

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.		D Employer identification number 20-5583324
	Doing business as		E Telephone number 864-233-7646
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	908 EAST NORTH STREET		G Gross receipts \$ 18,123,562.
	City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 29601		
F Name and address of principal officer: PETER C. MADDEN 908 EAST NORTH STREET, GREENVILLE, SC 29601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.USENDOWMENT.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2006** **M** State of legal domicile: **DE**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE POSITIVE CHANGE FOR THE NATION'S WORKING FORESTS AND FOREST-RELIANT COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,387,679.	12,743,082.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,572,215.	4,839,287.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,687.	541,193.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,302,581.	18,123,562.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,029,779.	15,394,729.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,659,238.	3,834,273.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,696,539.	2,637,875.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,385,556.	21,866,877.	
19 Revenue less expenses. Subtract line 18 from line 12	-6,082,975.	-3,743,315.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 281,516,467.	End of Year 317,205,031.
	21 Total liabilities (Part X, line 26)	8,407,249.	8,244,889.
	22 Net assets or fund balances. Subtract line 21 from line 20	273,109,218.	308,960,142.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	PETER C. MADDEN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date 10/28/22	Check if self-employed <input type="checkbox"/>	PTIN P00445891
	Firm's name ▶ FORVIS, LLP	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Firm's EIN ▶ 44-0160260	Phone no. 828-254-2254	

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ENDOWMENT WORKS COLLABORATIVELY WITH PARTNERS IN THE PUBLIC AND PRIVATE SECTORS TO ADVANCE SYSTEMIC, TRANSFORMATIVE, AND SUSTAINABLE CHANGE FOR THE HEALTH AND VITALITY OF THE NATION'S WORKING FORESTS AND FOREST RELIANT COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 20,913,023. including grants of \$ 15,394,729.) (Revenue \$) SEE SCHEDULE O FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,913,023.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	48
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	12		
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 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 of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 before filing the form?	11a		X	
b Describe on 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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ DE, SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
JOIE MORE - 864-233-7646
908 EAST NORTH STREET, GREENVILLE, SC 29601

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER MADDEN CEO SECRETARY	40.00	X		X				354,775.	0.	58,926.
(2) PETER STANGEL CHIEF OPERATING OFFICER	40.00				X			277,326.	0.	46,699.
(3) ALICIA CRAMER SENIOR VICE PRESIDENT	40.00				X			230,927.	0.	46,208.
(4) MICHAEL GOERGEN VICE-PRESIDENT	40.00				X			215,327.	0.	23,686.
(5) SIGNE CANN CHIEF FINANCIAL OFFICER	40.00				X			204,618.	0.	28,673.
(6) MATTHEW KRUMENAUER VICE-PRESIDENT	40.00				X			177,215.	0.	19,926.
(7) JOLINDA MORE FINANCE DIRECTOR	40.00					X		106,915.	0.	23,479.
(8) MARK D EMMERSON CHAIRMAN	2.00	X		X				0.	0.	0.
(9) JAMES FARRELL DIRECTOR	1.00	X						0.	0.	0.
(10) RACHEL JACOBSON DIRECTOR	1.00	X						0.	0.	0.
(11) KEVIN SCHUYLER TREASURER	1.00	X		X				0.	0.	0.
(12) MARK REED DIRECTOR	1.00	X						0.	0.	0.
(13) CRIS STAINBROOK DIRECTOR	1.00	X						0.	0.	0.
(14) SOILE KILPI DIRECTOR	1.00	X						0.	0.	0.
(15) ADRIAN BLOCKER DIRECTOR	1.00	X						0.	0.	0.
(16) CAROLINE DAUZAT DIRECTOR	1.00	X						0.	0.	0.
(17) CHRIS MCIVER DIRECTOR	1.00	X						0.	0.	0.

**UNITED STATES ENDOWMENT FOR FORESTRY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARO IMIRZIAN DIRECTOR	1.00	X					0.	0.	0.	
(19) CURTIS WYNN DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,567,103.	0.	247,597.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,567,103.	0.	247,597.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VIREO ADVISORS LLC, 111 PERKINS STREET, APT 216, BOSTON, MA 02130	ENVIRONMENTAL CONSULTING	419,219.
GORDIAN KNOT STRATEGIES 1302 NE 103RD CT, VANCOUVER, WA 98664	CONSULTING	181,850.
JEFF LERNER 1405 WOODMAN AVE., SILVER SPRING, MD 20902	PROJECT MANAGEMENT	166,106.
AFRY MANAGEMENT CONSULTING, INC., 295 MADISON AVENUE, SUITE 705, NEW YORK, NY	CONSULTING	130,680.
SCOTT DAVIS 9329 INGLESIDE ROAD, LEVERING, MI 49755	PROJECT MANAGEMENT	130,003.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

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AND COMMUNITIES, INC.**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,358,690.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,384,392.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			12,743,082.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-83,448.	-723,061.		639,613.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,922,735.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	4,922,735.				
	d Net gain or (loss)			4,922,735.		4922735.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c 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						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	387,026.		387,026.	
	b MANAGEMENT FEES		541610	154,167.		154,167.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			541,193.			
12 Total revenue. See instructions			18,123,562.	-723,061.	0.	6103541.	

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,394,729.	15,394,729.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,567,103.	1,182,210.	384,893.	
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	1,700,372.	1,558,821.	141,551.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	510,299.	411,366.	98,933.	
10 Payroll taxes	56,499.	56,499.		
11 Fees for services (nonemployees):				
a Management				
b Legal	28,780.		28,780.	
c Accounting	57,155.		57,155.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	112,455.		112,455.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	224,691.	165,565.	59,126.	
12 Advertising and promotion	194,289.	194,289.		
13 Office expenses	918,358.	903,683.	14,675.	
14 Information technology				
15 Royalties				
16 Occupancy	659,774.	648,467.	11,307.	
17 Travel	39,405.	30,304.	9,101.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,345.	12,675.	3,670.	
20 Interest	2,600.		2,600.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	345,127.	339,611.	5,516.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TAXES AND OTHER EXPENSE	24,092.		24,092.	
b MISCELLANEOUS	14,804.	14,804.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,866,877.	20,913,023.	953,854.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	7,376,375.	2	7,562,841.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	6,061,070.	4	4,925,007.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	224,499.	8	232,381.	
	9 Prepaid expenses and deferred charges	85,955.	9	91,204.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,747,592.			
	b Less: accumulated depreciation	10b 863,390.	19,802,511.	10c	19,884,202.
	11 Investments - publicly traded securities	205,308,453.	11	216,472,567.	
	12 Investments - other securities. See Part IV, line 11	42,519,689.	12	67,952,792.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	137,915.	15	84,037.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	281,516,467.	16	317,205,031.		
Liabilities	17 Accounts payable and accrued expenses	8,153,960.	17	8,244,889.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	253,289.	25	0.	
	26 Total liabilities. Add lines 17 through 25	8,407,249.	26	8,244,889.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	22,355,249.	27	23,121,290.	
	28 Net assets with donor restrictions	250,753,969.	28	285,838,852.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	273,109,218.	32	308,960,142.	
	33 Total liabilities and net assets/fund balances	281,516,467.	33	317,205,031.	

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**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,123,562.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,866,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,743,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	273,109,218.
5	Net unrealized gains (losses) on investments	5	39,594,239.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	308,960,142.

Part XII Financial Statements and Reporting

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

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6363417.	8922536.	10675091.	10387679.	12743082.	49091805.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6363417.	8922536.	10675091.	10387679.	12743082.	49091805.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						49091805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6363417.	8922536.	10675091.	10387679.	12743082.	49091805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4055678.	2228723.	917,660.	492,286.	639,613.	8333960.
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.)		149,116.	283,233.	342,687.	541,193.	1316229.
11 Total support. Add lines 7 through 10						58741994.
12 Gross receipts from related activities, etc. (see instructions)					12	4,802.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	83.57 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	79.38 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**UNITED STATES ENDOWMENT FOR FORESTRY
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Schedule A (Form 990) 2021

20-5583324 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Employer identification number

20-5583324

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>6,829,288.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,701,174.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>660,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>287,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>408,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	247,828,142.	230,682,480.	201,429,295.	221,406,784.	201,154,144.
b Contributions					
c Net investment earnings, gains, and losses	44,248,217.	24,953,662.	37,428,185.	-11,560,489.	29,279,518.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,651,000.	7,808,000.	8,175,000.	8,417,000.	9,026,878.
f Administrative expenses					
g End of year balance	284,425,359.	247,828,142.	230,682,480.	201,429,295.	221,406,784.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment ▶ 70.3200 %
 - c** Term endowment ▶ 29.6800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|---|-----|----------|
| | Yes | No |
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		621,858.		621,858.
b Buildings		324,101.	36,021.	288,080.
c Leasehold improvements				
d Equipment		7,444,257.	827,369.	6,616,888.
e Other		12,357,376.		12,357,376.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,884,202.

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Schedule D (Form 990) 2021

20-5583324 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE LIMITED		
(B) PARTNERSHIPS	67,952,792.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	67,952,792.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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 11d. 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 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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.) ▶	

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

Schedule D (Form 990) 2021

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	57,605,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	39,594,239.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	39,594,239.
3	Subtract line 2e from line 1	3	18,011,107.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	112,455.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	112,455.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,123,562.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	21,754,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	21,754,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	112,455.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	112,455.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,866,877.

Part 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

UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.

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, 2021.

Horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALABAMA FORESTRY COMMISSION 513 MADISON AVE MONTGOMERY, AL 36104	63-6000619	GOVT	38,870.	0.			PRESCRIBED FIRE
ALACHUA CONSERVATION TRUST 7204 SE CR 234 GAINESVILLE, FL 32641	59-2919630	501 (C) (3)	136,915.	0.			HEALTHY WATERSHED CONSORTIUM & PRESCRIBED FIRE
AMERICAN FOREST FOUNDATION P.O. BOX 79423 BALTIMORE, MD 21298	52-1235124	501 (C) (3)	982,049.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION, INNOVATIVE FINANCE & GULF OF MEXICO FORESTRY
AMERICAN WOOD COUNCIL DEPARTMENT 791153 BALTIMORE, MD 21279	27-2820415	501 (C) (3)	140,000.	0.			GREEN BUILDING SECTOR GROWTH
ATHENA INSTITUTE 600 GRINGS HILL RD. SINKING SPRING, PA 19608	23-3099315	501 (C) (3)	104,445.	0.			LIFE CYCLE ASSESSMENT
AVAPCO LLC 3355 LENOX RD NE ATLANTA, GA 30326	45-3538003	LLC	464,577.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **90.**
- 3** Enter total number of other organizations listed in the line 1 table **6.**

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

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AND COMMUNITIES, INC.**

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZ LAND AND WATER TRUST 3127 N CHERRY AVE TUCSON, AZ 85719	86-6148507	501 (C) (3)	17,733.	0.			HEALTHY WATERSHED CONSORTIUM
BEAVER WATERSHED ALLIANCE 614 EASE EMMA AVE. SUITE M438 SPRINGDALE, AR 72764	45-2476224	501 (C) (3)	42,414.	0.			HEALTHY WATERSHED CONSORTIUM
BELTRAMI SOIL AND WATER CONSERVATION DISTRICT - 701 MINNESOTA AVE NW, SUITE 113 - BEMIDJI, MN 56601	41-6005757	GOVT	83,486.	0.			HEALTHY WATERSHED CONSORTIUM
BLACK FAMILY LAND TRUST, INC. PO BOX 2087 DURHAM, NC 27702	04-3797149	501 (C) (3)	31,212.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
BLUE FOREST CONSERVATION 2716 6TH AVE SACRAMENTO, CA 95818	83-1666979	501 (C) (3)	446,642.	0.			INNOVATIVE FINANCE, ECOSYSTEM MARKETS, WEYERHAUSER
BOWDOIN COLLEGE 5600 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	UNIVERSITY	7,800.	0.			UNIVERSITY MASS TIMBER
BURLINGTON ELECTRIC DEPARTMENT 585 PINE ST. BURLINGTON, VT 05401	03-6000410	GOVT	26,515.	0.			FOREST RETENTION & INNOVATIVE FINANCE
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBURG BLVD., SUITE D - CHARLESTON, SC 29407-4124	52-2452879	501 (C) (3)	59,494.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
CENTRAL ARKANSAS WATER 221 E. CAPITOL AVE LITTLE ROCK, AR 72202	71-0854036	GOVT	197,368.	0.			HEALTHY WATERSHED CONSORTIUM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FL REGIONAL PLANNING 555 E. CHURCH STREET BARTOW, FL 33830	59-1520550	GOVT	30,856.	0.			SENTINEL LANDSCAPE
CHESAPEAKE CONSERVANCY 716 GIDDINGS AVENUE, SUITE 42 ANNAPOLIS, MD 21401	26-2271377	501 (C) (3)	60,583.	0.			WORKING FOREST RETENTION & SENTINEL LANDSCAPE
CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD CLEMSON, SC 29634	57-6000254	UNIVERSITY	201,003.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION, GREEN BUILDING & MASS TIMBER
CENTER FOR LARGE LANDSCAPE P.O. BOX 1587 BOZEMAN, MT 59771	27-1226829	501 (C) (3)	44,085.	0.			HEALTHY WATERSHED CONSORTIUM
COLORADO STATE UNIVERSITY 408 UNIVERSITY SERVICES CENTER FORT COLLINS, CO 80523	84-6000545	UNIVERSITY	6,592.	0.			MASS TIMBER
CONSORTIUM FOR RESEARCH ON RENEWABLE INDUSTRIAL MATERIALS - P.O. BOX 2432 - CORVALLIS, OR 97339-2432	91-1744259	501 (C) (3)	94,911.	0.			MASS TIMBER AND LIFE CYCLE ASSESSMENT
DOWNEAST SALMON FEDERATION BOX 201 COLUMBIA FALLS, ME 04623	01-0532938	501 (C) (3)	20,978.	0.			HEALTHY WATERSHED CONSORTIUM
ECONORTHWEST 2863 NW CROSSING DRIVE, SUITE 100 BEND, OR 97701	93-0639592	C CORP	19,025.	0.			INNOVATIVE FINANCE
FEATHER RIVER LAND TRUST P.O. BOX 1826 75 COURT STREET QUINCY, CA 95971	68-0449687	501 (C) (3)	36,592.	0.			HEALTHY WATERSHED CONSORTIUM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	211,238.	0.			PRESCRIBED FIRE
FORTERRA 901 5TH AVE, SUITE 2200 SEATTLE, WA 98164	94-3112461	501 (C) (3)	5,633.	0.			HEALTHY WATERSHED CONSORTIUM
GEORGIA FORESTRY FOUNDATION 551 N. FRONTAGE ROAD FORSYTH, GA 31029	58-1888283	501 (C) (3)	114,635.	0.			KEEPING FORESTS AS FORESTS
GEORGIA TECH RESEARCH CORPORATION P.O BOX 100117 ATLANTA, GA 30384	58-0603146	501 (C) (3)	59,021.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
HIGHSTEAD FOUNDATION PO BOX 1097 REDDING, CT 06875	06-1108612	501 (C) (3)	54,839.	0.			HEALTHY WATERSHED CONSORTIUM
HILL COUNTY ALLIANCE P.O. BOX 151675 AUSTIN, TX 78715	26-0106908	501 (C) (3)	63,009.	0.			HEALTHY WATERSHED CONSORTIUM
HILL COUNTY CONSERVANCY P.O. BOX 163125 AUSTIN, TX 78716-3125	74-2948145	501 (C) (3)	26,000.	0.			HEALTHY WATERSHED CONSORTIUM
HURON PINES RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL - 4241 OLD US 27 SOUTH; SUITE 2 - GAYLORD, MI 49735	47-5104164	501 (C) (3)	22,153.	0.			HEALTHY WATERSHED CONSORTIUM
KATY PRARIE CONSERVANCY 5615 KIRBY DRIVE HOUSTON, TX 77005	76-0377029	501 (C) (3)	188,464.	0.			HEALTHY WATERSHED CONSORTIUM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 39533	64-0936130	501 (C) (3)	5,465.	0.			HEALTHY WATERSHED CONSORTIUM
LOUISIANA STATE UNIVERSITY SPONSORED PROGRAM ACCOUNTING BATON ROUGE, LA 70803-2901	72-6000848	UNIVERSITY	89,940.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
LOWER SHORE LAND TRUST 100 RIVER ST SNOW HILL, MD 21863	52-1701152	501 (C) (3)	34,000.	0.			HEALTHY WATERSHED CONSORTIUM
LRLEAN 3726 COUNTY ROAD 12 FAYETTE, AL 35555	45-3970733	501 (C) (3)	61,420.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
MAINE MOUNTAIN COLLABORATIVE 45 EXCHANGE STREET, SUITE 303 PORTLAND, ME 04101	81-3548148	501 (C) (3)	64,314.	0.			INNOVATIVE FINANCE
MAMMOTH LAKES TRAILS PO BOX 100 PMB 432 MAMMOTH LAKES, CA 93546	20-5554141	501 (C) (3)	72,947.	0.			INNOVATIVE FINANCE
MCINTOSH SEED PO BOX 2355 DARIEN, GA 31305	58-2556194	501 (C) (3)	61,667.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-6005955	UNIVERSITY	52,535.	0.			MASS TIMBER
MISSISSIPPI FORESTRY 620 N. STATE STREET, SUITE 201 JACKSON, MS 39202	64-0205299	501 (C) (3)	32,253.	0.			PRESCRIBED FIRE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI STATE UNIVERSITY OFFICE OF THE CONTROLLER & TREASURER SPONSORED PROGRAMS ACCOUNTING	38-6005989	UNIVERSITY	37,105.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & GREEN BUILDING
MONTANA CONSERVATION CORPS 206 N. GRAND AVENUE BOZEMAN, MT 59715	81-0467431	501 (C) (3)	103,150.	0.			HEALTHY WATERSHED CONSORTIUM
MORGANTOWN UTILITY 278 GREENBAG ROAD MORGANTOWN, WV 26501	55-0676214	GOVT	21,068.	0.			HEALTHY WATERSHED CONSORTIUM
MORRISON SOIL & WATER CONSERVATION 16776 HERON ROAD LITTLE FALLS, MN 56345	41-0941237	GOVT	18,000.	0.			HEALTHY WATERSHED CONSORTIUM
MOUNT ST. HELENS INSTITUTE 42218 NE YALE BRIDGE RD AMBOY, WA 98601	91-1569993	501 (C) (3)	85,605.	0.			INNOVATIVE FINANCE
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501 (C) (3)	203,878.	0.			INNOVATIVE FINANCE
NATIONAL FOREST FOUNDATION BLDG 27, STE 3 FORT MISSOULA RD MISSOULA, MT 59804	52-1786332	501 (C) (3)	17,710.	0.			INNOVATIVE FINANCE
NEW YORK UNIVERSITY 44 WEST 4TH STREET NEW YORK, NY 10012	13-5562308	UNIVERSITY	30,000.	0.			COMMUNITY PREPAREDNESS
NORTH CAROLINA COASTAL LAND TRUST 3 PINE VALLEY DR WILMINGTON, NC 28412	56-1791849	501 (C) (3)	197,950.	0.			ENVIVA

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY OFFICE OF GRANTS AND CONTRACTS RALEIGH, NC 27695-7214	56-6000756	UNIVERSITY	106,213.	0.			GREEN BUILDING SECTOR GROWTH & SENTINEL LANDSCAPE
NORTHERN FOREST CENTER PO BOX 210 CONCORD, NH 03302	22-3458955	501 (C) (3)	233,331.	0.			FOREST RETENTION
OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331	61-1730890	GOVT	578,512.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER
PA DEPT OF CONSERVATION & NATURAL RESOURCES - RACHEL CARSON STATE OFFICE BUILDING - HARRISBURG, PA 17105	25-1773197	GOVT	19,741.	0.			HEALTHY WATERSHED CONSORTIUM
PACIFIC FOREST TRUST 400 MARKET ST. SAN FRANCISCO, CA 94129	68-0292509	501 (C) (3)	11,775.	0.			HEALTHY WATERSHED CONSORTIUM
PALMETTO GREEN 5026 WITTERING DRIVE COLUMBIA, SC 29206	83-3354091	501 (C) (3)	15,000.	0.			SUSTAIN SC
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 66073-1235	35-6002041	UNIVERSITY	117,654.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
QUANTIFIED VENTURES 1875 CONNECTICUT AVE WASHINGTON, DC 20009	46-5296778	LLC	1,266,135.	0.			INNOVATIVE FINANCE AND TEXAS EIB
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	193,002.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF SUNY 316 BRAY HALL SYRACUSE , NY 13210	14-1368361	UNIVERSITY	23,636.	0.			ECONOMIC DEVELOPMENT ADMINISTRATION
RICE UNIVERSITY 6100 MAIN ST, MS-70 HOUSTON, TX 77005	74-1109620	UNIVERSITY	10,742.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER
ROANOKE ECONOMIC DEVELOPMENT, INC. 409 MAIN ST PO BOX 148 RICH SQUARE, NC 27869	56-2182552	501 (C) (3)	45,000.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
SAN JACINTO COMMUNITY COLLEGE DISTRICT - 4624 FAIRMONT PARKWAY - PASADENA, TX 77504	74-6028285	UNIVERSITY	95,932.	0.			MASS TIMBER
SAPPI NORTH AMERICA, INC. 255 STATE STREET BOSTON, MA 02109	23-2366983	C CORP	31,469.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
SC RURAL WATER ASSOCIATION 128 STONEMARK LANE COLUMBIA, SC 29210	57-0646037	501 (C) (3)	30,759.	0.			HEALTHY WATERSHED CONSORTIUM
SCHOODIC INSTITUTE OF ACADIA (DOWNEAST CONSERV NETWORK) - P.O. BOX 277 - WINTER HARBOR, ME 04693	20-1054593	501 (C) (3)	28,098.	0.			HEALTHY WATERSHED CONSORTIUM
SOMERSET ECONOMIC DEVELOPMENT CORP 41 COURT STREET SKOWHEGAN, ME 04976	01-0535534	501 (C) (3)	291,000.	0.			ECONOMIC DEVELOPMENT ADMINISTRATION
ST. CROIX 230 S WASHINGTON ST. CROIX FALLS, WI 54024	26-3025933	501 (C) (3)	16,010.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990)

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Schedule I (Form 990)

20-5583324

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 PORTLAND, OR 97205	93-1152222	501 (C) (3)	78,378.	0.			HEALTHY WATERSHED CONSORTIUM
TALL TIMBERS RESEARCH, INC 13093 HENRY BEADEL DR TALLAHASSEE, FL 32312	59-0952956	501 (C) (3)	119,105.	0.			HEALTHY WATERSHED CONSORTIUM AND LONGLEAF MAPPING
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	UNIVERSITY	10,102.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
THE BULLITT FOUNDATION 1501 E MADISON ST SEATTLE, WA 98122	91-6027795	501 (C) (3)	32,200.	0.			HEALTHY WATERSHED CONSORTIUM
THE CONSERVATION FUND 1655 N. FORT MYER DR., SUITE 1300 ARLINGTON, VA 22209-3199	52-1388917	501 (C) (3)	106,596.	0.			FOREST RETENTION
THE LONGLEAF ALLIANCE 12130 DIXON CENTER ROAD ANDALUSIA, AL 36420	75-3263645	501 (C) (3)	461,058.	0.			LONGLEAF MAPPING, SENTINEL LANDSCAPE & SAVANNAH RIVER CLEAN WATER FUND
THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE ARLINGTON, VA 22203-1606	53-0242652	501 (C) (3)	480,646.	0.			FOREST RETENTION, HEALTHY WATERSHEDS, SENTINEL LANDSCAPE, INNOVATIVE FINANCE & ENVIVA
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST. SUITE 900 SAN FRANCISCO, CA 94104	23-7222333	501 (C) (3)	26,869.	0.			COMMUNITY FORESTS
TOWN OF ASHLAND 17 BRIDGHAM ST ASHLAND, ME 04732	01-6000053	GOV'T	225,887.	0.			ECONOMIC DEVELOPMENT ADMINISTRATION

Schedule I (Form 990)

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

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Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUT UNLIMITED PA 1777 N. KENT ST ARLINGTON, VA 22209	38-1612715	501 (C) (3)	30,001.	0.			HEALTHY WATERSHED CONSORTIUM
TRUST TO CONSERVE NORTHEAST FOREST LANDS - 108 SEWALL ST. PO BOX 1036 - AUGUSTA, ME 04332	73-1674778	501 (C) (3)	76,006.	0.			ECONOMIC DEVELOPMENT ADMINISTRATION
UNIV OF ARKANSAS PINE BLUFF MS 4984 PINE BLUFF, AR 71601	58-1353149	501 (C) (3)	110,660.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
UNIVERSITY OF ARKANSAS TREASURERS OFFICE PO BOX 1404 FAYETTEVILLE, AR 72702	71-6003252	UNIVERSITY	166,537.	0.			MASS TIMBER & GREEN BUILDING SECTOR GROWTH
UNIVERSITY OF MAINE 5717 CORBETT HALL, ROOM 400 ORONO, ME 04469-5717	01-6000769	UNIVERSITY	91,282.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES 5TH FLOOR, FRANKLIN BUILDING 3451 WALNUT STREET	23-1352685	UNIVERSITY	76,691.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
UNIVERSITY OF WISCONSIN-MADISON DRAWER #538 MILWAUKEE, WI 53278-0538	39-6006492	UNIVERSITY	165,328.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER
WASHINGTON STATE DEPT OF COMMERCE 1011 PLUM ST. SE OLYMPIA, WA 98504	91-0823820	GOVT	20,861.	0.			FOREST RETENTION
WEST VIRGINIA UNIVERSITY DIVISION OF FORESTRY AND NATURAL RE MORGANTOWN, WV 26506	55-0665758	501 (C) (3)	41,050.	0.			MASS TIMBER

Schedule I (Form 990)

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Schedule I (Form 990)

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Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 JACKSON, MS 39212	64-0771042	501 (C) (3)	60,000.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
WISEWOOD ENERGY 735 N ALBERTA STREET PORTLAND, OR 97217	45-0606696	S CORP	184,225.	0.			INNOVATIVE FINANCE
WOOD WORKS 1101 K STREET NW STE 700 WASHINGTON, DC 20005	68-0643679	501 (C) (3)	102,386.	0.			MASS TIMBER
WORKING LANDS TRUST 1600 GLENWOOD AVENUE RALEIGH, NC 27608	46-2913344	501 (C) (3)	50,000.	0.			FOREST RETENTION
WORLD RESOURCES INSTITUTE 10 G STREET, N.E. SUITE 800 WASHINGTON, DC 20002	52-1257057	501 (C) (3)	137,852.	0.			HEALTHY WATERSHED CONSORTIUM & WRI/SPRINGPOINT/BLUEFOREST
CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301	84-1450808	501 (C) (3)	27,897.	0.			WORKING FOREST RETENTION & SENTINEL LANDSCAPE
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501 (C) (3)	125,000.	0.			ENVIVA
ELECTRIC POWER RESEARCH INSTITUTE, INC. - 3420 HILLVIEW AVE - PALO ALTO, CA 94304	23-7175375	501 (C) (3)	772,760.	0.			WATER QUALITY TRADING
MANO Y OLA 3813 BIRCHWOOD COURT RALEIGH, NC 27612	45-4769679	LLC	150,000.	0.			HISPANIC LAND OWNERSHIP

Schedule I (Form 990)

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Part III 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.

(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 GRANTEEES 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.**

Employer identification number
20-5583324

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Schedule J (Form 990) 2021

20-5583324

Page 2

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER MADDEN CEO SECRETARY	(i)	354,775.	0.	0.	31,900.	27,026.	413,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETER STANGEL CHIEF OPERATING OFFICER	(i)	277,326.	0.	0.	31,036.	15,663.	324,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICIA CRAMER SENIOR VICE PRESIDENT	(i)	230,927.	0.	0.	26,355.	19,853.	277,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GOERGEN VICE-PRESIDENT	(i)	215,327.	0.	0.	23,686.	0.	239,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SIGNE CANN CHIEF FINANCIAL OFFICER	(i)	204,618.	0.	0.	22,538.	6,135.	233,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATTHEW KRUMENAUER VICE-PRESIDENT	(i)	177,215.	0.	0.	19,509.	417.	197,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Employer identification number
20-5583324

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

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

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 NATIONWIDE

COLLABORATION WITH THE AMERICAN WATER WORKS ASSOCIATION, WHICH

REPRESENTS WATER UTILITIES AND THE WATER COMMUNITY.

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

HEALTH OF FORESTS. THIS IS 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 FIVE CANADA/US FOREST

HEALTH AND INNOVATION SUMMITS ROUGHLY ON A BIENNIAL BASIS. OTHER WORK

INCLUDES KEEPING FORESTS, THE DEPARTMENT OF DEFENSE'S BASE BUFFERING

PROGRAM, AND INNOVATIVE FINANCING APPROACHES FOR FOREST MANAGEMENT AND

RETENTION. EACH IS DESIGNED TO AID IN RETENTION AND RESTORATION OF

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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 BY DESIGNING AND MAINTAINING A BUYER/VENDOR PLATFORM CALLED TIMBERHAULING.COM. WE ARE ALSO CURRENTLY DEVELOPING BLOCKCHAIN SOLUTIONS THROUGH A PROGRAM CALLED FORESTRUST, WHICH SEEKS TO TRACK THE SUPPLY CHAIN OF TIMBER AND FOREST PRODUCTS FROM FORESTS TO END-PRODUCT, WHICH HELPS ALLEVIATE ISSUES INVOLVING ILLEGAL LOGGING.

IV. FUTURE MARKETS: THE ENDOWMENT IS PARTNERING WITH THE USDA FOREST SERVICE AND EMERGING PRODUCERS TO ADVANCE COMMERCIALIZATION OF CELLULOSIC NANOMATERIALS. THIS MULTI-YEAR INITIATIVE ENGAGES PARTNERS TO FILL KNOWLEDGE GAPS FACILITATING NEW PRODUCTS AND APPLICATIONS WHILE PLACING A PRIMARY INTEREST ON ENSURING HUMAN AND ENVIRONMENTAL HEALTH AND SAFETY. WORK CONTINUES TO ADVANCE MASS TIMBER APPLICATIONS TO SUPPORT TALL WOODEN BUILDINGS, INCLUDING ADVANCING THE CARBON STORY OF FOREST PRODUCTS. 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 PREVIOUS 6-STORY LIMIT. ADDITIONALLY, WE ARE WORKING TO DEVELOP MARKETS FOR SMALL DIAMETER, DYING AND DEAD TREES TO ENHANCE FOREST HEALTH WHILE ADVANCING FAMILY-SUPPORTING JOBS IN RURAL COMMUNITIES. THROUGH PARTNERSHIP WITH THE USDA FOREST SERVICE, WE ARE CONCENTRATING OUR WORK ON COMMERCIALIZING TORREFACTION TO PROVIDE A ROBUST NEW MARKET FOR FUELS

Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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THAT COULD YIELD GREEN ENERGY. BUILDING ON TESTS OF TORREFIED PELLETS COMPLETED IN A COAL-FIRED FACILITY, THE TORREFACTION FACILITY IS NEARLY SET TO BEGIN ROUND-THE-CLOCK PRODUCTION OF COMMERCIAL-SCALE TORREFIED MATERIAL AND OTHER HIGH CARBON CONTENT PRODUCTS LIKE BIOCHAR.

V. ASSET CREATION: WE CONTINUE TO SUPPORT THE SUSTAINABLE FORESTRY AND LAND RETENTION (SFLR) NETWORK AND THEIR GOAL TO USE FORESTS AND FOREST-BASED ASSETS TO CREATE ECONOMIC OPPORTUNITY FOR AFRICAN AMERICAN LANDOWNERS. AMERICAN FOREST FOUNDATION IS NOW THE SFLR FISCAL AGENT. SFLR IS A MULTI-YEAR PROGRAM IN PARTNERSHIP WITH THE USDA FOREST SERVICE AND NRCS ACROSS EIGHT SOUTHERN STATES AND HAS SUCCESSFULLY SEEN 1,500 BLACK FAMILIES MOVE THEIR LANDS INTO THE FOREST MANAGEMENT PIPELINE. WE ARE APPLYING THE APPLIED LEARNINGS FOR OUR WORK WITH THE SFLR NETWORK TO EXPLORE HISPANIC/LATINO LANDOWNERS AND THEIR ABILITY TO GENERATE WEALTH FOR THEIR FAMILIES AND COMMUNITIES.

WE CONTINUE TO WORK WITH THE ECONOMIC DEVELOPMENT ADMINISTRATION IN NEW ENGLAND IN PARTNERSHIP WITH THE NORTHERN FOREST CENTER TO ASSIST IN FINDING LOCAL ECONOMIC SOLUTIONS TO HELP OFFSET THE IMPACT OF THE CLOSURE OF MUCH OF THE REGION'S 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.

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

Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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POTENTIAL CONFLICT. ANNUALLY, EACH MEMBER OF THE BOARD AND STAFF ARE ASKED TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLICY.

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 ON APRIL 1ST OF EACH YEAR. 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.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RESTORATION FUELS - 37-1881323 PO BOX 668 PRINEVILLE, OR 97754 TIMBERHAULING.COM - 84-2204346 908 E NORTH ST GREENVILLE, SC 29601	MANUFACTURING	OREGON	355,228.	20,249,266.	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
FORESTRUST - 85-3186870 908 E NORTH ST GREENVILLE, SC 29601	PURCHASING MANAGER	SOUTH CAROLINA	71.	1,195.	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
	TECHNOLOGY	SOUTH CAROLINA	0.	0.	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

**UNITED STATES ENDOWMENT FOR FORESTRY
AND COMMUNITIES, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RESTORATION FUELS LLC	D	0 . FMV	
(2) RESTORATION FUELS LLC	O	0 . FMV	
(3)			
(4)			
(5)			
(6)			

