUNSEL AND/OR A BENEFITS CONSULTANT.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATIONAL

WEBSITE AND WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF ALL GOVERNANCE DOCUMENTS -- CHARTER, BYLAWS, STEWARDSHIP

PRINCIPLES, VALUES -- ARE AVAILABLE ON THE ORGANIZATIONAL WEBSITE.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES IN NET ASSETS

INTERCOMPANY ADJUSTMENTS

TOTAL TO FORM 990, PART XI, LINE 9

932212 09-06-19

447,932.

720,349.

1,168,281.

	Schedule O (Form 990 or 990-EZ) (2019)
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, PART XII, LINE 2C	
Name of the organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
Schedule O (Form 990 or 990-EZ) (2019) Name of the organization UNITED STATES ENDOWMENT FOR FORESTRY	Page Employer identification number

15331111 797738 205583324

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Part I Identification	0		9 ublic on					
	(a) s, and EIN (if applicable) sregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	(e) me End-of-year as	sets Direct c	(f) ontrolling itity	3
RESORATION FUELS - PO BOX 668 PRINEVILLE, OR 977		MANUFACTURING	OREGON			UNITED STATE ENDOWNMENT E AND COMMUNIT	OR FOR	
		-						
	of Related Tax-Exempt Organiza during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one or	more related tax-exe	npt	
-	(a) address, and EIN ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	rolled

	1

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

Schedule R (Form 990) 2019 AND COMMUNITIES, INC.

20-5583324 Page 2

Part III 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.

		Joan							1	-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	,
OREGON TORREFACTION, LLC -	_										
, 35-2567331, PO BOX 668,	BIOFUEL										
PRINEVILLE, OR 97754	RESEARCH	OR		RELATED	41.	271,364.		x	N/A	x	70.00%
	_										
	_										
	-										
	-										
	-										
				1		1	1	1	1		1

Part IV 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.

(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	512(i conti ent	i) o)(13) olled ity?
			US ENDOWMENT					Yes	No
COMMUNITY WEALTH THROUGH FORESTRY, INC 32-0362399, 908 E. NORTH STREET, GREENVILLE,			FOR FORESTRY						
SC 29601	INVESTMENT	GA	AND	C CORP	0.	٥.	100%	X	
	-								

	Schedule R (Form 990) 2019	AND	COMMUNITIES,	INC.
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			-
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RESTORATION FUELS LLC	D	10,000,000.	FMV
(2) RESTORATION FUELS LLC	0	185,658.	FMV
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 AND COMMUNITIES, INC.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

 Schedule R (Form 990) 2019
 AND

 Part VII
 Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

COMMUNITY WEALTH THROUGH FORESTRY, INC.

DIRECT CONTROLLING ENTITY: US ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Schedule R (Form 990) 2019

932165 09-10-19

62 2019.05000 UNITED STATES ENDOWMENT F 20558331

(and proxy tax under section 0833(e)) 2019 Description of a Taxward Image: Section 1933(e) 2019 Description of a Taxward Image: Section 1933(e) 1mage: Section 1933(e) 2mage: Section 1933(e) Description 1933(e) Image: Section 1933(e) 1mage: Section 1933(e) 1	Form 990-T	Exempt	Organization Bus			ax Return	∩	OMB No. 1545-0047
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Image: Solution of the state of province, country, and 2P or foreign postal code	B Exempt under section						2	0-5583324
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Stayley GREENVILLE, SC 29601 900099 6 brokely of an analysis Group camptom number: Ske instructions.)	408(e) 220(e)	1908 EAS	ST NORTH STREET					
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262,794,587.16 Check erganization type ► 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute of businesses. 1 Discribute only (or first) unrelated discribute on a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Example N	C Book value of all assets	F Group exem	ption number (See instructions.)					
trade or business here ▶ PASSTHROUGH INCOME FROM K-15	262,794,5	87. G Check organ	ization type 🕨 🗴 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
describe the first in the basin space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation. ► I''res_"enter the name and identifying number of the parent copropation is used in the parent copropation in the parent copropation is used in the parent copropatin parent in the parent copropation is used		-	· · · · · · · · · · · · · · · · · · ·			,		
business, then complete Taris III-V. I buring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I can be added to a parent-subsidiary controlled group? I was a distingtion on the parent corporation. J The books are in care of ▶ STGNE C. CANN Telephone number ▶ 864-233-7646 Fart Unrelated Trade of Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales c Balance 1 1 (C) Net (C) Net 2 Cost of poods soil (Schedule A, Ine 7) 2 2 (C) Net (C) Net (C) Net 3 Gross profit. Subtract line 2 from line 1c 1 1 2								
During the tax year, was the corporation a subsidiary in an affilied group or a parent-subsidiary controlled group? ► ▼ (x) ∑ (x) ∑ (x) ∑ (x) </td <td></td> <td></td> <td>the previous sentence, complete Pa</td> <td>arts I an</td> <td>d II, complete a Schedule</td> <td>M for each addition</td> <td>al trade</td> <td>or</td>			the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	or
IT 'tes', enter the name and identifying number of the parent corporation. ► J The books are in care of ► SIGNE C. CANN Telephone number ► 864-233-7646 Part I Unrelated Trade or Business Income (A) Inome (B) Expenses (C) Net 1a Gross receipts or sales e Balance 1 (C) Net (C) Net 2 2 2 2 2 2 3 Gross profit. Subtract line 2 from line to 4 4 4 4 4 4 Captal gains deduction for trusts 5 -28,551. STMT 1 -28,551. 5 Income (0s) from a partnership or an S corporation (attach statement) 5 -28,551. 5 6 6 Intermet, song these, and ents from a corrolled organization (Bcekadur F) 8 9 9 9 9 Interest, annulies, royaties, and ents from a corrolled organization (Bcekadur F) 10 10 10 10 14 Advertising income (Schedule L) 10 10 10 10 10 10 15 Advertising income (Schedule J) 11 10 10 10 10 10 10 10 10 10 10 10								T7
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8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 11 11 12 11 11 11 13 Total. Combine lines 3 through 12 -28, 551. -28, 551. Part II Deductions Not Taken Elsewhere (See instructions on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 16 16 17 18 17 Interest (attach schedule) (see instructions) 18 19 Depreciation (attach Form 4562) 20 11 22 22 12 14 23 13 Taxes and licenses 14 14 21 24 22 22 24 23 24 25 24 2								
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 1) 9 10 10 Exploited exempt activity income (Schedule 1) 11 11 11 Advertising income (Schedule 1) 11 11 12 11 12 13 13 Total. Combine lines 3 through 12 13 -28,551. -28,551. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 15 14 Compensation of officers, directors, and trustees (Schedule K) 16 16 15 Salaries and maintenance 16 17 16 Repairs and maintenance 18 19 17 Bad debts 19 19 18 Interest (attach schedule) (see instructions) 18 19 19 Despeciation claimed on Schedule A and elsewhere on return 21 22 16 Excess exempt expenses (Schedule I) 28 24 25 Excess readership costs (Schedule I) 26 27 26 Contributions to deferred compensation plans 28 0								
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11 Advertising income (Schedule J) 11 12 13 12 Other income (See instructions; attach schedule) 13 -28,551. -28,551. 13 Total. Combine lines 3 through 12 13 -28,551. -28,551. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 17 16 Repairs and maintenance 16 17 17 Taxes and licenses 19 20 20 21 21a 21b 22 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 24 24 25 24 Employee benefit programs 26 27 28 0. 29 -28,551. 24 Excess readership costs (Schedule I) 26 27 28 0. 29 -28,551. 24								
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31 Unrelated business taxable income. Subtract line 30 from line 29	30 Deduction for net op	erating loss arising in ta	x years beginning on or after Janua	ıry 1, 20	18			
	(see instructions)				SEE STAT	EMENT 2		
							31	

Form 990-T (2019) UNITED	STATES	ENDOWMENT	FOR	FORESTRY	AND	COMMUNITIES,	20-5583324 Page 2
Devit III Tetel Unive	Latad Dual	aaaa Taxahla la					

Part		Total Unrelated Business Taxab	ole Income				
32	Total	of unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructio	ons)	32	-28,551.
						33	
		table contributions (see instructions for limitation				34	0.
		unrelated business taxable income before pre-20				35	-28,551.
		ction for net operating loss arising in tax years be				36	0.
		of unrelated business taxable income before spe					-28,551.
							1,000.
		ific deduction (Generally \$1,000, but see line 38 i				30	1,000.
39		lated business taxable income. Subtract line 38 the smaller of zero or line 37	•			39	-28,551.
Part		Tax Computation				39	20,331.
		nizations Taxable as Corporations. Multiply line	39 by 21% (0.21)			40	0.
		s Taxable at Trust Rates. See instructions for ta				40	
41						41	
40		Tax rate schedule or Schedule D (Form				41	
		y tax. See instructions					
43	Allen	native minimum tax (trusts only)				43	
44	Tatal	on Noncompliant Facility Income. See instructio				44	0.
45 Part		Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	ever applies			45	0.
		-					
		gn tax credit (corporations attach Form 1118; tru				_	
						_	
		ral business credit. Attach Form 3800				_	
		t for prior year minimum tax (attach Form 8801 o				_	
		credits. Add lines 46a through 46d				46e	
47	Subt	ract line 46e from line 45			1	47	0.
		taxes. Check if from: Form 4255				48	
		tax. Add lines 47 and 48 (see instructions) $\ldots\ldots$				49	0.
		net 965 tax liability paid from Form 965-A or For				50	0.
		nents: A 2018 overpayment credited to 2019				_	
		estimated tax payments				_	
C	Tax d	leposited with Form 8868		51c			
		gn organizations: Tax paid or withheld at source (
e	Back	up withholding (see instructions)		51e			
		t for small employer health insurance premiums		51f			
g	Other	r credits, adjustments, and payments: 🛛 🔲 Fo	rm 2439				
		Form 4136 Ot	her Total	▶ 51g			
52	Total	payments. Add lines 51a through 51g				52	
53	Estim	nated tax penalty (see instructions). Check if Form	n 2220 is attached 🕨 🔲			53	
54	Tax o	lue. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		►	54	
55	Over	payment. If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount overpaid		►	55	
		the amount of line 55 you want: Credited to 202	0 estimated tax 🕨		Refunded 🕨 🕨	56	
Part	VI	Statements Regarding Certain	Activities and Other Informa	tion (see	e instructions)		
57	At an	y time during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other au	Ithority		Yes No
	over	a financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have	to file		
	FinCE	N Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of th	e foreign cou	untry		
	here	►					X
58	Durin	ig the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transferor to	, a foreign trust?		X
	lf "Ye	s," see instructions for other forms the organizati	on may have to file.				
59	Enter	the amount of tax-exempt interest received or ac					
0:		Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than	this return, including accompanying schedules an taxpaver) is based on all information of which pre	d statements, a parer has anv k	and to the best of my knowl nowledge.	edge and be	lief, it is true,
Sign		x			, T	Mav the IRS	discuss this return with
Here				DENT/C	CEO 1	the preparer	shown below (see
		Signature of officer	Date Title		i	instructions)	? 🗙 Yes 📃 No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employed		
Prep				11/11/	/20		0445891
Use		Firm's name ► DIXON HUGHES			Firm's EIN	► <u>5</u> 6	5-0747981
		500 RIDGEF	IELD COURT				
		Firm's address ASHEVILLE ,	NC 28806		Phone no.	<u>828-</u> 2	254-2254
923711 (01-27-2	20					Form 990-T (2019)
			64				

2019.05000 UNITED STATES ENDOWMENT F 20558331

UNITED STATES ENDOWMENT FOR FORESTRY Form 990-T (2019) AND COMMUNITIES, INC.

20-5583324

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)				property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		,			
Schedule C - Rent Income	From Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the perrent for personal property is more 10% but not more than 50%)	centage of than	` of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec Id 2(b) (a	ted with the income in attach schedule)	I
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	1 (A)	►			0.	Enter here and on page 1, Part I, line 6, column (B)			Ο.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ictions)					
				2. Gross income from		3. Deductions directly conr to debt-financ	nected v ed prop	with or allocable perty	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)							+		
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis Illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
_ · ·	•					nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals				•		0	.		0.
Total dividends-received deductions in					<u> </u>		.		0.

Form **990-T** (2019)

923721 01-27-20

Identification number (leas) (dels instructions) payments made instructions} organization's grows noom connected with the construction of southers (1) Image: Constructions Ima		,,,,,				d Organiza		Structions	<u>>/</u>
Identification unified (bes) (see instructions) payments made Includes to go so noothed organizations goes noothed organizations goes noothed in outling to comment of the comment of the c			Exem	pt Controlled C	rganizat	ions			
[2] Image: Second S	1. Name of controlled organiza	identif	ication (loss)				included in the con-	trolling	 Deductions directly connected with income in column 5
2]	(1)								
3)									
4)									
7. Tasable income 8. Net unrelated income blosi gase instructions) 9. Total of specified payments made 10. Per charme final to includem a final to include a specified payments mode 11. Description of in the controlling organizations gross income 11. Description in the controlling organizations gross income 11. Description in the controlling organizations gross income 11. Description in the controlling organizations in the controlling organizations in the controlling organization 11. Description in the controlling organization in the controlling organization 11. Description of income for income for									
Image Image <td< td=""><td>onexempt Controlled Organ</td><td>izations</td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td></td<>	onexempt Controlled Organ	izations						_	
2) 3 4 Add columns 5 and 10. 4) Enter here and on page 1, Part I, line 8, column (B). Add columns 5 and 10. 5 Enter here and on page 1, Part I, line 8, column (B). Enter here and on page 1, Part I, line 8, column (B). 5 0 0 0 5 0 0 0 5 0 0 0 5 0 0 0 5 Description of income 2 Amount of income 3 0 1. Description of income 2 Amount of income 3 0 0 20 30 40 0 5 Column 5 6 Column 5 <	7. Taxable Income				ments	in the controll	ing organization's		
2) 31 4 Add columes 5 and 10. 31 Add columes 5 and 10. Enter here and on page 1, Part I, line 8, colum (8). Add columes 6 and 11. tais 0. 0. 0. chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization	1)								
3) Alter and a page 1, Part I, line 9, column (A). Add columns 6 and 10. Enter here and on page 1, Part I, line 8, column (A). bala 0. 0. cohedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. inchedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions: 1. Description of income 2. Amount of income 4. Set-asides (out a set asi (out 3 puse of a set aset asi (out 3 puse of a set asi (out 3 puse of a set aset asi (ou									
(4) Add columns 6 and 10. Enter here and on page 1, Part 1, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part 1, line 8, column (B). 1. Description of income 2. Anount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) 5. Total deduc and schedule) 10. 2. Anount of income 3. Deductions directly connected (attach schedule) 5. Total deduc and schedule) 11. Description of income 2. Anount of income 4. Set-asides (attach schedule) 5. Total deduc and schedule) 12. Description of income 2. Anount of income 3. Deductions directly connected (attach schedule) 5. Total deduc and schedule) 13. Enter here and on page 1, Part 1, line 9, column (A). Enter here and on part 1, line 9, column (A). Enter here and on part 1, line 9, column (A). 10. Enter here and on page 1, Part 1, line 9, column (A). Enter here and on part 1, line 9, column (A). Enter here and on part 1, line 9, column (A). 11. Description of exploited activity Cross unetacted pages tade or business (attach or business (attach or business) (attach or business (attach or business) (attach or business) (attach or business) 5. Gross income trom activity that business income trade or business 6. Expenses arbituable to column 5. 7. Excess real expenses arbituable to column 5. (3) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
	(4)								
inchedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Set-asides (stach schedule) 5. Total deduc and set-asides (col. 3 plus col (col. 3 plus col (col (col (col) plus col (col) plus col (col (col) plus col (col (col) plus col (col (col) plus col (col (col) plus col (col (col) plus col (col (col (col) plus col (col (col (col) plus col (col (col (col)) 5. Cross income from activity that is not urrelated business income from activity that is not urrelated business income (column 4). 5. Cross income from activity that is not urrelated business income (column 5) 7. Excess see (col (column 4). 1) 2. Gross income from trade or business income from page 1, Part 1, ine 10, col. (b). 4. Net income floss from urrelated fuels col (column 5). 5. Gross income from activity that is not urrelated business income 6. Expenses attributable to column 4). 7. Excess see expresses (colu 6 minus colum business income 6. Expenses attributable to column 4). 7. Excess see expresses (colu 6 minus colum business income						Enter here and	l on page 1, Part I,	Enter he	ere and on page 1, Part I,
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(see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 5. Total detuc and set-asic (col. 3 plus col (col. 3 plus col (col 3 plus col (col (col 3 plus col (col (col (col (col (col (col (col)))) 5. Gross income to col (col (col (col (col (col (col)))) 6. Expenses (col (col (col (col (col)))) 7. Excess set (col (col (col (col (col))) 7. Excess set (col (col (col (col))) 7. Excess set (col (col (col))) 7. Excess set (col (col (col))) 7. Excess set (col (col)) 2. 2. 2.	chedule G - Investme	ent Income of a s	Section 501(c	;)(7), (9), or (17) Or	anization	-		
1. Description of income 2. Amount of income directly connected (attach schedule) directly connect			•						
2)	1 . Des	cription of income		2. Amount of	income	directly conne	ected 4. Set		5. Total deduction and set-asides (col. 3 plus col. 4
3) 4) Image: Construction of exploited Exempt Activity Income, Other Than Advertising Income (ose instructions) Enter here and on page 1, Part 1, line 9, colum (A). Enter here and on page 1, Part 1, line 9, colum Part 1, line 10, colum 10, line 10									
4) Enter here and on page 1, Part 1, line 9, colum (A). Enter here and on page 1, Part 1, line 9, colum (A). Enter here and on page 1, Part 1, line 9, colum (A). 5: Checkule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 0. 0. 1. Description of exploited activity 2. Gross urrelated business income from trade or business 3. Expenses directly connected income from trade or business 4. Net income (loss) from urrelated trade or business (colum 9). If a gain, compute cols. 5 through 7. 5. Gross income from activity that is not urrelated business income 6. Expenses attributable to column 5 7. Excess exet expenses attributable to column 5 1)									
Indext part 1, line 9, column (A). Enter here and on page 1, Part 1, line 9, column (A). Enter here and on Part 1, line 9, column (A). Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 9, column (A). 0. 0. Indext part 1, line 10, col. (A). 0. 0. Inter here and on page 1, Part 1, line 10, col. (B). 0. 0. Inter here and on page 1, Part 1, line 10, col. (B). 0. 0.									_
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses directly connected with production of urrelated business income 4. Net income (loss) from unrelated trade or business (column 2, innus column 3). If a gain, compute cols. 5 through 7. 5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5 7. Excess exe expenses (colum 6 minus column but not more th column 5 1) 1									Part I, line 9, column (
Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urrelated business income from trade or business 3. Expenses directly connected with production of urrelated business income 4. Net income (loss) from urrelated trade or business (column 2, if gain, compute cols. 5, through 7. 5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5 7. Excess exe expenses (colum 6 minus column but not more th column 5 1) 1	atala				0				(
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1. Description of exploited activity 2. Gross unrelated business income from trade or business 3. Expenses directly connected with production of unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. 5. Gross income from activity that is not unrelated business income 7. Excess exercise (column 2 minus column 4). (1)	•	• •	meenie, eur			ig moome			
(2) Image: Image of the set of the	1. Description of	2. Gross unrelated business income from	directly connected with production of unrelated	from unrelate business (c minus colum gain, comput	d trade or olumn 2 In 3). If a e cols. 5	from activity is not unrelat	that attributed colu	table to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(2) (2)	(1)								
(3) (3) (4) (4) (4) (4) (5) (6) (7)									
(4) Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part I, line 10, col. (B). otals 0. 0. 0. Schedule J - Advertising Income (see instructions) (see instructions)	(3)								
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Schedule J - Advertising Income (see instructions)	. ,	page 1, Part I,	page 1, Part I,						Enter here and on page 1, Part II, line 25.
).					(
Part I Income From Periodicals Reported on a Consolidated Basis									
	Part I Income From	Periodicals Rep	orted on a Co	onsolidated	Basis				

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form 990-T (2019)

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UNITED STATES ENDOWMENT FOR FORESTRY Form 990-T (2019) AND COMMUNITIES, INC.

20-5583324

►

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

columns 2 through 7 on a	line-by-line basis.))								
1. Name of periodical	2. Gross advertising income	3. D advertisi	Direct ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come		eadership costs	7. Excess read costs (column 6 column 5, but no than column	minus t more
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1 line 11,							Enter here a on page 1 Part II, line 2	,
Totals, Part II (lines 1-5) 🕨	Ο.		Ο.							0.
Schedule K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in	structior	ns)				
1 . Name				2. Title		 Percent time devote business 	d to		pensation attributable arelated business)
(1)							%			
(2)							%			
(3)							%			
(4)							%			

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

0.

Page 5

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FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM K-1S - ORDINARY BUSINESS INCOME (LOSS)	-28,551.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-28,551.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	232,192.	0.	232,192.	232,192.
NOL CARRYON	VER AVAILABLE THIS	YEAR	232,192.	232,192.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	180,562.	0.	180,562.	180,562.
12/31/14	303,538.	0.	303,538.	303,538.
12/31/15	310,814.	0.	310,814.	310,814.
12/31/16	251,151.	0.	251,151.	251,151.
12/31/17	229,566.	0.	229,566.	229,566.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,275,631.	1,275,631.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

►	File	a separate	application	for each	return.

Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instru UNITED STATES ENDOWMENT FOR	Taxpayer identification number (TIN) $20-5583324$						
	AND COMMUNITIES, INC.							
File by the due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions. your 1. See 908 EAST NORTH STREET							
instructions								
Enter the	Return Code for the return that this application is for (fil	le a separat	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	ls For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 4720 (individual)			Form 4720 (other than individual)			09		
Form 99)-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11		
Form 990-T (trust other than above)			Form 8870			12		
 If the If this box ▶ 1 I reaction the box ▶ 2 If the box ▶ 	equest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2019 or tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEN anization's , an check rease	mption Number (GEN), . ach a list with the names and TINs of MBER 16, 2020 , to file return for: ad ending on: Initial return	If this is fo all memb	r the whole gr ers the extens npt organizatio	sion is for.		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.), or 6069, enter the tentative tax, less		3a	\$	0.		
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.		
	lance due. Subtract line 3b from line 3a. Include your pa							
using EFTPS (Electronic Federal Tax Payment System). Se			ns.	3c	\$	0.		
instructio		•		453-EO an		. ,		
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	, see instru	ictions.		Form 88	368 (Rev. 1-2020)		

923841 12-30-19