

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED STATES ENDOWMENT FOR FORESTRY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 S. ACADEMY ST. STE 101 City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 29601 F Name and address of principal officer: PETER C. MADDEN SAME AS C ABOVE H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 20-5583324 E Telephone number (864) 233-7646 G Gross receipts \$ 19,543,568
J Website: WWW.USENDOWMENT.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2006 M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE POSITIVE CHANGE FOR THE NATION'S WORKING FORESTS AND FOREST-RELIANT COMMUNITIES
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 14
	6 Total number of volunteers (estimate if necessary) 6 15
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,859,388 16,252,712
	9 Program service revenue (Part VIII, line 2g) 0 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,523,750 2,641,815
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 547,583 649,041
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,930,721 19,543,568
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14,620,815 18,783,718
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,436,610 4,823,581
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) 0 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 3,428,371 3,534,519
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 22,485,796 27,141,818
19 Revenue less expenses. Subtract line 18 from line 12 (7,555,075) (7,598,250)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 283,124,174 300,985,916
	21 Total liabilities (Part X, line 26) 11,192,824 10,639,473
	22 Net assets or fund balances. Subtract line 21 from line 20 271,931,350 290,346,443

Part II Signature Block

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

Sign Here	Signature of officer PETER C MADDEN, PRESIDENT/CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date 11/14/2024	Check <input type="checkbox"/> if self-employed	PTIN P00445891
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260			
	Firm's address 500 RIDGEFIELD COURT , ASHEVILLE, NC 28806	Phone no. (828) 254-2254			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

THE ENDOWMENT WORKS COLLABORATIVELY WITH PARTNERS IN THE PUBLIC AND PRIVATE SECTORS TO ADVANCE
SYSTEMIC, TRANSFORMATIVE, AND SUSTAINABLE CHANGE FOR THE HEALTH AND VITALITY OF THE NATION'S
WORKING FORESTS AND FOREST RELIANT COMMUNITIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 25,849,620 including grants of \$ 18,783,718) (Revenue \$)

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 ENDOWMENT CONTINUES A
FOCUS ON WATER AS AN ECOSYSTEM MARKET. THE ENDOWMENT IS PARTIALLY FUNDING COORDINATORS ACROSS
THE COUNTRY WHO WORK WITH LOCAL PARTNERS TO SEEK STATE REVOLVING FUND LOANS FOR FORESTED
WATERSHED PROTECTION AND MANAGEMENT, WHICH WILL HELP KEEP DRINKING WATER SUPPLIES CLEAN AND
AFFORDABLE. THE ENDOWMENT IS ALSO EXPLORING OPPORTUNITIES FOR BIODIVERSITY CREDITS FOR
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,849,620

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	✓
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	✓
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	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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 ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
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	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c 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	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
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 Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	46
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed DE, SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JOIE MORE, 10 S. ACADEMY ST. STE 101, GREENVILLE, SC 29601, (864) 233-7646

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER MADDEN CEO SECRETARY	40.0	✓		✓				435,910	0	70,435
(2) PETER STANGEL CHIEF OPERATING OFFICER	40.0			✓				331,496	0	58,042
(3) ALICIA CRAMER SENIOR VICE PRESIDENT	40.0				✓			284,167	0	50,158
(4) MICHAEL GOERGEN VICE PRESIDENT	40.0				✓			257,185	0	28,290
(5) MATTHEW KRUMENAUER VICE PRESIDENT	40.0				✓			235,151	0	25,867
(6) JOIE MORÉ CHIEF FINANCIAL OFFICER	40.0			✓				205,258	0	54,700
(7) JAIME DANIEL FINANCE DIRECTOR	40.0					✓		133,560	0	40,099
(8) TEAL EDELEN PROGRAM OFFICER	40.0					✓		124,034	0	13,644
(9) ALETA ROGERS DIRECTOR, GRANTS & CONTRACTS COMPLIANCE	40.0					✓		121,226	0	13,335
(10) LAURA GARNER DEVELOPMENT DIRECTOR	40.0					✓		105,834	0	11,642
(11) CHRIS MCIVER VICE CHAIR	1.0	✓		✓				0	0	0
(12) KEVIN SCHUYLER TREASURER	1.0	✓		✓				0	0	0
(13) MARK EMMERSON CHAIRMAN	2.0	✓		✓				0	0	0
(14) ADRIAN BLOCKER DIRECTOR	1.0	✓						0	0	0

Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNA TORMA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) BEATRIZ DA CUNHA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) CAROLINE DAUZAT DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) CRIS STANBROOK DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) FRITZ MASON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) JO-ELLEN DARCY DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) JOSHUA RAGLIN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) MARK REED DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) MARO IMIRZIAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) REHAD (PAUL) HOSSAIN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) SOILE KILPI DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								2,233,821	0	366,212
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,233,821	0	366,212

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ Yes ☐ No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEGACY PHILANTHROPY WORKS, 521 SANTA BARBARA ST, SANTA BARBARA, CA 93101	PROJECT MANAGEMENT	1,124,428
THE LONGLEAF ALLIANCE, 12130 DIXON CENTER RD, ANDALUSIA, AL 36420	PROJECT MANAGEMENT	641,758
QUANTIFIED VENTURES, LLC, 6410 RUFFIN RD, CHEVY CHASE, MD 20815	PROJECT MANAGEMENT	587,801
MANO-Y-OLA, 3813 BIRCHWOOD CT, RALEIGH, NC 27612	PROJECT MANAGEMENT	537,838
VIREO ADVISORS, LLC, 111 PERKINS ST APT 216, BOSTON, MA 02130	ENVIRONMENTAL CONSULTING	405,484

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,028,685			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,224,027			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		16,252,712			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		(119,563)	(912,095)		792,532
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c	2,761,378	0		
	d	Net gain or (loss)		2,761,378			2,761,378
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS INCOME	900099	502,077			502,077
	b	MANAGEMENT FEES	541610	146,964			146,964
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		649,041			
12	Total revenue. See instructions			19,543,568	(912,095)	0	4,202,951

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,783,718	18,783,718		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,155,842	840,167	315,675	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,782,722	2,442,235	340,487	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	619,086	555,762	63,324	
10 Payroll taxes	265,931	193,302	72,629	
11 Fees for services (nonemployees):				
a Management				
b Legal	49,442		49,442	
c Accounting	54,021		54,021	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	160,555		160,555	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	300,645	300,645	0	0
12 Advertising and promotion	58,855	58,855		
13 Office expenses	893,305	876,142	17,163	
14 Information technology				
15 Royalties				
16 Occupancy	691,717	640,998	50,719	
17 Travel	155,573	96,890	58,683	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,075	23,443	4,632	
20 Interest	85,386	15,689	69,697	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	622,984	606,034	16,950	
23 Insurance	424,329	413,734	10,595	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TAXES AND OTHER EXPENSES	9,632	2,006	7,626	
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	27,141,818	25,849,620	1,292,198	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	8,716,155	2	9,105,002
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,760,496	4	6,507,299
	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	0
	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	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	277,279	8	254,516
	9 Prepaid expenses and deferred charges	101,247	9	81,599
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,338,902		
	b Less: accumulated depreciation	10b 1,764,352	19,955,882	10c 19,574,550
	11 Investments—publicly traded securities	176,034,640	11	177,971,318
	12 Investments—other securities. See Part IV, line 11	71,600,653	12	85,415,964
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	677,822	15	2,075,668
16 Total assets. Add lines 1 through 15 (must equal line 33)	283,124,174	16	300,985,916	
Liabilities	17 Accounts payable and accrued expenses	11,192,824	17	10,639,473
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	11,192,824	26	10,639,473
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,636,985	27	23,119,304
	28 Net assets with donor restrictions	249,294,365	28	267,227,139
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	271,931,350	32	290,346,443
33 Total liabilities and net assets/fund balances	283,124,174	33	300,985,916	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,543,568
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,141,818
3	Revenue less expenses. Subtract line 2 from line 1	3	(7,598,250)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	271,931,350
5	Net unrealized gains (losses) on investments	5	26,013,343
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	290,346,443

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

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

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,675,091	10,387,679	12,743,082	10,859,388	16,252,712	60,917,952
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	10,675,091	10,387,679	12,743,082	10,859,388	16,252,712	60,917,952
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)						1,917,414
6 Public support. Subtract line 5 from line 4						59,000,538

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	10,675,091	10,387,679	12,743,082	10,859,388	16,252,712	60,917,952
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	917,660	492,286	639,613	505,508	792,532	3,347,599
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	283,233	342,687	541,193	547,583	649,041	2,363,737
11 Total support. Add lines 7 through 10						66,629,288
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	88.55 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.32 %
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
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 detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
2a			
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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
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.			
3b			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	283,233	342,687	541,193	547,583	649,041	2,363,737
	Total	283,233	342,687	541,193	547,583	649,041	2,363,737

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,579,376	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,852,884	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,717,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,532,557	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 457,113	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES ENDOWMENT FOR FORESTRY	Employer identification number 20-5583324
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Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED STATES ENDOWMENT FOR FORESTRY

Employer identification number

20-5583324

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	247,635,293	284,425,359	247,828,142	230,682,480	201,429,295
b Contributions					
c Net investment earnings, gains, and losses	28,366,990	(26,075,066)	44,248,217	24,953,662	37,428,185
d Grants or scholarships					
e Other expenditures for facilities and programs	12,615,001	10,715,000	7,651,000	7,808,000	8,175,000
f Administrative expenses					
g End of year balance	263,387,282	247,635,293	284,425,359	247,828,142	230,682,480

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 75.93 %

c Term endowment 24.07 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? **3a(i)** ☐ Yes ☒ No

(ii) Related organizations? **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		621,858		621,858
b Buildings		332,368	92,658	239,710
c Leasehold improvements				
d Equipment		20,384,676	1,671,694	18,712,982
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,574,550

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE LIMITED PARTNERSHIPS	85,415,964	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	85,415,964	

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	45,396,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	26,013,343
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	26,013,343
3	Subtract line 2e from line 1	3	19,383,013
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,555
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	160,555
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,543,568

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

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

1	Total expenses and losses per audited financial statements	1	26,981,263
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	26,981,263
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,555
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	160,555
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,141,818

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ENDOWMENT HAS OBTAINED TAX EXEMPT STATUS UNDER INTERNAL REVENUE CODE 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, 2023.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STATES ENDOWMENT FOR FORESTRY

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

20-5583324

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	26-0251104	501(C)(5)	64,500				MASS TIMBER
(2) (SEE STATEMENT)	53-0196544	501(C)(3)	218,904				CARBON
(3) AUBURN UNIVERSITY 540 DEVAL DRIVE, SUITE 200, AUBURN, AL, 36832	63-6000724	UNIVERSITY	271,354				MASS TIMBER
(4) BLACK FAMILY LAND TRUST, INC. PO BOX 2087, DURHAM, NC, 27702	04-3797149	501(C)(3)	80,000				(SEE STATEMENT)
(5) (SEE STATEMENT)	83-1666979	501(C)(3)	342,143				(SEE STATEMENT)
(6) (SEE STATEMENT)	92-2555910	FOR-PROFIT	339,009				(SEE STATEMENT)
(7) CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD, CLEMSON, SC, 29634	57-6000254	UNIVERSITY	133,475				(SEE STATEMENT)
(8) COALITIONS & COLLABORATIVES INC. PO BOX 746, LAKE GEORGE, CO 80827	47-2144690	501(C)(3)	15,962				INNOVATIVE FINANCE
(9) (SEE STATEMENT)	84-6000545	UNIVERSITY	188,399				MASS TIMBER
(10) (SEE STATEMENT)	41-1427529	501(C)(3)	26,784				INNOVATIVE FINANCE
(11) COUNTY OF HUMBOLDT 825 5TH ST, EUREKA, CA, 95501	94-6000513	GOVT	24,981				INNOVATIVE FINANCE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55

3 Enter total number of other organizations listed in the line 1 table 6

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) DOVETAIL PARTNERS 528 HENNEPIN AVE, SUITE 303, MINNEAPOLIS, MN 55403	52-2419510	501(C)(3)	15,200				CARBON
(13) FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY, TALLAHASSEE, FL, 32306	59-1961248	UNIVERSITY	56,219				PRESCRIBED FIRE
(14) GEORGIA TECH RESEARCH CORPORATION PO BOX 100117, ATLANTA, GA, 30384	58-0603146	501(C)(3)	62,261				P3 NANO RESEARCH TO COMMERCIALIZATION; CARBON
(15) IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY 1350 BEARDSHEAR HALL, 515 MORRIL RO, AMES, IA, 50011	42-6004224	UNIVERSITY	38,043				MASS TIMBER
(16) KODAMA SYSTEMS INC. 1171 SANGUINETTI ROAD, #1016, SONORA, CA, 95370	87-1861470	FOR-PROFIT	12,500				INNOVATIVE FINANCE
(17) LINCOLN INSTITUTE OF LAND POLICY 113 BRATTLE STREET, CAMBRIDGE, MA, 02138	86-6021106	501(C)(3)	114,999				FOREST RETENTION
(18) MAMMOTH LAKE TRAILS AND PUBLIC ACCESS FOUNDATION PO BOX 100 PMB 432, MAMMOTH LAKES, CA, 93546	20-5554141	501(C)(3)	16,671				INNOVATIVE FINANCE
(19) MCINTOSH SEED PO BOX 2355, DARIEN, GA, 31305	58-2556194	501(C)(3)	115,000				SUSTAINABLE FORESTRY AND LAND RETENTION
(20) MICHIGAN STATE UNIVERSITY CONTRACT AND GRANT ADMINISTRATION, 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, NONE	38-6005984	UNIVERSITY	36,484				BLOCKCHAIN
(21) MISSISSIPPI STATE UNIVERSITY PO BOX 6156, MISSISSIPPI STATE, MS, 39762	64-6000819	UNIVERSITY	46,406				MASS TIMBER
(22) MOUNT ST HELENS INSTITUTE 42218 NE YALE BRIDGE RD, AMBOY, WA, 98601	91-1569993	501(C)(3)	56,650				INNOVATIVE FINANCE
(23) MULTIPLIER 548 MARKET STREET PMB 81178, SAN FRANCISCO, CA, 94104	91-2166435	501(C)(3)	20,734				INNOVATIVE FINANCE
(24) NATIONAL WOODLAND OWNERS ASSOCIATION 374 MAPLE AVE E SUITE 310, VIENNA, VA, 22180	54-2060831	501(C)(3)	77,590				DIVERSITY EQUITY INCLUSION
(25) NEW LEAF CLIMATE PARTNERS 11 MASON AVENUE, LINCOLN PARK, NJ, 07035	88-2100068	CORP	162,600				CARBON
(26) NORTHERN FOREST CENTER 18 N MAINT ST. STE 204, CONCORD, NH, 03301	20-5583324	501(C)(3)	411,961				ECONOMIC DEVELOPMENT ADMINISTRATION
(27) OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH, 43210	31-6025986	UNIVERSITY	99,999				FOREST RETENTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING, CORVALLIS, OR, 97331	61-1730890	UNIVERSITY	100,295				P3 NANO RESEARCH TO COMMERCIALIZATION
(29) OUR KATAHDIN 245 AROOSTOOK AVENUE PO BOX 293, MILLINOCKET, ME, 04462	47-2382072	501(C)(3)	33,469				ECONOMIC DEVELOPMENT ADMINISTRATION
(30) PENNSYLVANIA STATE UNIVERSITY 104 ENGINEERING UNIT A, UNIVERSITY PARK, PA, 16802	24-6000376	UNIVERSITY	51,205				CARBON
(31) PRAIRIE VIEW A&M UNIVERSITY 700 UNIVERSITY DR, PRAIRIE VIEW, TX, 07446	74-6001078	UNIVERSITY	80,000				SUSTAINBLE FORESTRY AND LAND RETENTION
(32) PURDUE UNIVERSITY 2550 NORTHWESTERN AVE, SUITE 1900, WEST LAFAYETTE, IN, 47906	35-6002041	UNIVERSITY	27,964				P3 NANO RESEARCH TO COMMERCIALIZATION
(33) RESEARCH FOUNDATION OF SUNY 200 BRAY HALL, SYRACUSE, NY, 13210	14-1368361	UNIVERSITY	35,972				ECONOMIC DEVELOPMENT ADMINISTRATION; P3 NANO RESEARCH TO COMMERCIALIZATION
(34) RICE UNIVERSITY 6100 MAIN ST MS-70, HOUSTON , TX, 77005	74-1109620	UNIVERSITY	69,488				P3 NANO RESEARCH TO COMMERCIALIZATION
(35) ROANOKE ECONOMIC DEVELOPMENT, INC. 409 MAIN ST PO BOX 148, RICH SQUARE, NC, 27869	56-2182552	501(C)(3)	115,000				SUSTAINABLE FORESTRY AND LAND RETENTION
(36) RUFFED GROUSE SOCIETY & AMERICAN WOODCOCK SOCIETY 100 HIGHTOWER BLVD SUITE 101, PITTSBURG, PA, 15205	54-0846925	501(C)(3)	11,929				MITIGATION
(37) SAND COUNTY FOUNDATION INC. 131 W. WILSON STREET, SUITE 610, MADISON, WI, 53703	39-6089450	501(C)(3)	39,904				INNOVATIVE FINANCE
(38) SAPPI NORTH AMERICA, INC. 255 STATE STREET, BOSTON, MA, 02109	23-2366983	FOR-PROFIT	414,111				P3 NANO
(39) SAVE THE REDWOODS LEAGUE 111 SUTTER ST., 11TH FLOOR, SAN FRANCISCO, CA, 94104	94-0843915	501(C)(3)	21,600				INNOVATIVE FINANCE
(40) SOFTWOOD LUMBER BOARD 2050 BEAVERCREEK ROAD SUITE 101-397, OREGON CITY, OR, 97045	45-4225562	501(C)(3)	128,000				MASS TIMBER
(41) SOMERSET ECONOMIC DEVELOPMENT CORP 41 COURT STREET, SKOWHEGAN, ME, 04976	01-0535534	501(C)(3)	13,530				ECONOMIC DEVELOPMENT ADMINISTRATION
(42) SUMMIT COUNTY 60 N MAIN ST PO BOX 128, COALVILLE, UT, 84017	05-0513167	GOVT	206,230				INNOVATIVE FINANCE
(43) THE FRESHWATER TRUST PO BOX 9205, PORTLAND, OR, 97207	93-0843521	501(C)(3)	71,289				INNOVATIVE FINANCE
(44) THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, #100, ARLINGTON, VA, 22203	53-0242652	501(C)(3)	375,000				CONSERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) THE SIERRA FUND 204 PROVIDENCE MINE ROAD, SUITE 214, NEVADA CITY, CA, 95959	68-0485725	501(C)(3)	350,342				CARBON
(46) THE UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST, BURLINGTON, VT, 05405	03-0179440	501(C)(3)	30,059				MASS TIMBER
(47) TROUT UNLIMITED, INC. 1777 N. KENT ST, SUITE 100, ARLINGTON HEIGHTS, VA, 22209	38-1612715	501(C)(3)	63,717				INNOVATIVE FINANCE
(48) TRUST TO CONSERVE NORTHEAST FOREST LANDS 108 SEWALL ST, PO BOX 1036, AUGUSTA, ME, 04332	73-1674778	501(C)(3)	145,000				ECONOMIC DEVELOPMENT ADMINISTRATION
(49) UNITED STATES BIOCHAR INITIATIVE 5475 SW ARROW WOOD LANE, PORTLAND, OR, 97225	81-3951338	501(C)(3)	279,506				BIOCHAR
(50) UNIVERSITY OF ARKANSAS PINE BLUFF MS 4985, PINE BLUFF, AR, 71601	58-1353149	501(C)(3)	7,003				SUSTAINABLE FORESTRY AND LAND RETENTION
(51) UNIVERSITY OF MAINE 5717 CORBETT HALL ROOM 400, ORONO, ME, 4469	01-6000769	UNIVERSITY	386,408				P3 NANO RESEARCH TO COMMERICALIZATION; ECONOMIC DEVELOPMENT ADMINISTRATION
(52) UNIVERSITY OF MIAMI 1223 DICKENSON DRIVE, CORAL GABLES, FL, 33146	59-0624458	UNIVERSITY	49,795				MASS TIMBER
(53) UNIVERSITY OF WISCONSIN-MADISON DRAWER #538, MILWAUKEE, WI, 53278- 0538	39-6006492	UNIVERSITY	222,477				P3 NANO RESEARCH TO COMMERICALIZATION
(54) UNIVERSITY OF NEBRASKA-LINCOLN 2200 VINE STREET, LINCOLN, NE, 68583	47-0049123	UNIVERSITY	34,274				MASS TIMBER
(55) UNIVERSITY OF NEW HAMPSHIRE COOPERATIVE EXTENSION 51 COLLEGE ROAD, DURHAM, NH, 03824	02-6000937	UNIVERSITY	83,531				ECONOMIC DEVELOPMENT ADMINISTRATION
(56) VERMONT SUSTAINABLE JOBS FUND 3 PITKIN COURT, MONTPELIER, VT, 05602	03-0349736	501(C)(3)	30,000				ECONOMIC DEVELOPMENT ADMINISTRATION
(57) VIRGINIA TECH FOUNDATION, INC. 902 PRICES FORK RD, SUITE 4500, BLACKSBURG, VA, 24061	54-0721690	501(C)(3)	172,515				MITIGATION
(58) WEST VIRIGINA UNIVERSITY DIVISON OF FORESTRY AND NATURAL RES, MORGANTOWN, WV, 26506	55-0665758	501(C)(3)	18,604				MASS TIMBER
(59) WINSTON COUNTY SELF HELP 3450 SHANNON DALE DRIVE, JACKSON, MS, 39212	81-1396515	501(C)(3)	55,000				SUSTAINABLE FORESTRY AND LAND RETENTION
(60) WORLD RESOURCES INSITUTE 10 G STREET NE, SUITE 800, WASHINGTON, DC, 20002	52-1257057	501(C)(3)	387,965				CONSERVATION FINANCE
(61) WORKING FOREST INITIATIVE 39 MODENA ISLAND DRIVE, SAVANNAH, GA, 31411	88-2635577	501(C)(6)	500,000				TRADITIONAL MARKETS

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GRANTEES ARE TYPICALLY SELECTED FROM SUBMISSIONS IN RESPONSE TO COMPETITIVE REQUESTS FOR PROPOSALS PROCESSES. EACH PROJECT HAS A DIFFERENT SET OF CRITERIA. ALL GRANTEES OPERATE WITH AN AGREED-UPON WORKPLAN AND DELIVERABLES FOR EACH PROJECT. FUNDS ARE DISBURSED BASED UPON MONITORING OF PROGRESS AND THE AGREEMENT BETWEEN THE GRANTEE AND THE ENDOWMENT OF SATISFACTORY ACCOMPLISHMENTS PER THE AWARD CONTRACT. THE ORGANIZATION'S PROGRAM-RELATED INVESTMENTS ARE MADE UNDER THE DIRECTION OF THE BOARD OF DIRECTORS. ALL INVESTMENTS ARE WITH ORGANIZATIONS THAT SUPPORT THE US ENDOWMENT FOR FORESTRY AND COMMUNITIES' PURPOSE AND GOALS. THE INVESTMENTS ARE MONITORED BY THE BOARD OF DIRECTORS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	2030 INC. 607 CERRILLOS ROAD, SUITE G, SANTE FE, NM 87505
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN FORESTS 1220 L STREET NW SUITE 750, WASHINGTON, DC 20005
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BLUE FOREST FINANCE 5960 S LAND PARK DR SUITE 1264, SACRAMENTO, CA 95822
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOSLAND GROWTH LLC 2519 CONNECTICUT AVE NW, WASHINGTON, DC, 20008
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COLORADO STATE UNIVERSITY 408 UNIVERSITY SERVICES CENTER, FORT COLLINS, CO 80523
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COUNCIL OF GREAT LAKES GOVERNORS, INC. 309 EAST RAND ROAD, ARLINGTON HEIGHTS, IL 60004
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLACK FAMILY LAND TRUST, INC.: SUSTAINABLE FORESTRY AND LAND RETENTION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLUE FOREST FINANCE: INNOVATIVE FINANCE; ECOSYSTEM MARKETS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOSLAND GROWTH LLC: SCARRED MINE LAND; FOREST CONSERVATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CLEMSON UNIVERSITY: P3 NANO RESEARCH TO COMMERCIALIZATION

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

UNITED STATES ENDOWMENT FOR FORESTRY

20-5583324

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tbody><tr><td><input type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PETER MADDEN CEO SECRETARY	(i) 395,846	(ii) 40,064	(iii) 0	36,300	34,135	506,345	0
		0	0	0	0	0	0	0
2	PETER STANGEL CHIEF OPERATING OFFICER	(i) 299,709	(ii) 31,787	(iii) 0	36,300	21,742	389,538	0
		0	0	0	0	0	0	0
3	ALICIA CRAMER SENIOR VICE PRESIDENT	(i) 256,901	(ii) 27,266	(iii) 0	31,807	18,351	334,325	0
		0	0	0	0	0	0	0
4	MICHAEL GOERGEN VICE PRESIDENT	(i) 232,917	(ii) 24,268	(iii) 0	28,290	0	285,475	0
		0	0	0	0	0	0	0
5	MATTHEW KRUMENAUER VICE PRESIDENT	(i) 212,962	(ii) 22,189	(iii) 0	25,867	0	261,018	0
		0	0	0	0	0	0	0
6	JOIE MORE CHIEF FINANCIAL OFFICER	(i) 188,110	(ii) 17,148	(iii) 0	23,715	30,985	259,958	0
		0	0	0	0	0	0	0
7	JAIME DANIEL FINANCE DIRECTOR	(i) 120,208	(ii) 13,352	(iii) 0	15,590	24,509	173,659	0
		0	0	0	0	0	0	0
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ <small>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</small> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2023</div> Open to Public Inspection
Name of the Organization UNITED STATES ENDOWMENT FOR FORESTRY		Employer Identification Number 20-5583324

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>LANDOWNERS AS ANOTHER SOURCE OF REVENUE THAT WILL CONTRIBUTE TO CONSERVATION GOALS.</p> <p>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. OTHER WORK INCLUDES CORPORATE PARTNERSHIPS TO PROTECT BOTTOMLAND HARDWOOD 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 HEALTHY WORKING FORESTS. A CORPORATE PARTNERSHIP PROVIDES FUNDING FOR CONSERVATION OF HIGH-VALUE BOTTOMLAND HARDWOOD FORESTS IN NORTH CAROLINA AND VIRGINIA; THIS PROGRAM IS A MODEL FOR PUBLIC-PRIVATE PARTNERSHIPS. THE ENDOWMENT WORKS WITH LOCAL CONSERVATION PARTNERS TO TAKE ADVANTAGE OF USDA FUNDS THROUGH THE NATURAL RESOURCES CONSERVATION SERVICE. THEIR REGIONAL CONSERVATION PARTNERSHIP PROGRAM AWARDS FINANCE CONSERVATION EASEMENTS THAT PROTECT FORESTS THAT ARE IMPORTANT FOR THE ENVIRONMENT AND THAT SUSTAIN LOCAL JOBS AND ECONOMIES.</p> <p>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 ALSO 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.</p> <p>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 ENDOWMENT IS INVESTIGATING POTENTIAL BENEFITS AND CONCERNS ASSOCIATED WITH FOREST CARBON. IN RESPONSE TO AN INCREASE IN PUBLIC AND PRIVATE INVESTMENT IN CARBON MANAGEMENT AND CLIMATE SMART FORESTRY ON PRIVATE FOREST LANDS, THE ENDOWMENT IS FUNDING PROGRAMS AND WORKSHOPS TO BETTER UNDERSTAND AND QUANTIFY LANDOWNER CAPACITY AND WILLINGNESS TO ADOPT CARBON MANAGEMENT PRACTICES AND THE IMPLICATIONS FOR OTHER FOREST LAND USES (E.G., WOOD PRODUCTS). THROUGH THE US BIOCHAR INITIATIVE PROJECT, WE WORK WITH PARTNERS TO INCREASE APPLICATIONS, MARKET, AND PRODUCTION OF BIOCHAR WITH THE ULTIMATE GOAL OF CARBON BEING BURIED IN THE GROUND, ALLOWING CARBON CREDITS TO BE REALIZED. THE FOREST & WOOD CARBON DATA PLATFORM LAUNCH IN 2023 CREATED A SINGLE U.S. DEPARTMENT OF AGRICULTURE (USDA)-SPONSORED PLATFORM WITH MULTIPLE USER-FRIENDLY TOOLS PROVIDING TRANSPARENT, HIGH-INTEGRITY FOREST AND WOOD PRODUCT CARBON DATA THROUGHOUT THE VALUE CHAIN. THE PLATFORM WILL INCLUDE SIX MEASUREMENT, MONITORING, REPORTING, AND VERIFICATION (MMRV) TOOLS THAT ALIGN WITH A U.S. FOREST SERVICE (USFS) OBJECTIVE TO SERVE AS THE PRIMARY SOURCE OF INFORMATION ON CARBON AND CARBON FLOWS ACROSS U.S. FOREST LANDS, HARVESTED WOOD PRODUCTS, AND END-USE LIFE CYCLE ASSESSMENT.</p> <p>V. ASSET CREATION: WE CONTINUE TO SUPPORT THE SUSTAINABLE FORESTRY AND LAND RETENTION (SFLR) NETWORK AND THEIR GOAL TO USE FORESTS AND FOREST-BASED ASSETS TO CREATE ECONOMIC OPPORTUNITY FOR AFRICAN AMERICAN LANDOWNERS. AMERICAN FOREST FOUNDATION IS NOW THE SFLR FISCAL AGENT. SFLR IS A MULTI-YEAR PROGRAM IN PARTNERSHIP WITH THE USDA FOREST SERVICE AND NRCS ACROSS EIGHT SOUTHERN STATES AND HAS SUCCESSFULLY SEEN 1,500 BLACK FAMILIES MOVE THEIR LANDS INTO THE FOREST MANAGEMENT PIPELINE. WE ARE APPLYING THE APPLIED LEARNINGS FOR OUR WORK WITH THE SFLR NETWORK TO EXPLORE HISPANIC/LATINO LANDOWNERS AND THEIR ABILITY TO GENERATE WEALTH FOR THEIR FAMILIES AND COMMUNITIES. WE CONTINUE TO WORK WITH THE ECONOMIC DEVELOPMENT ADMINISTRATION IN NEW ENGLAND IN PARTNERSHIP WITH THE NORTHERN FOREST CENTER TO ASSIST IN FINDING LOCAL ECONOMIC SOLUTIONS TO HELP OFFSET THE IMPACT OF THE CLOSURE OF MUCH OF THE REGION'S PULP AND PAPER PRODUCTION.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE ENTIRE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE DRAFT FORM 990 WITH OPPORTUNITY FOR REVIEW AND DISCUSSION.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	AT EVERY MEETING OF THE BOARD OF DIRECTORS, BEFORE ANY ACTION IS TAKEN ON A PARTICULAR TOPIC, MEMBERS ARE ASKED TO NOTE FOR THE RECORD ANY AREAS OF POTENTIAL CONFLICT. ANNUALLY, EACH MEMBER OF THE BOARD AND STAFF ARE ASKED TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLICY.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 18 -	COPIES OF THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATIONAL WEBSITE AND WWW.GUIDESTAR.ORG.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF ALL GOVERNANCE DOCUMENTS -- CHARTER, BYLAWS, STEWARDSHIP PRINCIPLES, VALUES -- ARE AVAILABLE ON THE ORGANIZATIONAL WEBSITE.
FORM 990, PART XII, LINE 2C -	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STATES ENDOWMENT FOR FORESTRY

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

20-5583324

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RESTORATION FUELS (37-1881323) PO BOX 668, PINEVILLE, OR 97754	MANUFACTURING	OR	4,131,657	20,987,238	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
(2) TIMBERHAULING.COM (84-2204346) 10 S. ACADEMY ST., STE 101, GREENVILLE, SC 29601	PURCHASING MANAGER	SC	525,719	0	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
(3) FORESTRUST (85-3186870) 10 S. ACADEMY ST., STE 101, GREENVILLE, SC 29601	TECHNOLOGY	SC	0	0	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													