

	_		** PUBLIC DISCLOSURE CON Return of Organization Exempt F	PY ** From li	ncome Tax	OMB No. 1545-0047					
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2022					
Depa	artment	of the Treasury	Do not enter social security numbers on this form as	-	•	Open to Public					
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and th		iformation.	Inspection					
	A For the 2022 calendar year, or tax year beginning and ending B Check if C Name of organization D Employer identification										
D (applicab	le.	TED STATES ENDOWMENT FOR FORESTRY		D Employer identific						
	Addre		COMMUNITIES, INC.								
	Name	<u>`</u>	business as		20-558332	24					
	Initial returr	n Numbe		Room/suite	E Telephone number						
	Final		S. ACADEMY ST. STE 101		864-233-7						
_	termii ated □Amer	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,930,721.					
	returr Appli	, GVE	ENVILLE, SC 29601		H(a) Is this a group re						
	tion pendi	ing F Name	and address of principal officer: PETER C. MADDEN		for subordinates?						
		iomat atatua:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	H(b) Are all subordinates inc	ist. See instructions					
	Nebsi		• USENDOWMENT • ORG	J JZ/	H(c) Group exemption						
			X Corporation Trust Association Other	L Year		State of legal domicile: DE					
	art I	Summar		1 - 100		otato or logar dormono,					
	1	Briefly descr	ibe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m AD}$	VANCE	POSITIVE CH	ANGE FOR					
Governance			TION'S WORKING FORESTS AND FOREST-RI								
rna	2	Check this b	ox if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse						
ove	3	Number of v	oting members of the governing body (Part VI, line 1a)			12					
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			11					
es	5		r of individuals employed in calendar year 2022 (Part V, line 2a)			14					
Activities &	6		r of volunteers (estimate if necessary)			14					
Act	1		ed business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	d business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	0 . Current Year					
		O and the diam			12,743,082.	10,859,388.					
an	8		s and grants (Part VIII, line 1h)		12,743,082.	<u> 10,859,588.</u> 0.					
Revenue	9		vice revenue (Part VIII, line 2g)		4,839,287.	3,523,750.					
Be	10		ncome (Part VIII, column (A), lines 3, 4, and 7d) ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		541,193.	547,583.					
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,123,562.	14,930,721.					
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		15,394,729.	14,620,815.					
	14		I to or for members (Part IX, column (A), line 4)		0.	0.					
	40		er compensation, employee benefits (Part IX, column (A), lines 5-10)		3,834,273.	4,436,610.					
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ben	b			0.							
Щ	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,637,875.	3,428,371.					
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,866,877.	22,485,796.					
	19	Revenue less	s expenses. Subtract line 18 from line 12		-3,743,315.	-7,555,075.					
OL					ginning of Current Year	End of Year					
Net Assets or	20	Total assets	(Part X, line 16)	3	17,205,031.	283,124,174.					
tAs	21		es (Part X, line 26)		8,244,889.	11,192,824.					
ER ER	22		r fund balances. Subtract line 21 from line 20	3	08,960,142.	271,931,350.					
	art II	-									
			, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is					
true	, corre	ct, and complet	e. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.						

Sign	Signature of officer		Date					
Here	PETER C. MADDEN, PRESIDEN	Γ/CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	AMY BIBBY	AMY BIBBY	11/08/23 self-employed	P00445891				
Preparer	Firm's name FORVIS, LLP		Firm's EIN 44 -	0160260				
Use Only	Firm's address 500 RIDGEFIELD CO	URT						
	ASHEVILLE, NC 28806 Phone no.828-							
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
				- 000 (2222)				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	AND COMMUNITIES, INC. 20-5583324 rt III Statement of Program Service Accomplishments	Page
rai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	21
•	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 A	ND
	FOREST RELIANT COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	v
		XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	XNo
Ŭ	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 21,569,519. including grants of \$ 14,620,815.) (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.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 21,569,519.	990 (2022

AND COMMUNITIES, INC.

20-5583324 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	└───
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Х	┝───
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	┝───
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	(0000)
232003	12-13-22	⊦orm	320	(2022)

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Form 990 (2022)

Part IV Checklist of Required Schedules

AND COMMUNITIES, INC.

Form 990 (2022)

Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04-	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	L
	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 52			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с				
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	7			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a First the number of employees reported on FORN W3, Transmittal of Wage and Tax Statements. 2a 14 2a X b If a test one is reported on Dire 2a, dd the organization like all required fedmal enployment tax returns? 2a X 3a X b If test one is reported to Dime 3a, dd the organization have an interaction on Schedule O 3b X 3b X b If "ves, 'Institution have enclosed busines gross one dd the Organization have an interaction on Schedule O 3b X 3b X d All any time during the calcindup served, dd the organization have an interaction on the origo test on the automoty over, a transmittax in the name of the fore engo noutry in the during the say served. 5a X D Dott to organization that in vaso is a party to a prohibited ta schedule tas schedule transaction at any served in the organization in tark in test or tas of the organization in the area morely greater transaction at any to a contribution that in the more 100 (50, 00, ond dd the organization solid tas where the association and party to a contribution solid tas schedule transaction at any contribution that in the schedule tas schedule transaction at any contribution that were schedule association that were schedule tas schedule transaction at any contribution that interes schedule and taschedule tas schedule transacti	Form	990 (2022) AND COMMUNITIES, INC.		20-5583	324	Р	age 5
2a Enter the number of employees reported on From W-3, Transmittal of Wege and Tas Statements, 2a 14 b If a teast one is reported on line 2a, di the organization file al required foderal employment tas returns? 2b X b If Yes, "that it Hed a Form 990-T for this year? /f Yer 15 line 3b, provide an explanation or Scheduk O 3b X c H Yes, "that it Hed a Form 990-T for this year? /f Yer 15 line 3b, provide an explanation or ther functional occurity? 4a X d H Yes, "that it Hed a Form 990-T for this year? /f Yer 15 line 3b, provide an explanation or ther functional year. 4a X d H Yes, "that it Hed a Foreign country Se instructions for filing requirements for FinCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR), 4a X S W as the arganization has a bink account, securities account, or other financial Accounts (FBAR), 5a X d D dark subarding party roles by a prohibed tas shaft at oncreal-ling table transaction 7 6a X D H Yes, "and the organization has a bink and the manufaction security by a contribution subarding once allows and spontal tas shaft at a normal great steps of the organization naclew at an ormal great steps of the organization scient at a normal great steps of the organization naclew at a normal great steps of the organization naclew at a normal great steps of the organization naclew at a normal great steps of the organization naclew at an organization naclew at a normal great steps of t	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Teal call of a sequence of the sequence of the setum 2a 14 B Definition of the sequence of the s						Yes	No
b If a least one is responded on line 2a, did the organization file all required federal employment to returns? gb X 3a Dot the organization have verified business grows income of \$10,000 or mere during the year? 3b X 4a At any time during the calendar year, did the organization have an inteest in, or a signature or other mathodity over, a financial account in a foreign country gluch as a bark account, securits account, or horn financial accounts (FBAR). 3a X 5a Max the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Dot any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Dot any taxable party notify the organization that are organization tax and using orse recipits that are normally greater than \$100,000, and did the organization solidit any constructions or gifts 6a X 5a Diff "Yes" to line 5a or 5b, did the organization tax and excellation are express tatement that such contributions or gifts 6b 7a X 5a Diff we signatization nave any taxes diffs frame party for goods and services provided to the payor? 7a X 5b To signatization taxe and the solut of the goods or services provided? 7a X 7b To signatization tax	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
ab Did the organization have unrelated business prose income of \$1,000 or more during the year? 3a X b If Yes, This Higa F GP MODOL To this year? 3b X chart any time during the calendar year, did the organization have an intervel in, or other tranactal account? 4a X b If Yes, Team the name of the foreign country 4a X b If Yes, Team the name of the foreign country 5a 5a X c If Yes, Team the name of the organization for RNCEN Form 114, Report of Foreign Bank and Financial Accounts (PAR). 5a X b If Yes, Team 5a or 5b, did the organization for RNEEN Form 114, Report of Foreign Bank and Financial Accounts (PAR). 5a X c If Yes, Team 5a or 5b, did the organization for RNEEN Form 888-17 5a X 5b X c If Yes, Tidd the organization foreign Bank and Financial Accounts (PAR). 5a X 5b X c If Yes, Tidd the organization foreign Bank and Financial Accounts (PAR). 5a X 5b X dift the organization include with every solicitation an express statement that such contributions or financial Accounts (PAR). 5a X 5b		filed for the calendar year ending with or within the year covered by this return	2a	14			
b If Yes, 'that is filled a form 900 Tor this yar? If Yes, 'that is filled a form 900 Tor this yar? If Yes, 'that is filled a form 900 Tor this yar? If Yes, 'that is filled account,' or other authority over, a 'that is a tork account, securities account, or other financial account,'' If Yes, 'that the the mame of the foreign country (such as a bank account, securities account, or other financial account,'' If Yes, 'that the the mame of the foreign country (such as a bank account, securities account, or other financial account,'' If Yes, 'that the the the origin 200 that the was or is a park by the a prohibeted with the accounts of this query list as the origin 200 that the was or is a park by the a prohibeted with sheet transaction? If A 5a Was the originization the originization this the account approximation the account account of the originization that was or is a park by the a prohibeted with sheet transaction? If A 5a Was the originization that are originization that are originization that account originization receive any that account park the account of the originization nucle with every solicitation acceptes statement that such contributions or gifts were not tax deductible account of the value of the park originization receive any thirds, directly or indicetly, to pary premiums on a personal beefft contract? Te 7a X Y <td< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax return</th><th>ns? .</th><th></th><th></th><th></th><th><u> </u></th></td<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .				<u> </u>
4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority our, a financial accountly (such as a bank account, securities account, or other financial account)? 4a X b If Yea," inter the name of the foreign county 5a X c Did any taxable party notify the organization in any time during the tax year? 5a X c Did any taxable party notify the organization from 184. From 184. Transaction? 5a X d If Yea," in the fast or 5b, did the organization from 888.7 5a X d If Yea," in the fast or 5b, did the organization in the organization and the verganization and the erganization in the organization analytic as a contributions? 5a X d If Yea," idid the organization notify the donor of the value of the goods or services provided? 7a X D Did the organization notify the donor of the value of the goods or services provided? 7a X D If Yea," idid the organization notify the donor of the value of the goods or services provided? 7a X D If Yea," idia the organization notify in indicity, to pay premiums on a personal benefit contract? 7a X d If Yea," idia the organization notify any divide indify the year. 7a X 7a X<					3a		<u> </u>
mancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Ves,' reter the name of the foreign country 5a 5a </th <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule</th> <th>Ο.</th> <th></th> <th>3b</th> <th>Х</th> <th><u> </u></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	<u> </u>
b #"Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (#BAR). Ba See instructions for filing requirements for FinCEN From 286.7 Ba C Did any taxable party noisy the organization that it was for a party to a prohibited tax sheller transaction? Ba C Dids my taxable party noisy the organization from 286.7 Ba X C The Se to Sd, did the organization in form 286.7 Ba X C The Se to Sd, did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions nuder section 170(c). Ba X D Did the organization neity particitation every solicitation are express statement that such contributions or gifts were not tax deductibles on the value of the value	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
See instructions for time requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a See with the organization and party to a prohibited tax shelter transaction? 5a X D dark taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X If 'Yes'' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a X If 'Yes'' to line 5a or 5b, did the organization that was or its a party to a prohibited tax shelter transaction? 5a X If 'Yes'' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X Or ganizations that may receive deductible contributions under section 170(c). 7a X If 'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7a X If 'Yes,'' did the organization secvice a summet in eccss of 375 made party as a contribution and party for goots and services provided to the payor? 7a X If 'Yes,'' did the organization secvice a contribution or the value of the goods or services provide? 7a X If 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7a X If 'Yes,'' indicate the number of forms 8282 filed during the year<		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
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UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Form	990 (2022) AND COMMUNITIES, INC.			558332		Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, ar	nd for a "No	" respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?			<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?				X
6	Did the organization have members or stockholders?			6		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			<u>7a</u>	1	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
-	persons other than the governing body?			7b)	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
	The governing body?					+
-	Each committee with authority to act on behalf of the governing body?			<u>8b</u>		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>		<u> </u>			
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				a	+
D	and branches to answer their answertians are consistent with the averagization's average purposed			10	.	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filina the fo			<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	50101	o ming the lo			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12	a X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ					
	on Schedule O how this was done	,		12	c X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?				. Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	a X	
b	Other officers or key employees of the organization			15	s 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 arrangem	ient w	ith a			
	taxable entity during the year?			16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16	5	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>DE, SC</u>		- /		<u>, </u>	<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-I (section 50	01(c)(3)s only	/) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	t interest pol	icy, and fina	ncial	
00	statements available to the public during the tax year.	ko =	l voocuele			
20	State the name, address, and telephone number of the person who possesses the organization's boo JOIE MORE - $864-233-7646$	ks and	a records			
	10 S. ACADEMY ST., STE 101, GREENVILLE, SC 29601					
232004	10 5. ACADEMI 51., STE 101, GREENVILLE, SC 29001 12-13-22			Fo	rm 99() (2022)
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UNITED STATES	ENDOWMENT	FOR	FORESTRY
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Form 990 (2		-	COMMUNITIES				20-5
Part VII	Compensation	of Of	ficers, Directors,	Trustees,	Key Employees,	Highest	Compensated
·	Employees, an	d Inde	ependent Contrac	tors			

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, box 6 of 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) Name and title (B) Norrage (Bit arg) (Bit arg)		T	T	mzu		0011	ipen	Jour			·
Number of a bit like Average for the star and many hours per view of the star and methods and international organization organization organization organizations below like per star and methods and international organizations organizations below line per star and methods and international organizations organizati organi per sectors organizations organi per sectors organizati o	(A)	(B)			_ ((C)			(D)	(E)	(F)
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Form 990 (2022) AND COMMU	MITIES,		NC	•					20-55	833	324 Page	э о
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(-1 -		Posi				Reportable	Reportable		Estimated	
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	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former				0	
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(19) KEVIN SCHUYLER	1.00											<u> </u>
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(20) CRIS STAINBROOK	1.00									_		_
BOARD MEMBER		Х						0.		0.	().
(21) RACHEL JACOBSON	1.00											
BOARD MEMBER		Х						0.		0.	().
(22) BEATRIZ DA CUNHA	1.00											
BOARD MEMBER		х						0.		0.	ſ).
(23) JOSHUA RAGLIN	1.00									<u> </u>		<u> </u>
BOARD MEMBER	1.00	х						0		0.	c	h
BOARD MEMBER		Δ						0.		••+	().
										\rightarrow		
		1										
1b Subtotal								1,914,465.		0.	330,745	5.
c Total from continuation sheets to Part VII								0.		0.).
								1,914,465.		0.	330,745	_
d Total (add lines 1b and 1c)										0.1	550,745	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable			~
compensation from the organization												8
										-	Yes N	lo
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su	ich individual										3 2	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150			•						•	— E	4 X	_
5 Did any person listed on line 1a receive or a										F		
												х
rendered to the organization? If "Yes," com	olete Schedule	e J fo	or su	ich p	perso	on .					5 2	<u>~</u>
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	actor	's th	hat received more than \$	100,000 of compe	ensati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg wi	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensation	
QUANTIFIED VENTURES												
6410 RUFFIN RD, CHEVY CHA	SE MD	20	81	5				PROJECT MANAG	FMENT		686,204	1.
VIREO ADVISORS LLC, 111 P							_	ENVIRONMENTAI			000,201	
APT 216, BOSTON, MA 02130								CONSULTING	-		556 221	
								CONSOLLING			556,221	L •
SURFATECH CORPORATION, 1625 LAKES PARKWAY,											~	~
SUITE N, LAWRENCEVILLE, GA 30043								PROJECT MANAC	JEMENT		340,000).
THE LONGLEAF ALLIANCE												
12130 DIXON CENTER RD, AN	DALUSIA	<u>, </u>	AL	<u> </u>	6 <u>4</u> :	20		PROJECT MANAC	GEMENT		295,086	5.
ELECTRIC POWER RESEARCH I	NSTITUT	E										
3420 HILLVIEW AVE, PALO A			43	04				PROJECT MANAG	GEMENT		276,442	2.
2 Total number of independent contractors (ir					hos	e lis					i	
\$100,000 of compensation from the organiz	-				21			,				

\$100,000 of compensation from the organization

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UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

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Ра	πν	<u> </u>	_						
			Check if Schedule O contains a re	esponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] [(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
nts nts	1			<u>1a</u>					
Gra				<u>1b</u>					
ts, (Arr				<u>1c</u>					
Gifi İlar			J	<u>1d</u>					
ns, Sim			3 () –	<u>1e</u>	7,968,777.				
er S		f	All other contributions, gifts, grants, and		0 000 611				
Oth				1f	2,890,611.				
Contributions, Gifts, Grants and Other Similar Amounts		-	-	1g \$		10 050 200			
ŭ ŭ		h	Total. Add lines 1a-1f			10,859,388.			
					Business Code				
ice	2								
erv	b								
n S 'eni		С							
jrar Rev		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividend			226 107	921 705		
			other similar amounts)			-326,197.	-831,705.		505,508.
	4		Income from investment of tax-exemp	•					
	5		Royalties	Real					
	•			neal	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7			curities	(ii) Other				
	'	а		49,947.					
		L	assets other than inventory 7a 3 , 8 4 Less: cost or other basis	19,917.					
ø		D		Ο.					
Revenue		~	and sales expenses7bGain or (loss)7c						
leve		4	Net gain or (loss)	,		3,849,947.			3849947.
er H	0		Gross income from fundraising events (no			-,,			
Othe	0	u	including \$						
Ŭ			contributions reported on line 1c). See						
			Part IV, line 18						
		b	Less: direct expenses						
			Net income or (loss) from fundraising	····· —					
			Gross income from gaming activities.						
			Part IV, line 19						
		b	Less: direct expenses						
		с	Net income or (loss) from gaming acti						
			Gross sales of inventory, less returns						
			and allowances	10a	1				
		b	Less: cost of goods sold	10k					
		с	Net income or (loss) from sales of inve	entory					
<i>(</i> 0					Business Code				
e on	11	а	MISCELLANEOUS INCOME		900099	426,066.			426,066.
Miscellaneous Revenue		b	MANAGEMENT FEES		541610	121,517.			121,517.
eve		с							ļ
Alisc B		d	All other revenue						
~		е	Total. Add lines 11a-11d			547,583.			
	12		Total revenue. See instructions			14,930,721.	-831,705.	0.	4903038.
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	UNITED STAT 990 (2022) AND COMMUNI T IX Statement of Functional Expense	TIES, INC.	FOR FORESTRY		83324 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		0	nplete column (A).	
Dor	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	14 600 015	14 600 015		
•	and domestic governments. See Part IV, line 21	14,620,815.	14,620,815.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
Ū	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	1,551,232.	1,163,424.	387,808.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	2,057,845.	1,951,119.	106,726.	
7 0	Other salaries and wages Pension plan accruals and contributions (include	4,007,040.	±,95±,119•	100,/20.	
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	569,721.	481,195.	88,526.	
10	Payroll taxes	257,812.	230,923.	26,889.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,025.	31.	20,994.	
С	Accounting	54,632.		54,632.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	70.010		70.010	
f	Investment management fees	72,912.		72,912.	
g	Other. (If line 11g amount exceeds 10% of line 25,	495,030.	491,398.	3,632.	
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	331,589.	331,589.	5,052.	
12	Office expenses	473,589.	459,875.	13,714.	
14	Information technology				
15	Royalties				
16	Occupancy	822,881.	807,773.	15,108.	
17	Travel	167,100.	93,245.	73,855.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	24,302.	21,062.	3,240.	
20	Interest	34,237.	18,359.	15,878.	
21	Payments to affiliates	383,327.	383,327.		
22 22	Depreciation, depletion, and amortization	403,841.	397,257.	6,584.	
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	103,011.	557,257.	0,301.	
а	TAXES AND OTHER EXPENSE	143,906.	118,127.	25,779.	
b			. ,		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,485,796.	21,569,519.	916,277.	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)				

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UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

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	990 () t X	Balance Sheet		20-	5583324 Page II
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	7,562,841.	2	8,716,155.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,925,007.	4	5,760,496
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	232,381.	8	277,279
¥	9	Prepaid expenses and deferred charges	91,204.	9	101,247
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 21,461,567.			
	b	Less: accumulated depreciation 1,505,685.	19,884,202.	10c	19,955,882.
	11	Investments - publicly traded securities	216,472,567.	11	176,034,640.
	12	Investments - other securities. See Part IV, line 11	67,952,792.	12	71,600,653.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	84,037.	15	677,822
	16	Total assets. Add lines 1 through 15 (must equal line 33)	317,205,031.	16	283,124,174.
	17	Accounts payable and accrued expenses	8,244,889.	17	11,192,824
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat	~~	controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	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			
				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	8,244,889.	25	11,192,824.
	20	Organizations that follow FASB ASC 958, check here X	0,211,005.	20	11,152,021
es		and complete lines 27, 28, 32, and 33.			
ů l	27	Net assets without donor restrictions	23,121,290.	27	22,636,985
3ale	28	Net assets with donor restrictions	285,838,852.	28	249,294,365
۲ ۲	20	Organizations that do not follow FASB ASC 958, check here			
Ъ.		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
i ŝt	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	308,960,142.	32	271,931,350.
~	33	Total liabilities and net assets/fund balances	317,205,031.	33	283,124,174.
			- •	•	Form 990 (2022

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UNITED	STATES	\mathbf{ENI}	DOWMENT	FOR	FORESTRY
AND CO	MMUNITI	ES.	INC.		

Form	AND COMMUNITIES, INC.	20-	-5583	324	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,930		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,485		
3	Revenue less expenses. Subtract line 2 from line 1	3		,555		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,960		
5	Net unrealized gains (losses) on investments	5	-29	,473	3 , 71	17.
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	271	,931	L,3!	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

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SCHEDULE A (Form 990)			Co		OMB No. 1545-0047								
		of the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public			
		nue Service		-	Form990 for instruction			ormation.	-	Inspection			
Nam	e of	the organization		ED STATES 1 COMMUNITIE;	ENDOWMENT FOF S, INC.	R FORE	ESTRY			identification number $0-5583324$			
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The o	orgar	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cł	neck only o	one box.)						
1		A church, cor	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).					
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ı 990).)							
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state											
5					llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in			
•				Complete Part II.)				<i>·</i> · ·					
6													
7													
8	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9						,	ed in coniu	inction with a	land-grant	college			
Ũ		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:						,	and demogra				
10		· _	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
					t to certain exceptions; a								
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
		See section	509(a)(2). (Cor	mplete Part III.)									
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12		-	-	-	vely for the benefit of, to	-			•				
				-	d in section 509(a)(1) o					Check the box on			
_		-	-		f supporting organization				-	nivina			
а				-	upervised, or controlled I gularly appoint or elect a	•	-						
			-	complete Part IV, Se		majonty o				ipporting			
b				•	or controlled in connect	ion with its	s supporte	ed organizatio	n(s). by hav	rina			
		••		•	anization vested in the sa			•		•			
				t complete Part IV,		·							
с		Type III fur	ctionally inte	grated. A supporting	g organization operated i	n connect	tion with, a	and functional	ly integrate	d with,			
		its supporte	ed organizatior	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III no	n-functionally	v integrated. A supp	oorting organization operation	ated in cor	nnection w	vith its suppo	ted organiz	zation(s)			
					ation generally must sati				I an attentiv	veness			
	_	-	-		nplete Part IV, Sections								
е			•		written determination from			Type I, Type	II, Type III				
f	Ent	er the number of			nally integrated supportir								
				about the supporte	d organization(s)								
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)			
Tota													

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC. ____

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Schedule A	(Form 990) 2022	AND	COMMUNITIES,	INC.	20-5583324 Pag			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v								
	(Complete only if you che	cked the	box on line 5, 7, or 8 of P	art I or if the organization failed to qualify ι	under Part III. If the organization			
	fails to qualify under the te	ests liste	d below, please complete	Part III.)				

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8922536.	10675091.	10387679.	12743082.	10859388.	53587776.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8922536.	10675091.	10387679.	12743082.	10859388.	53587776.
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)						390,584.
6	Public support. Subtract line 5 from line 4.						53197192.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	8922536.	10675091.	10387679.	12743082.	10859388.	53587776.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2228723.	917,660.	492,286.	639,613.	505,508.	4783790.
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.		1863812.
11	Total support. Add lines 7 through 10						60235378.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	88.32 %
	Public support percentage from 2021					15	83.57 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	•		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	istances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
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.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	e) 2022	(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								
	Add lines 10a and 10b 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	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatic	on,	_
							<u></u>		
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15			%
16	Public support percentage from 2021					16			%
Sec	ction D. Computation of Inves	stment Incom	e Percentage						
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ne 13, column (f))		17			%
18	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the						, and line 17	7 is not	_
	more than 33 1/3%, check this box ar	-	-					L	
b	33 1/3% support tests - 2021. If the								_
_	line 18 is not more than 33 1/3%, che						•	L	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins				
23202	23 12-09-22						Schedule A	(Form 990) 20)22

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UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

19

232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

1

Yes No

AND COMMUNITIES, INC. 20-5583324 Page 5 Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV 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? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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? 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

с	The organization supported a governmental entity.	Describe in Part VI how you supported a 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? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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20 2022.05000 UNITED STATES ENDOWMENT F 20558331

Yes No

UN	ITED	STATES	ENI	DOWMENT	FOR	FORESTRY	
AN	D COI	MUNITI	ΞS,	INC.			

	dule A (Form 990) 2022 AND COMMUNITIES, INC.	•	- 11	20-5583324 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu	<u>ist complete s</u>	(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			
Ŭ	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	t V Type III Non-Functionally Integrated 509		nizations (continue		0-5583324 Page 7
	on D - Distributions		nizations (continue	<u>əa)</u>	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	mot purposes		1	Gurrent real
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp		-		
2	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		,	4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

O alta alta l	(Earray 000) 2022					FOR	FORESTRY	20-5583324 Page 8
Schedule A Part VI	. (Form 990) 2022 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	nation. Pr 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, ; Part IV, Sectio	natior 9b, 9 on E, li	ns required by c, 11a, 11b, an nes 1c, 2a, 2b,	nd 11c; F , 3a, and	Part IV, Section B, lin I 3b; Part V, line 1; P	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
232028 12-09-2	22							Schedule A (Form 990) 2022
					23			. ,

223451 11-15-22

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

dentification number

83324

Sc	hedule	В
<i>(</i> _		

(Form 990)

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		2
Name of the organizat	ion UNITED STATES ENDOWMENT FOR FORESTRY	Emp	oloyer identi
	AND COMMUNITIES, INC.	2	0-55833
Organization type (ch	eck one):	·	
Filers of:	Section:		
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	۱	
	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		
, ,	tion is covered by the General Rule or a Special Rule .		
Note: Only a section 5	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See	instructions.
General Rule			

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>4,709,705.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>1,341,738.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>1,122,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>535,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22 25		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization

Part I

(a)

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

20 - 5583324

(c)

		\$ <u>863,478.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 11-15 22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
23452 11-15-22	26		эспедије в (Form 990) (2022)

Schedule B (Form 990) (2022)

Part I

(a)

No.

7

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

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

20-5583324

Person

(c)

Total contributions

2022.05000 UNITED STATES ENDOWMENT F 20558331

22

10271108 797738 205583324

	B (Form 990) (2022)		Page 3
	rganization D STATES ENDOWMENT FOR FORESTRY		Employer identification number
	OMMUNITIES, INC.		20-5583324
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	j.
(a) No. from Part I	(b) (c) FMV (or est Description of noncash property given (See instruction)		
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
		 \$	

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223453 11-15-22

Schedule B (Form 990) (2022)

10271108 797738 205583324

Schedule	B (Form 990) (2022)				Page 4				
Name of c	organization			Employer i	dentification number				
	D STATES ENDOWMENT FOR 1	FORESTRY							
AND C	OMMUNITIES, INC.			20-5	583324				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described	in section 501(c)(7), (8), or (10) that total more t	than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	10 or less for the year	. (Enter this info. once.)					
(-) N-	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	ow aift is held				
Part I		()		()	5				
		(e) Transfer	of gift						
			or girt						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transfer	ansferee				
				•					
		_							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w aift is held				
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7I P + 4	Relati	onship of transferor to tra	ansferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	ow gift is held				
Part I	(2) - 2 - 3 3	(0) 000 01 gill		(-,	J				
		(e) Transfer	of aift						
			Si girt						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transfer	ansferee				
				•					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	ow gift is held				
Part I	(2)	(0,000 01 g.11		() _ = = = = = = = = = = = = = = = = = =					
		(e) Transfer	of aift						
			Si yiri						
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to tra	ansferee				
223454 11-1	5-22			Sch	edule B (Form 990) (2022)				

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SC	HEDULE D	Supplement	Supplemental Financial Statements				
(Forn	n 990)		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.				
Depart	ment of the Treasury	· · · · · · · · · · · · · · · · · · ·	Attach to Form 990.	Open to Public			
	I Revenue Service		0 for instructions and the latest informati				
Nam	e of the organization	on UNITED STATES ENDO AND COMMUNITIES, I		Employer identification number 20-5583324			
Par	t I Organiza		d Funds or Other Similar Funds o				
		n answered "Yes" on Form 990, Part IV, lir					
			(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at er						
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	-		writing that the assets held in donor advised				
			exclusive legal control?				
6	•		dvisors in writing that grant funds can be u	-			
			or donor advisor, or for any other purpose co				
Par			ganization answered "Yes" on Form 990, Pa				
1		ervation easements held by the organizati	•				
•		of land for public use (for example, recrea		a historically important land area			
		f natural habitat		a certified historic structure			
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of co	onservation easements		<u>2</u> a			
b	•						
			ucture included in (a)	2c			
d		vation easements included in (c) acquired					
•							
3		, , ,	leased, extinguished, or terminated by the c	organization during the tax			
4	year	 where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
•	-	orcement of the conservation easements i		Yes No			
6			handling of violations, and enforcing conse				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year			
8			ve satisfy the requirements of section 170(h)				
•							
9	-	•	on easements in its revenue and expense s note to the organization's financial statemer				
		ounting for conservation easements.		its that describes the			
Par	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.			
		the organization answered "Yes" on Form					
1a	If the organization	elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement an	d balance sheet works			
	of art, historical tre	easures, or other similar assets held for pu	olic exhibition, education, or research in furt	therance of public			
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items				
b	If the organization	elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and ba	alance sheet works of			
			e exhibition, education, or research in furthe	erance of public service,			
	-	ng amounts relating to these items:					
~			agurage or other similar agosts for financial				
2	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:						
а	-		SC 956 relating to these items.	\$			
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2022			
	09-01-22	-					
			29				

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		STATES ENDO		IT FOR	FORESI	RY		20 F		- 0
		MUNITIES, 1		wie el Tre					583324	
	t III Organizations Maintaining C									ed)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check	any of the f	ollowing that	t make s	ignificant ı	use of its		
а	Public exhibition	d		Loan or excl	hange progra	am				
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ev further th	e organizatio	on's exei	oarua tam	se in Par	t XIII.	
5	During the year, did the organization solicit o									
-	to be sold to raise funds rather than to be ma							Г	Yes	No No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			o ga				,, . . ,		
1a	Is the organization an agent, trustee, custodi		ary for c	contributions	s or other ass	sets not	included			
14	on Form 990, Part X?							Г	Yes	No
h	If "Yes," explain the arrangement in Part XII							····· ∟		
D D				abie.					Amount	
•	Paginning balance						10		,	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance						1 f			
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes	
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	t V Endowment Funds. Complete i								().	
		(a) Current year		rior year	(c) Two year				(e) Four y	
	Beginning of year balance	284,425,359.	247,	,828,142.	230,682	2,480.	201,4	29,295	. 221,4	06,784.
b	Contributions									
С	Net investment earnings, gains, and losses	-26,075,066.	44,	,248,217.	24,953	3,662.	37,4	28,185	11,5	60,489.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	10,715,000.	7	,651,000.	7,808	В,000.	8,1	75,000	8,4	17,000.
f	Administrative expenses									
	End of year balance	247,635,293.	284,	425,359.	247,828	3,142.	230,6	82,480	. 201,4	29,295.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1o	L column (a)) held as:	-	· · · · ·			
	Board designated or guasi-endowment		%	,, e e a a a a)					
h	Permanent endowment 80.7600	%								
С	10 0400	<u> </u>								
U	The percentages on lines 2a, 2b, and 2c sho	· -								
20	Are there endowment funds not in the posse		tion that	t are hold an	d administor	od for th	20			
Ja	1	SSION OF THE OFGATIZA	lion ina	l are neiù an		eu ior li	le			es No
	organization by:									X
	(i) Unrelated organizations									
	(ii) Related organizations									^
b	If "Yes" on line 3a(ii), are the related organiza								. 3b	
4	Describe in Part XIII the intended uses of the		vment fi	unds.						
Par	t VI Land, Buildings, and Equipm		_ ,		F 000					
	Complete if the organization answere		1							
	Description of property	(a) Cost or of		(b) Cost		• • •	ccumulate		(d) Book	value
		basis (investm	nent)	basis		de	preciation			
1a	Land				1,858.					<u>,858.</u>
b	Buildings			33	2,368.		64,3	52.	268	<u>,016.</u>
с	Leasehold improvements									
	Equipment			7,44	4,257.	1,	441,3		6,002	
	Other			13,06	3,084.				L3,063	,084.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1()c.)				L9,955	
		<u>,</u>	- 219011	<u>, –,, ,,, ,, , , , , , , , , , , , , , </u>					e D (Form	

UNII	'ED	STATES	ENI	DOWMENT	FOR	FORESTRY
AND	CON	IMUNITIE	ES,	INC.		

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d of yoor market value
		(c) Method of Valuation. Cost of en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) PRIVATE LIMITED			
(B) PARTNERSHIPS	71,600,653.	END-OF-YEAR MARKET	VALUE
	/1,000,055.		VALOL
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	71,600,653.		
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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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	e 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
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			hat reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

232053 09-01-22

	UNITED STATES ENDOWMENT FO	OR FORES	STRY			
	dule D (Form 990) 2022 AND COMMUNITIES, INC.				5583324	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	-14,615,	<u>,908.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a – 2	<u>9,473,717.</u>			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	-29,473,	
3	Subtract line 2e from line 1			3	14,857	<u>,809.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72,912.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,912.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,930,	,721.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	22,412	<u>,884.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a				
b	Prior year adjustments	2b		-		
С	Other losses			-		
d	Other (Describe in Part XIII.)					
е				2e		0.
3	Subtract line 2e from line 1			3	22,412	<u>,884.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		72,912.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,912.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,485	,796.
Pa	rt XIII Supplemental Information.					

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

PART V, LINE 4:

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

PART X, LINE 2:

THE ENDOWMENT	HAS	OBTAINED	TAX	EXEMPT	STATUS	UNDER	INTERNAL	REVENUE	CODE	
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UNITED STATES ENDOWMENT FOR FORESTRY Schedule D (Form 990) 2022 AND COMMUNITIES, INC. 20-5583324 Page 5 Part XIII Supplemental Information (continued) Continued) 20-5583324 Page 5
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, 2022.
Schedule D (Form 990) 2022
232055 09-01-22 3 3

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		2022
Department of the Treasury		-	Attach to Form		·		Open to Public
Internal Revenue Service			.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization UNITED STA AND COMMUN		WMENT FOR FOR NC.	ORESTRY				Employer identification number $20-5583324$
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assist	tance?						
2 Describe in Part IV the organization's pro		<u> </u>					
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN FOREST FOUNDATION PO BOX 79423 BALTIMORE, MD 21298	52-1235124	501(C)(3)	32,108.	0.			INNOVATIVE FINANCE
AUBURN UNIVERSITY 540 DEVALL DRIVE, SUITE 200 AUBURN, AL 36832	63-6000724	UNIVERSITY	37,925.	0.			MASS TIMBER
BLACK FAMILY LAND TRUST, INC. PO BOX 2087 DURHAM, NC 27702	04-3797149	501(C)(3)	87,620.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
BLUE FOREST CONSERVATION 2716 6TH AVE SACRAMENTO, CA 95818	83-1666979	501(C)(3)	440,365.	0.			INNOVATIVE FINANCE, ECOSYSTEM MARKETS
BOWDOIN COLLEGE 5600 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	UNIVERSITY	26,122.	0.			UNIVERSITY MASS TIMBER
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBURG BLVD, SUITE D - CHARLESTON, SC 29407-4124	52-2452879	501(C)(3)	24,177.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 	nd government org	ganizations listed in the	a line 1 table			1	52.

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

Schedule I (Form 990) AND COMM

AND COMMUNITIES, INC.

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Schedule I (Form 990) AND COMMU	NITIES, I	NC.				2	10-5565524 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FL REGIONAL PLANNING							
555 E. CHURCH STREET							
BARTOW, FL 33830	59-1520550	GOVT	31,935.	٥.			SENTINEL LANDSCAPE
CLEMSON UNIVERSITY							P3 NANO RESEARCH TO
108 SILAS N. PEARMAN BLVD							COMMERCIALIZATION; MASS
CLEMSON, SC 29634	57-6000254	UNIVERSITY	455,667.	0.			TIMBER
			,				
COLORADO STATE UNIVERSITY							
408 UNIVERSITY SERVICES CENTER							
FORT COLLINS, CO 80523	84-6000545	UNIVERSITY	305,169.	0.			MASS TIMBER
COUNTY OF HUMBOLDT							
825 5TH ST							
EUREKA, CA 95501	94-6000513	GOVT	60,000.	٥.			INNOVATIVE FINANCE
FLORIDA STATE							
874 TRADITIONS WAY							
TALLAHASSEE, FL 32306	59-1961248	UNIVERSITY	74,461.	0.			PRESCRIBED FIRE
FORTERRA							
901 5TH AVE, SUITE 2200							HEALTHY WATERSHED
SEATTLE, WA 98164	94-3112461	501(C)(3)	185,552.	٥.			CONSORTIUM
GEORGIA TECH RESEARCH CORPORATION							
PO BOX 100117							P3 NANO RESEARCH TO
ATLANTA, GA 30384	58-0603146	501(C)(3)	11,646.	0.			COMMERCIALIZATION
LEGACY LAND MANAGEMENT, LLC							
546 MOCKINGBIRD DRIVE							SUSTAINABLE FORESTRY AND
LONG BEACH, MS 39560	82-3523412	CORP	10,000.	٥.			LAND RETENTION
LRLEAN							CIICMATNADIE BODBORDY AND
3726 COUNTY ROAD 12	45-3070722	501(C)(3)	95 619				SUSTAINABLE FORESTRY AND
FAYETTE , AL 35555	45-3970733	DOT(C)(3)	95,618.	0.			LAND RETENTION

Schedule I (Form 990) AND COMMUNITIES, INC.

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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
MAINE MOUNTAIN COLLABORATIVE							
45 EXCHANGE STREET, SUITE 303							
PORTLAND, ME 04101	81-3548148	501(C)(3)	25,781.	٥.			INNOVATIVE FINANCE
MAMMOTH LAKE TRAILS							
PO BOX 100 PMB 432							
MAMMOTH LAKES, CA 93546	20-5554141	501(C)(3)	50,014.	0.			INNOVATIVE FINANCE
NGINEAGU GEED							
MCINTOSH SEED PO BOX 2355							SUSTAINABLE FORESTRY AND
DARIEN, GA 31305	58-2556194	501(C)(3)	82,882.	0.			LAND RETENTION
DARIEN, GA 51505	50 2550194	501(0)(5)	02,002.				EAND RETENTION
MISSISSIPPI STATE UNIVERSITY							P3 NANO RESEARCH TO
PO BOX 6156							COMMERICALIZATION; MASS
MISSISSIPPI STATE, MS 39762	64-6000819	UNIVERSITY	130,676.	0.			TIMBER
MORGANTOWN UTILITY							
278 GREENBAG RD							HEALTHY WATERSHED
MORGANTOWN, WV 29501	55-0676214	GOVT	53,266.	0.			CONSORTIUM
MOUNT ST HELENS INSTITUTE 42218 NE YALE BRIDGE RD							
AMBOY, WA 98601	91-1569993	501(C)(3)	82,941.	0.			INNOVATIVE FINANCE
AMBO1, WA 38001	91-1309993	501(0)(3)	02,941.	0.			INNOVATIVE FINANCE
MOUNTAIN STUDIES INSTITUTE							
PO BOX 426							
SILVERTON, CO 81433	73-1644103	501(C)(3)	13,962.	0.			INNOVATIVE FINANCE
· · · · ·							
NATIONAL WOODLAND OWNERS							
ASSOCIATION - 374 MAPLE AVE E							DIVERSITY EQUITY
SUITE 310 - VIENNA, VA 22180	54-2060831	501(C)(3)	49,828.	0.			INCLUSION; TIMBERHAULING
NEW LEAF CLIMATE PARTNERS							
11 MASON AVENUE							
LINCOLN PARK, NJ 07035	88-2100068	CORP	100,000.	0.			CARBON

Schedule I (Form 990) AND COMMUNITIES, INC.

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Part II Continuation of Grants and Other A]	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA COASTAL LAND TRUST							
3 PINE VALLEY DR							
WILMINGTON, NC 28412	56-1791849	501(C)(3)	42,050.	0.			ENVIVA
NORTH CAROLINA WILDLIFE RESOURCES							
COMMISSION - 1751 VARSITY DR -		0.017	67.204	0			
RALEIGH, NC 27606	73-6502734	GOVT	67,304.	0.			ENVIVA
OREGON STATE UNIVERSITY							
312 KERR ADMINISTRATION BUILDING							P3 NANO RESEARCH TO
CORVALLIS, OR 97331	61-1730890	UNIVERSITY	584,308.	0.			COMMERICALIZATION
OUR KATAHDIN							
245 AROOSTOOK AVENUE PO BOX 293							ECONOMIC DEVELOPMENT
MILLINOCKET, ME 04462	47-2382072	501(C)(3)	18,981.	0.			ADMINISTRATION
PALMETTO GREEN							
5026 WITTERING DR							
COLUMBIA, SC 29206	83-3354091	501(C)(3)	20,000.	0.			SUSTAIN SOUTH CAROLINA
REGENTS OF THE UNIVERSITY OF							
MINNESOTA - NW 5957 PO BOX 1450 -							P3 NANO RESEARCH TO
MINNEAPOLIS, MN 55485	41-6007513	UNIVERSITY	77,641.	0.			COMMERICALIZATION
RESEARCH FOUNDATION OF SUNY 316 BRAY HALL							ECONOMIC DEVELOPMENT
STO BRAT HALL SYRACUSE, NY 13210	14-1368361	INTVEDCTOV	101,784.	0.			ADMINISTRATION
STRACOSE, NI 15210	14-1300301	UNIVERSIII	101,784.	0.			ADMINISTRATION
RICE UNIVERSITY							
6100 MAIN ST MS-70							P3 NANO RESEARCH TO
HOUSTON , TX 77005	74-1109620	UNIVERSITY	49,570.	0.			COMMERICALIZATION
ROANOKE ECONOMIC DEVELOPMENT, INC.							
409 MAIN ST PO BOX 148							SUSTAINABLE FORESTRY AND
RICH SQUARE, NC 27869	56-2182552	501(C)(3)	90,934.	0.			LAND RETENTION

Schedule I (Form 990)

AND COMMUNITIES, INC.

20-5583324 Page 1

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5475 SW ARROW WOOD LANE	EAST MILLINOCKET, ME 04430	01-6000149	GOVT	123,856.	0.			ADMINISTRATION
5475 SW ARROW WOOD LANE	UNITED STATES BIOCHAR INITIATIVE							
	PORTLAND, OR 97225	81-3951338	501(C)(3)	125,000.	0.			BIOCHAR

Schedule I (Form 990) AND COMMUNITIES, INC.

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Page 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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS PINE BLUFF							
MS 4985							SUSTAINABLE FORESTRY AND
PINE BLUFF, AR 71601	58-1353149	501(C)(3)	104,174.	0.			LAND RETENTION
UNIVERSITY OF ARKANSAS							
TREASURERS OFFICE PO BOX 1404							MASS TIMBER; GREEN
FAYETTEVILLE, AR 72702	71-6003252	UNIVERSITY	17,110.	0.			BUILDING
							P3 NANO RESEARCH TO
UNIVERSITY OF MAINE							COMMERICALIZATION;
5717 CORBETT HALL ROOM 400							ECONOMIC DEVELOPMENT
ORONO, ME 04469	01-6000769	UNIVERSITY	48,400.	0.			ADMINISTRATION
UNIVERSITY OF WISCONSIN-MADISON							
DRAWER #538							P3 NANO RESEARCH TO
MILWAUKEE, WI 53278-0538	39-6006492	UNIVERSITY	141,458.	0.			COMMERICALIZATION
UNIVERSITY OF NEBRASKA-LINCOLN							
2200 VINE STREET	47-0049123		70 654	0			NA GG MINDED
LINCOLN, NE 68583	47-0049123	UNIVERSITY	70,654.	0.			MASS TIMBER
UNIVERSITY OF TEXAS AT ARLINGTON							
701 S. NEDDERMAN DR BOX #19145							P3 NANO RESEARCH TO
ARLINGTON, TX 76019	75-6000121	UNIVERSITY	47,849.	0.			COMMERICALIZATION
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,,015.	••			
VIRGINIA OUTDOORS FOUNDATION							
39 GARRETT ST. STE 200							
WARRENTON, VA 20186	54-1038487	GOVT	27,819.	0.			ENVIVA
'							
WEST VIRIGINA UNIVERSITY							
DIVISON OF FORESTRY AND NATURAL RES							
MORGANTOWN, WV 26506	55-0665758	501(C)(3)	19,911.	0.			MASS TIMBER
WESTERN COLORADO UNIVERSITY							
1 WESTERN WAY							
GUNNISON, CO 81231	84-6000558	UNIVERSITY	149,632.	0.			INNOVATIVE FINANCE

Schedule I (Form 990)

Schedule I (Form 990)

AND COMMUNITIES, INC.

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Purpose of grant r assistance
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DEVELOPMENT ATION

Schedule I (Form 990)

Schedule I (Form 990) 2022

Part III

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

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

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

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

20 - 5583324

Page 2

Schedule I (Form 990) Part IV Supplemental Info	UNITED STATES E AND COMMUNITIES ormation			20-5583324 Page 2
OF THE BOARD OF DI	RECTORS. ALL IN	VESTMENTS ARE	WITH ORGANIZ	ATIONS THAT
SUPPORT THE US END	OWMENT FOR FORES	TRY AND COMMU	NITIES' PURPO	SE AND GOALS.
THE INVESTMENTS ARI	E MONITORED BY T	HE BOARD OF D	IRECTORS.	
232291 04-01-22				Schedule I (Form 990)

04-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees		20	22	-
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization			identificatio		mber
			20-5	558332	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	\equiv	, i i i i i i i i i i i i i i i i i i i	nal use			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•					
-				1b		
2					37	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
~	la d'acta e del de 16 au					
3						
			on to			
	·					
			ommittaa			
			ommittee			
4	During the year did	any person listed on Form 990 Part VII Section & line 1a with respect to the filing				
-						
а	-			4a		x
b						X
c						x
Ŭ	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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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			n			
а	•					X
b	Any related organiz	ation?				X
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
				7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	the organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC. Employe 20 - Questions Regarding Compensation 20 - Outsitions Regarding Compensation 20 - Ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, (VII, Section A, Dinplete Part III to provide any relevant information regarding these items.				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2022

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Schedule J (Form 990) 2022

AND COMMUNITIES, INC.

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER MADDEN	(i)	378,052.	37,913.	0.	33,550.	33,945.	483,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	286,477.	30,116.	0.	33,562.	20,575.	370,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	242,488.	25,832.	0.	30,375.	24,887.	323,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GOERGEN	(i)	222,601.	21,691.	0.	26,872.	0.	271,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW KRUMENAUER	(i)	200,156.	18,497.	0.	24,056.	104.	242,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOIE MORE	(i)	140,452.	12,352.	0.	17,861.	28,692.	199,357.	0.
CHIEF FINANCIAL OFFICER (APR 2022 FO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.



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

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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 HAS INCLUDED SUPPORTING INITIATIVES TO ADVANCE PUBLIC UNDERSTANDING OF THE BENEFITS OF WORKING FORESTS AND THE ROLE THEY PLAY IN CLIMATE SOLUTIONS. WE ARE CONTINUING TO DEVELOP 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 Schedule O (Form 990) 2022 232212 10-28-22

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2022.05000 UNITED STATES ENDOWMENT F 20558331

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED STATES ENDOWMENT FOR FORESTRY	Employer identification number
AND COMMUNITIES, INC.	20-5583324
THAT COULD YIELD GREEN ENERGY. BUILDING ON TESTS OF TORREF	IED PELLETS
COMPLETED IN A COAL-FIRED FACILITY, THE TORREFACTION FACIL	ITY IS NEARLY
SET TO BEGIN ROUND-THE-CLOCK PRODUCTION OF COMMERCIAL-SCAL	E TORREFIED
MATERIAL AND OTHER HIGH CARBON CONTENT PRODUCTS LIKE BIOCH	AR.

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

V. ASSET CREATION: WE CONTINUE TO SUPPORT THE SUSTAINABLE FORESTRY AND

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

WITH OPPORTUNITY FOR

REVIEW AND DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 12C:

AT EVERY MEETING OF THE BOARD OF DIRECTORS, BEFORE ANY ACTION IS TAKEN ON A 232212 10-28-22 48

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2022.05000 UNITED STATES ENDOWMENT F 20558331
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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number 20-5583324
PARTICULAR TOPIC, MEMBERS ARE ASKED TO NOTE FOR THE RECORD	ANY AREAS OF
POTENTIAL CONFLICT. ANNUALLY, EACH MEMBER OF THE BOARD AN	D STAFF ARE ASKED
TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLI	су.

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 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.

232212 10-28-22

Schedule O (Form 990) 20 Name of the organization		Page 2 Employer identification number 20-5583324
232212 10-28-22		Schedule O (Form 990) 2022
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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) (b) (c) (d) (e) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Primary activity of related organization section status (if section

(b)

Primary activity

RESTORATION FUELS - 37-1881323					UNITED STATES
PO BOX 668					ENDOWNMENT FOR FORESTRY
PRINEVILLE, OR 97754	MANUFACTURING	OREGON	423,395.	21,043,804.	AND COMMUNITIES, INC
TIMBERHAULING.COM - 84-2204346					UNITED STATES
10 S. ACADEMY ST., STE 101					ENDOWNMENT FOR FORESTRY
GREENVILLE, SC 29601	PURCHASING MANAGER	SOUTH CAROLINA	132.	1,326.	AND COMMUNITIES, INC
FORESTRUST - 85-3186870					UNITED STATES
10 S. ACADEMY ST., STE 101					ENDOWNMENT FOR FORESTRY
GREENVILLE, SC 29601	TECHNOLOGY	SOUTH CAROLINA	0.	0.	AND COMMUNITIES, INC

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

AND COMMUNITIES, INC.

UNITED STATES ENDOWMENT FOR FORESTRY

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

SCHEDULE R (Form 990)

Part II

Department of the Treasury Internal Revenue Service

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Related Organizations and Unrelated Partnerships

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

(c)

Legal domicile (state or

foreign country)

foreign country)

(d)

Total income

(e)

End-of-year assets

501(c)(3))

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer	identification	numbe
	E02224	

(f)

Direct controlling

entity

(g) Section 512(b)(13)

controlled

entity?

No

Yes

20-5583324

(f)

Direct controlling

entity

Schedule R (Form 990) 2022 AND COMMUNITIES, INC.

20-5583324 Page 2

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

	r an	, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{ll or} Percentage ^{jing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	activity Legal domicile Direct controlling Type of entity Share of total Share of total end-of- (state or foreign or trust) or trust		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
		country)		or trusty		233613		No

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Schedule R (F	Form 990)) 2022
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
				x
t	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
				v
р	Reimbursement paid to related organization(s) for expenses	1 p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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	3,900,000.	FMV
(2) RESTORATION FUELS LLC	0	218,653.	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2022 AND COMMUNITIES, INC.

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

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

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

Schedule R (Form 990) 2022

Schedule	R	(Form	990)	2022

UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.

Part VII | Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22