

PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending	
<b>B</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	<b>C</b> Name of organization <b>UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>908 EAST NORTH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>GREENVILLE, SC 29601</b> <b>F</b> Name and address of principal officer: <b>PETER C. MADDEN</b> <b>908 EAST NORTH STREET, GREENVILLE, SC 29601</b>
<b>D</b> Employer identification number <b>20-5583324</b>	
<b>E</b> Telephone number <b>864-233-7646</b>	
<b>G</b> Gross receipts \$ <b>12,302,581.</b>	
<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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	
<b>J</b> Website: ▶ <b>WWW.USENDOWMENT.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>2006</b> <b>M</b> State of legal domicile: <b>DE</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE POSITIVE CHANGE FOR THE NATION'S WORKING FORESTS AND FOREST-RELIANT COMMUNITIES</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 10,675,091.	<b>Current Year</b> 10,387,679.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,887,439.	1,572,215.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,233.	342,687.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,845,763.	12,302,581.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,308,973.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,822,723.	2,659,238.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	840,610.	2,696,539.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,972,306.	18,385,556.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,126,543.	-6,082,975.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 262,794,587.	<b>End of Year</b> 281,516,467.
	<b>21</b>	Total liabilities (Part X, line 26)	4,433,090.	8,407,249.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	258,361,497.	273,109,218.

**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.

<b>Sign Here</b>	Signature of officer <b>PETER C. MADDEN, PRESIDENT/CEO</b> Type or print name and title		Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>	Date <b>11/11/21</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN, LLP.</b>		Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
	Firm's address ▶ <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>		Firm's EIN ▶ <b>56-0747981</b>
	Phone no. <b>828-254-2254</b>		

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

UNITED STATES ENDOWMENT FOR FORESTRY  
AND COMMUNITIES, INC.

Form 990 (2020)

20-5583324 Page 2

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**THE 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 \$ 17,444,173. including grants of \$ 13,029,779.) (Revenue \$ \_\_\_\_\_)  
**SEE SCHEDULE O FOR STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:**

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

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

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

**4e** Total program service expenses **▶ 17,444,173.**

Form **990** (2020)

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

Form 990 (2020)

20-5583324 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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

Form 990 (2020)

20-5583324 Page 4

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	44
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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

Form 990 (2020)

20-5583324 Page 5

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

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

Form 990 (2020)

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

Form 990 (2020)

20-5583324 Page **6**

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	12		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	11		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>		<b>X</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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 **▶**  
**SIGNE C. CANN - 864-233-7646**  
**908 EAST NORTH STREET, GREENVILLE, SC 29601**

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

Form 990 (2020)

20-5583324 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CARLTON OWEN CEO SECRETARY	40.00	X		X				371,884.	0.	46,839.
(2) PETER MADDEN PRESIDENT	40.00				X			277,258.	0.	48,275.
(3) PETER STANGEL COO	40.00				X			267,000.	0.	44,112.
(4) ALICIA CRAMER SR VICE PREISDENT	40.00				X			215,379.	0.	40,719.
(5) MICHAEL GOERGEN VICE-PRESIDENT	40.00				X			206,261.	0.	22,689.
(6) SIGNE CANN CFO	40.00				X			183,759.	0.	26,081.
(7) MATT KRUMENAUER VICE-PRESIDENT	40.00				X			150,420.	0.	17,905.
(8) MARK D EMMERSON CHAIRMAN	2.00	X		X				0.	0.	0.
(9) JAMES FARRELL DIRECTOR	1.00	X						0.	0.	0.
(10) RACHEL JACOBSON DIRECTOR	1.00	X						0.	0.	0.
(11) KEVIN SCHUYLER DIRECTOR/TREASURER	2.00	X		X				0.	0.	0.
(12) MARK REED DIRECTOR	1.00	X						0.	0.	0.
(13) CRIS STAINBROOK DIRECTOR	1.00	X						0.	0.	0.
(14) SOILE KILPI DIRECTOR	1.00	X						0.	0.	0.
(15) ADRIAN BLOCKER DIRECTOR	1.00	X						0.	0.	0.
(16) CAROLINE DAUZAT DIRECTOR	1.00	X						0.	0.	0.
(17) CURTIS WYNN DIRECTOR	1.00	X						0.	0.	0.



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

Form 990 (2020)

20-5583324 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS MCIVER DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							1,671,961.	0.	246,620.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,671,961.	0.	246,620.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIREO ADVISORS LLC 11 PERKINS ST. #223, BOSTON, MA 02130	ENVIRONMENTAL CONSULTING	246,359.
SCOTT DAVIS 9329 INGLESIDE ROAD, LEVERING, MI 49755	PROJECT MANAGEMENT	130,003.
JEFF LERNER 1405 WOODMAN AVE., SILVER SPRING, MD 20902	PROJECT MANAGEMENT	117,510.
LAURA CALANDRELLA ENTERPRISES, 136 PEACHTREE MEMORIAL DR NW, UNIT NC2,	PROJECT MANAGEMENT	112,176.

**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 **4**

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

Form 990 (2020)

20-5583324 Page **9**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	7,646,699.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,740,980.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			10,387,679.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		-100,962.	-593,248.		492,286.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,673,177.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,673,177.				
	<b>d</b> Net gain or (loss) .....			1,673,177.		1,673,177.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	342,687.		342,687.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			342,687.			
<b>12 Total revenue.</b> See instructions .....			12,302,581.	-593,248.	0.	2,508,150.	

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

Form 990 (2020)

20-5583324 Page **10**

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,029,779.	13,029,779.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,671,951.	1,364,889.	307,062.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	505,387.	330,249.	175,138.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	481,900.	408,017.	73,883.	
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	21,736.		21,736.	
<b>c</b> Accounting	59,127.		59,127.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	267,169.		267,169.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	295,659.	295,659.		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	471,631.	456,031.	15,600.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	170,261.	163,097.	7,164.	
<b>17</b> Travel	22,116.	13,449.	8,667.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,661.	2,203.	458.	
<b>20</b> Interest	1,811.		1,811.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	209,971.	206,403.	3,568.	
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	1,174,397.	1,174,397.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,385,556.	17,444,173.	941,383.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2020)

20-5583324 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	8,570,459.	<b>2</b>	7,376,375.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	7,539,031.	<b>4</b>	6,061,070.	
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	218,456.	<b>8</b>	224,499.	
	<b>9</b> Prepaid expenses and deferred charges .....	23,988.	<b>9</b>	85,955.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,145,438.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 342,927.	15,645,665.	<b>10c</b>	19,802,511.
	<b>11</b> Investments - publicly traded securities .....	205,907,803.	<b>11</b>	205,308,453.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	24,774,677.	<b>12</b>	42,519,689.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	114,508.	<b>15</b>	137,915.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	262,794,587.	<b>16</b>	281,516,467.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,433,090.	<b>17</b>	8,153,960.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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.	<b>25</b>	253,289.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,433,090.	<b>26</b>	8,407,249.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	24,857,158.	<b>27</b>	22,355,249.	
	<b>28</b> Net assets with donor restrictions .....	233,504,339.	<b>28</b>	250,753,969.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	258,361,497.	<b>32</b>	273,109,218.	
	<b>33</b> Total liabilities and net assets/fund balances .....	262,794,587.	<b>33</b>	281,516,467.	

Form **990** (2020)

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

Form 990 (2020)

20-5583324 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	12,302,581.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	18,385,556.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-6,082,975.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	258,361,497.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	23,798,319.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-2,967,623.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	273,109,218.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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 in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	<b>X</b>	
<b>b</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 .....	<b>3b</b>	<b>X</b>	

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in 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		
<b>Total</b>						

UNITED STATES ENDOWMENT FOR FORESTRY

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8093765.	6363417.	8922536.	10675091.	10387679.	44442488.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8093765.	6363417.	8922536.	10675091.	10387679.	44442488.
<b>5</b> 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) .....						368,608.
<b>6 Public support.</b> Subtract line 5 from line 4.						44073880.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	8093765.	6363417.	8922536.	10675091.	10387679.	44442488.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3382776.	4055678.	2228723.	917,660.	492,286.	11077123.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						55519611.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,916,828.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.38 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	72.95 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**UNITED STATES ENDOWMENT FOR FORESTRY**

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

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

**UNITED STATES ENDOWMENT FOR FORESTRY**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

UNITED STATES ENDOWMENT FOR FORESTRY

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

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

Employer identification number

**20-5583324**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>4,634,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>2,431,112.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>760,563.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>375,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

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

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |  |   |
|--|---|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____              |
| c <input type="checkbox"/> 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	230,682,480.	201,429,295.	221,406,784.	201,154,144.	194,972,576.
b Contributions					
c Net investment earnings, gains, and losses	24,953,662.	37,428,185.	-11,560,489.	29,279,518.	13,739,487.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,808,000.	8,175,000.	8,417,000.	9,026,878.	7,557,919.
f Administrative expenses					
g End of year balance	247,828,142.	230,682,480.	201,429,295.	221,406,784.	201,154,144.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  80.7010 %
- c Term endowment  19.2990 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		137,794.		137,794.
b Buildings		802,175.	155,298.	646,877.
c Leasehold improvements				
d Equipment		7,072,227.	187,629.	6,884,598.
e Other		12,133,242.		12,133,242.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,802,511.

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

Schedule D (Form 990) 2020

20-5583324 Page **3**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) PRIVATE LIMITED		
(B) PARTNERSHIPS	42,519,689.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	42,519,689.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP IBERIA LOAN	253,289.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	253,289.

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

Schedule D (Form 990) 2020

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	35,833,731.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	23,798,319.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	23,798,319.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	12,035,412.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	267,169.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	267,169.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	12,302,581.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	18,118,387.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	18,118,387.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	267,169.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	267,169.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	18,385,556.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE ENDOWMENT HAS OBTAINED TAX EXEMPT STATUS UNDER INTERNAL REVENUE CODE

UNITED STATES ENDOWMENT FOR FORESTRY  
AND COMMUNITIES, INC.

**Part XIII** Supplemental Information *(continued)*

SECTION 501(C)(3), AND AS SUCH, IS EXEMPT FROM INCOME TAXES EXCEPT ON  
UNRELATED BUSINESS INCOME. ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED  
FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL  
AND STATE INCOME TAXES. THE ENDOWMENT HAS DETERMINED THAT THERE ARE NO  
MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2020.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALASKA DEPT OF FISH AND WILDLIFE PO BOX 115526 1255 W 8TH STREET - JUNEAU, AK 99811	92-6001185	GOVT	24,285.	0.			HEALTHY WATERSHED CONSORTIUM
ALACHUA CONSERVATION TRUST 7204 SE CR 234 GAINESVILLE, FL 32641	59-2919630	501 (C) (3)	92,543.	0.			HEALTHY WATERSHED CONSORTIUM
AMERICAN FOREST FOUNDATION P.O. BOX 79423 BALTIMORE, MD 21298	52-1235124	501 (C) (3)	228,724.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION & INNOVATIVE FINANCE
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. NW WASHINGTON, DC 20016-8065	53-0196549	UNIVERSITY	32,801.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
AMERICAN WOOD COUNCIL DEPARTMENT 791153 BALTIMORE, MD 21279	27-2820415	501 (C) (3)	59,857.	0.			MASS TIMBER
ATHENA INSTITUTE 600 GRINGS HILL RD. SINKING SPRING, PA 19608	23-3099315	501 (C) (3)	48,702.	0.			LIFE CYCLE ASSESSMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **60.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **33.**

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

Schedule I (Form 990) 2020



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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZ LAND AND WATER TRUST 3127 N CHERRY AVE TUCSON, AZ 85719	86-6148507	501 (C) (3)	77,092.	0.			HEALTHY WATERSHED CONSORTIUM
BEAVER WATERSHED ALLIANCE 614 EASE EMMA AVE. SUITE M438 SPRINGDALE, AR 72764	45-2476224	501 (C) (3)	64,309.	0.			HEALTHY WATERSHED CONSORTIUM
BELTRAMI SOIL AND WATER CONSERVATION DISTRICT - 701 MINNESOTA AVE NW, SUITE 113 - BEMIDJI, MN 56601	41-6005757	GOVT	43,858.	0.			HEALTHY WATERSHED CONSORTIUM
BLUE FOREST CONSERVATION 2716 6TH AVE SACRAMENTO, CA 95818	47-5104164		225,000.	0.			FOREST RETENTION
BLUE FOREST FINANCE 2716 6TH AVE SACRAMENTO, CA 95818	83-1666979	501 (C) (3)	68,925.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
BLUE MOUNTAIN LAND TRUST 8 1/2 N 2ND AVE #304 WALLA WALLA, WA 99362	98-1989279	501 (C) (3)	44,040.	0.			HEALTHY WATERSHED CONSORTIUM
BOWDOIN COLLEGE 5600 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	UNIVERSITY	63,009.	0.			MASS TIMBER
BUFFALO NIAGARA RIVER KEEPER 721 MAIN ST BUFFALO, NY 14203	22-2993054	501 (C) (3)	71,161.	0.			HEALTHY WATERSHED CONSORTIUM
BURLINGTON ELECTRIC DEPARTMENT 585 PINE ST. BURLINGTON, VT 05401	03-6000410	GOVT	71,325.	0.			FOREST RETENTION & INNOVATIVE FINANCE

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBURG BLVD., SUITE D - CHARLESTON, SC 29407-4124	52-2452879	501 (C) (3)	65,005.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
CENTRAL FL REGIONAL PLANNING 555 E. CHURCH STREET BARTOW, FL 33830	59-1520550	GOVT	61,795.	0.			SENTINEL LANDSCAPES
CHAGRIN RIVER WATERSHED PARTNERS P.O. BOX 229 WILLOUGHBY, OH 44096	34-1822374	501 (C) (3)	38,487.	0.			HEALTHY WATERSHED CONSORTIUM
CHESAPEAKE CONSERVANCY 716 GIDDINGS AVENUE, SUITE 42 ANNAPOLIS, MD 21401	26-2271377	501 (C) (3)	23,370.	0.			SENTINEL LANDSCAPES
CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD CLEMSON, SC 29634	57-6000254	UNIVERSITY	227,442.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & GREEN BUILDING
CENTER FOR LARGE LANDSCAPE P.O. BOX 1587 BOZEMAN, MT 59771	27-1226829	501 (C) (3)	32,632.	0.			HEALTHY WATERSHED CONSORTIUM
COLORADO SCHOOL OF MINES P.O. BOX 911911 DENVER, CO 80291-1911	84-6000551	UNIVERSITY	28,331.	0.			GREEN BUILDING
COLORADO STATE UNIVERSITY 408 UNIVERSITY SERVICES CENTER FORT COLLINS, CO 80523	84-6000545	UNIVERSITY	65,255.	0.			MASS TIMBER
CONSORTIUM FOR RESEARCH ON RENEWABLE INDUSTRIAL MATERIALS - P.O. BOX 2432 - CORVALLIS, OR 97339-2432	91-1744259	501 (C) (3)	39,856.	0.			MASS TIMBER & LIFE CYCLE ASSESSMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DOWNEAST SALMON FEDERATION BOX 201 COLUMBIA FALLS, ME 04623	01-0532938	501 (C) (3)	43,799.	0.			HEALTHY WATERSHED CONSORTIUM
ENCOURAGE CAPITAL 156 5TH AVENUE NEW YORK, NY 10010	47-2528537		109,351.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
FLORIDA STATE 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-1961248	UNIVERSITY	131,781.	0.			PRESCRIBED FIRE
FOOTHILLS CONSERVANCY OF NC PO BOX 3023 MORGANTON, NC 28680	56-1947390	501 (C) (3)	33,107.	0.			HEALTHY WATERSHED CONSORTIUM
GEORGIA FORESTRY FOUNDATION 551 N. FRONTAGE ROAD FORSYTH, GA 31029	58-1888283	501 (C) (3)	56,865.	0.			FOREST RETENTION
GEORGIA TECH RESEARCH CORPORATION P.O BOX 100117 ATLANTA, GA 30384	58-0603146	501 (C) (3)	159,125.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
HAWAII DEPT OF LAND 3190 MAILE WAY HONOLULU, HI 96822	99-0266119	501 (C) (3)	40,000.	0.			HEALTHY WATERSHED CONSORTIUM
HIGHSTEAD FOUNDATION PO BOX 1097 REDDING, CT 06875	06-1108612	501 (C) (3)	143,375.	0.			HEALTHY WATERSHED CONSORTIUM
HILL COUNTY ALLIANCE P.O. BOX 151675 AUSTIN, TX 78715	26-0106908	501 (C) (3)	27,991.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HILL COUNTY CONSERVANCY P.O. BOX 163125 AUSTIN, TX 78716-3125	74-2948145	501 (C) (3)	62,803.	0.			HEALTHY WATERSHED CONSORTIUM
HURON PINES RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL - 4241 OLD US 27 SOUTH; SUITE 2 - GAYLORD, MI 49735	47-5104164	501 (C) (3)	42,788.	0.			HEALTHY WATERSHED CONSORTIUM
HURON RIVER WATERSHED COUNCIL 1100 N. MAIN ST, STE 210 ANN ARBOR, MI 48104	38-1806452	501 (C) (3)	42,653.	0.			HEALTHY WATERSHED CONSORTIUM
KATY PRARIE CONSERVANCY 5615 KIRBY DRIVE HOUSTON, TX 77005	76-0377029	501 (C) (3)	38,204.	0.			HEALTHY WATERSHED CONSORTIUM
LAND TRUST FOR MISSISSIPPI COASTAL PLAIN - PO BOX 245 - BILOXI, MS 39533	64-0936130	501 (C) (3)	59,449.	0.			HEALTHY WATERSHED CONSORTIUM
LOUISIANA STATE UNIVERSITY SPONSORED PROGRAM ACCOUNTING BATON ROUGE, LA 70803-2901	72-6000848	UNIVERSITY	111,966.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
LOWER SHORE LAND TRUST 100 RIVER ST SNOW HILL, MD 21863	52-1701152	501 (C) (3)	68,000.	0.			HEALTHY WATERSHED CONSORTIUM
LRLEAN 3726 COUNTY ROAD 12 FAYETTE, AL 35555	45-3970733	501 (C) (3)	70,465.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
MAINE MOUNTAIN COLLABORATIVE 45 EXCHANGE STREET, SUITE 303 PORTLAND, ME 04101	81-3548148	501 (C) (3)	29,904.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MAMMOTH LAKES TRAILS PO BOX 100 PMB 432 MAMMOTH LAKES, CA 93546	20-5554141	501 (C) (3)	76,948.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
MCINTOSH SEED PO BOX 2355 DARIEN, GA 31305	58-2556194	501 (C) (3)	107,000.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
MICHIGAN STATE UNIVERSITY CONTRACT AND GRANT ADMINISTRATION EAST LANSING, MI 48824	38-6005984	UNIVERSITY	35,644.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & GREEN BUILDING
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-6005955	UNIVERSITY	45,092.	0.			MASS TIMBER
MISSISSIPPI FORESTRY 620 N. STATE STREET, SUITE 201 JACKSON, MS 39202	64-0205299	501 (C) (3)	90,932.	0.			PRESCRIBED FIRE
MISSISSIPPI STATE UNIVERSITY OFFICE OF THE CONTROLLER & TREASURER SPONSORED PROGRAMS ACCOUNTING	38-6005989	UNIVERSITY	28,865.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & GREEN BUILDING
MOBILE BAY 118 NORTH ROYAL MOBILE, AL 36602	63-0779657	501 (C) (3)	56,634.	0.			HEALTHY WATERSHED CONSORTIUM
MONTANA CONSERVATION CORPS 206 N. GRAND AVENUE BOZEMAN, MT 59715	81-0467431	501 (C) (3)	94,190.	0.			HEALTHY WATERSHED CONSORTIUM
MORGANTOWN UTILITY 278 GREENBAG ROAD MORGANTOWN, WV 26501	55-0676214	GOVT	53,868.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MORRISON SOIL & WATER CONSERVATION 16776 HERON ROAD LITTLE FALLS, MN 56345	41-0941237	GOVT	36,000.	0.			HEALTHY WATERSHED CONSORTIUM
MOUNT ST. HELENS INSTITUTE 42218 NE YALE BRIDGE RD AMBOY, WA 98601	91-1569993	501 (C) (3)	57,449.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501 (C) (3)	57,848.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
NATIONAL FOREST FOUNDATION BLDG 27, STE 3 FORT MISSOULA RD MISSOULA, MT 59804	52-1786332	501 (C) (3)	82,280.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY (NIST) - 100 BUREAU DRIVE - GAITHERSBURG, MD 20899	53-0205706	GOVT	180,000.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
NORTH CAROLINA STATE UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - RALEIGH, NC 27695-7214, NC 27695-7214	56-6000756	UNIVERSITY	156,633.	0.			GREEN BUILDING & SENTINEL LANDSCAPE
NORTH FL LAND TRUST 2038 GILMORE ST JACKSONVILLE, FL 32204	59-3609167	501 (C) (3)	63,437.	0.			HEALTHY WATERSHED CONSORTIUM
NORTHERN FOREST CENTER PO BOX 210 CONCORD, NH 03302	22-3458955	501 (C) (3)	101,455.	0.			FOREST RETENTION
OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331	61-1730890	GOVT	292,242.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PA DEPT OF CONSERVATION & NATURAL RESOURCES - RACHEL CARSON STATE OFFICE BUILDING - HARRISBURG, PA 17105	25-1773197	GOVT	80,641.	0.			HEALTHY WATERSHED CONSORTIUM
PACIFIC FOREST TRUST 400 MARKET ST. SAN FRANCISCO, CA 94129	68-0292509	501 (C) (3)	131,761.	0.			HEALTHY WATERSHED CONSORTIUM
PALMETTO GREEN 5026 WITTERING DRIVE COLUMBIA, SC 29206	83-3354091	501 (C) (3)	35,000.	0.			ECOSYSTEM MARKETS
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 66073-1235	35-6002041	UNIVERSITY	68,010.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
QUANTIFIED VENTURES 1875 CONNECTICUT AVE WASHINGTON, DC 20009	46-5296778		1,137,458.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	22,450.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
RICE UNIVERSITY 6100 MAIN ST, MS-70 HOUSTON, TX 77005	74-1109620	UNIVERSITY	20,200.	0.			MASS TIMBER
ROANOKE ECONOMIC DEVELOPMENT, INC. 409 MAIN ST PO BOX 148 RICH SQUARE, NC 27869	56-2182552	501 (C) (3)	82,500.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
SAND COUNTY FOUNDATION 131 W. WILSON STREET, STE 610 MADISON, WI 53703	39-6089450	501 (C) (3)	18,900.	0.			HEALTHY WATERSHED CONSORTIUM

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SC RURAL WATER ASSOCIATION 128 STONEMARK LANE COLUMBIA, SC 29210	57-0646037	501 (C) (3)	43,714.	0.			HEALTHY WATERSHED CONSORTIUM
SCHOODIC INSTITUTE OF ACADIA (DOWNEAST CONSERV NETWORK) - P.O. BOX 277 - WINTER HARBOR, ME 04693	20-1054593	501 (C) (3)	33,220.	0.			HEALTHY WATERSHED CONSORTIUM
SONOMA LAND TRUST 822 FIFTH ST SANTA ROSA, CA 95404	51-0197006	501 (C) (3)	15,980.	0.			HEALTHY WATERSHED CONSORTIUM
ST. CROIX 230 S WASHINGTON ST. CROIX FALLS, WI 54024	26-3025933	501 (C) (3)	79,095.	0.			HEALTHY WATERSHED CONSORTIUM
SUSTAINABLE NORTHWEST 1130 SW MORRISON ST. SUITE 510 PORTLAND, OR 97205	93-1152222	501 (C) (3)	75,068.	0.			HEALTHY WATERSHED CONSORTIUM
TALL TIMBERS RESEARCH, INC 13093 HENRY BEADEL DR TALLAHASSEE, FL 32312	59-0952956	501 (C) (3)	110,224.	0.			HEALTHY WATERSHED CONSORTIUM & LONGLEAF MAPPING
TEXAS PARKS AND WILDLIFE FOUNDATION - 2914 SWISS AVENUE - DALLAS, TX 75204	74-2602504	501 (C) (3)	50,000.	0.			GULF OF MEXICO WORKING FORESTS
THE BULLITT FOUNDATION 1501 E MADISON ST SEATTLE, WA 98122	91-6027795	501 (C) (3)	36,169.	0.			HEALTHY WATERSHED CONSORTIUM
THE CONSERVATION FUND 1655 N. FORT MYER DR., SUITE 1300 ARLINGTON, VA 22209-3199	52-1388917	501 (C) (3)	153,572.	0.			FOREST RETENTION

Schedule I (Form 990)



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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE LONGLEAF ALLIANCE 12130 DIXON CENTER ROAD ANDALUSIA, AL 36420	75-3263645	501 (C) (3)	227,010.	0.			LONGLEAF MAPPING & SENTINEL LANDSCAPE
THE NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE ARLINGTON, VA 22203-1606	53-0242652	501 (C) (3)	900,953.	0.			FOREST RETENTION, HEALTHY WATERSHEDS, SENTINEL LANDSCAPE & INNOVATIVE FINANCE
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST.SUITE 900 SAN FRANCISCO, CA 94104	23-7222333	501 (C) (3)	7,340.	0.			FOREST RETENTION
UNIV OF ARKANSAS PINE BLUFF MS 4984 PINE BLUFF, AR 71601	58-1353149	501 (C) (3)	90,743.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
UNIVERSITY OF IDAHO 875 PERIMETER DR, MS3020 MOSCOW, ID 83844-3020	82-6000945	GOVT	44,808.	0.			MASS TIMBER
UNIVERSITY OF MAINE 5717 CORBETT HALL, ROOM 400 ORONO, ME 04469-5717	01-6000769	UNIVERSITY	236,431.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER
UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES 5TH FLOOR, FRANKLIN BUILDING 3451 WALNUT STREET	23-1352685	UNIVERSITY	95,145.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION
UNIVERSITY OF WISCONSIN-MADISON DRAWER #538 MILWAUKEE, WI 53278-0538	39-6006492	UNIVERSITY	110,949.	0.			P3 NANO RESEARCH TO COMMERCIALIZATION & MASS TIMBER
VIRGINIA DEPARTMENT OF FORESTRY 900 NATURAL RESOURCE DRIVE, SUITE 8 CHARLOTTESVILLE, VA 22903	54-6001800	GOVT	85,504.	0.			FOREST RETENTION & HEALTHY WATERSHEDS

Schedule I (Form 990)

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

Schedule I (Form 990)

20-5583324

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WASHINGTON STATE DEPT OF COMMERCE 1011 PLUM ST. SE OLYMPIA, WA 98504	91-0823820	GOVT	71,640.	0.			FOREST RETENTION
WINSTON COUNTY SELF HELP 3450 SHANNON DALE DRIVE JACKSON, MS 39212	64-0771042	501 (C) (3)	110,000.	0.			SUSTAINABLE FORESTRY AND LAND RETENTION
WISEWOOD ENERGY 735 N ALBERTA STREET PORTLAND, OR 97217	45-0606696		50,858.	0.			INNOVATIVE FINANCE FOR FOREST CONSERVATION
WOOD WORKS 1101 K STREET NW STE 700 WASHINGTON, DC 20005	68-0643679	501 (C) (3)	516,809.	0.			MASS TIMBER
WORKING LANDS TRUST 1600 GLENWOOD AVENUE RALEIGH, NC 27608	46-2913344	501 (C) (3)	28,572.	0.			FOREST RETENTION
WORLD RESOURCES INSTITUTE 10 G STREET, N.E. SUITE 800 WASHINGTON, DC 20002	52-1257057	501 (C) (3)	156,575.	0.			HEALTHY WATERSHEDS & FOREST RETENTION

Schedule I (Form 990)

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

GRANTEES ARE TYPICALLY SELECTED FROM SUBMISSIONS IN RESPONSE TO COMPETITIVE REQUESTS FOR PROPOSALS PROCESSES. EACH PROJECT HAS A DIFFERENT SET OF CRITERIA. ALL GRANTEEES OPERATE WITH AN AGREED-UPON WORKPLAN AND DELIVERABLES FOR EACH PROJECT. FUNDS ARE DISBURSED BASED UPON MONITORING OF PROGRESS AND THE AGREEMENT BETWEEN THE GRANTEE AND THE ENDOWMENT OF SATISFACTORY ACCOMPLISHMENTS PER THE AWARD CONTRACT.

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

**Part IV** Supplemental Information

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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**20-5583324**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020

20-5583324

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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) CARLTON OWEN CEO SECRETARY	(i)	371,884.	0.	0.	31,350.	15,489.	418,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PETER MADDEN PRESIDENT	(i)	277,258.	0.	0.	31,288.	16,987.	325,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER STANGEL COO	(i)	267,000.	0.	0.	29,829.	14,283.	311,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALICIA CRAMER SR VICE PREISDENT	(i)	215,379.	0.	0.	24,509.	16,210.	256,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL GOERGEN VICE-PRESIDENT	(i)	206,261.	0.	0.	22,689.	0.	228,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SIGNE CANN CFO	(i)	183,759.	0.	0.	20,242.	5,839.	209,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATT KRUMENAUER VICE-PRESIDENT	(i)	150,420.	0.	0.	16,610.	1,295.	168,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

UNITED STATES ENDOWMENT FOR FORESTRY  
AND COMMUNITIES, INC.

**Part III** Supplemental Information

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

PART I, LINE 1A:

PAID \$ 220 IN 2020 FOR LODGING OF OUT-OF-TOWN STAFF IN PERSONAL RESIDENCE  
DURING TRIPS TO GREENVILLE, AT RATE OF \$20 PER NIGHT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ENDOWMENT ADVANCES ITS MISSION USING A "THEORY OF CHANGE" THAT  
 FOCUSES ON THREE AREAS: RETAINING AND RESTORING HEALTHY WORKING  
 FORESTS; PROMOTING AND CAPTURING MULTIPLE VALUE STREAMS USING  
 MARKET-BASED TOOLS; AND ENHANCING COMMUNITY CAPACITY, COLLABORATION,  
 AND LEADERSHIP. THE ENDOWMENT DEPLOYS ITS WORK THROUGH FIVE PRIMARY  
 INITIATIVES, EACH OF WHICH SUPPORTS SEVERAL PROGRAMS OR PROJECTS.

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

THE HEALTHY WATERSHED THROUGH HEALTHY FORESTS PROGRAM CONNECTS  
 DOWNSTREAM WATER CONSUMERS WITH UPSTREAM FOREST OWNERS WITH THE INTENT  
 TO ADVANCE OVERALL WATERSHED HEALTH AND QUALITY BY ENSURING WORKING  
 FOREST RETENTION. MUCH OF THIS WORK IS JOINTLY-FUNDED IN PARTNERSHIP  
 WITH THE USDA NATURAL RESOURCES CONSERVATION SERVICE (NRCS) AND THE  
 ENVIRONMENTAL PROTECTION AGENCY (EPA). WE CONTINUE NATION-WIDE  
 COLLABORATION WITH THE AMERICAN WATER WORKS ASSOCIATION, WHICH  
 REPRESENTS WATER UTILITIES AND THE WATER COMMUNITY.

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

OF FORESTS. A WIDE-RANGING INITIATIVE THAT INCLUDES SERVING AS  
 CROSS-BORDER CONVENER FOR MORE STRATEGIC COLLABORATION BETWEEN CANADA  
 AND THE U.S. TO DATE WE HOSTED FIVE CANADA/US FOREST HEALTH AND  
 INNOVATION SUMMITS ROUGHLY ON A BIENNIAL BASIS. OTHER WORK INCLUDES  
 TWO MAJOR PROGRAMS IN THE SOUTHERN U.S. -- KEEPING FORESTS & THE  
 PARTNERSHIP FOR SOUTHERN FORESTLAND CONSERVATION ALONG WITH THE  
 NATIONAL CONSERVATION EASEMENT DATABASE; AND SUPPORT FOR THE DEPARTMENT

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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OF DEFENSE'S BASE BUFFERING PROGRAM. EACH IS DESIGNED TO AID IN  
RETENTION AND RESTORATION OF HEALTHY WORKING FORESTS.

III. TRADITIONAL MARKETS: AFTER SUCCESSFUL WORK THAT LED TO THE  
CREATION OF TWO COMMODITY CHECK-OFFS SOFTWOOD LUMBER BOARD AND PAPER &  
PAPER-BASED PACKAGING BOARD -- MORE RECENT WORK CENTERS ON  
STRENGTHENING THE TIMBER HARVEST AND HAUL SEGMENT OF THE FOREST  
PRODUCTS VALUE CHAIN BY DESIGNING AND MAINTAINING A BUYER/VENDOR  
PLATFORM CALLED TIMBERHAULING.COM. WE ARE ALSO CURRENTLY WORKING WITH  
OTHER PARTNERS, INCLUDING IBM, ON BLOCKCHAIN SOLUTIONS THROUGH A  
PROGRAM CALLED FORESTRUST. THIS PROGRAM WORKS TO TRACK THE SUPPLY CHAIN  
OF TIMBER AND FOREST PRODUCTS FROM FORESTS TO END PRODUCT, WHICH HELPS  
ALLEVIATE ISSUES INVOLVING ILLEGAL LOGGING.

IV. FUTURE MARKETS: THE ENDOWMENT IS PARTNERING WITH THE USDA FOREST  
SERVICE AND EMERGING PRODUCERS TO ADVANCE COMMERCIALIZATION OF  
CELLULOSIC NANOMATERIALS. THIS MULTI-YEAR INITIATIVE ENGAGES PARTNERS  
TO FILL KNOWLEDGE GAPS FACILITATING NEW PRODUCTS AND APPLICATIONS WHILE  
PLACING A PRIMARY INTEREST ON ENSURING HUMAN AND ENVIRONMENTAL HEALTH  
AND SAFETY. WORK ALSO CONTINUES TO ADVANCE MASS TIMBER APPLICATIONS TO  
SUPPORT TALL WOODEN BUILDINGS, INCLUDING ADVANCING THE CARBON STORY OF  
FOREST PRODUCTS. THE GREATEST SUCCESS TO DATE WAS ACHIEVED IN CONCERT  
WITH THE SOFTWOOD LUMBER BOARD AND AMERICAN WOOD COUNCIL AS EFFORTS TO  
MODERNIZE BUILDING CODES WERE ACHIEVED THAT WILL ALLOW CONSTRUCTION OF  
MASS TIMBER BUILDINGS UP-TO 18 STORIES FROM THE PREVIOUS 6-STORY LIMIT.  
ADDITIONALLY, WE ARE WORKING TO DEVELOP MARKETS FOR SMALL DIAMETER,  
DYING & DEAD TREES TO ENHANCE FOREST HEALTH WHILE ADVANCING  
FAMILY-SUPPORTING JOBS IN RURAL COMMUNITIES. THROUGH PARTNERSHIP WITH

Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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THE USDA FOREST SERVICE WE ARE CONCENTRATING OUR WORK IN SEEKING TO COMMERCIALIZE TORREFACTION TO PROVIDE A ROBUST NEW MARKET FOR FUELS THAT COULD YIELD GREEN ENERGY. BUILDING ON TESTS OF TORREFIED PELLETS COMPLETED IN A COAL-FIRED FACILITY, THE TORREFACTION FACILITY IS NEARLY SET TO BEGIN ROUND-THE-CLOCK PRODUCTION OF COMMERCIAL-SCALE TORREFIED MATERIAL.

V. ASSET CREATION: WE CONTINUE TO SUPPORT THE SUSTAINABLE FORESTRY AND LAND RETENTION NETWORK WITH AN OBJECTIVE OF USING FORESTS AND FOREST-BASED ASSETS TO CREATE ECONOMIC OPPORTUNITY FOR AFRICAN AMERICAN LANDOWNERS. AFF IS NOW SERVING AS THE FISCAL AGENT TO THE NETWORK. THE MULTI-YEAR PROGRAM IN PARTNERSHIP WITH THE USDA FOREST SERVICE AND NRCS ACROSS EIGHT SOUTHERN STATES 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 ALSO CONTINUE TO WORK WITH THE ECONOMIC DEVELOPMENT ADMINISTRATION IN NEW ENGLAND IN PARTNERSHIP WITH THE NORTHERN FOREST CENTER, TO ASSIST IN FINDING LOCAL ECONOMIC SOLUTIONS TO HELP OFFSET THE IMPACT OF THE CLOSURE OF MUCH OF THE REGION'S PULP AND PAPER PRODUCTION.

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

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

Name of the organization	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.	Employer identification number	20-5583324
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FORM 990, PART VI, SECTION B, LINE 12C:

AT EVERY MEETING OF THE BOARD OF DIRECTORS, BEFORE ANY ACTION IS TAKEN ON A PARTICULAR TOPIC, MEMBERS ARE ASKED TO NOTE FOR THE RECORD ANY AREAS OF POTENTIAL CONFLICT. ANNUALLY, EACH MEMBER OF THE BOARD AND STAFF ARE ASKED TO REVIEW AND SIGN A COPY OF THE CONFLICT OF INTEREST POLICY.

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

OFFICER-LEVEL SALARIES ARE ESTABLISHED BASED UPON THE EDUCATION, EXPERIENCE AND OTHER QUALIFICATIONS OF EACH INDIVIDUAL AND BENCHMARKED AGAINST THE PAY OF SIMILAR POSITIONS WITHIN NOT-FOR-PROFITS AS A CLASS (E.G. AVERAGE ANNUAL SALARY OF WASHINGTON, DC-BASED NGOS) AND A MORE DEFINED GROUP OF NOT-FOR-PROFITS "PEER" ORGANIZATIONS. SALARIES OF ALL STAFF, WITH THE EXCEPTION OF THE CEO, ARE ESTABLISHED USING THESE BENCHMARKS AND ADMINISTERED BY THE CEO WITH BOARD REVIEW/APPROVAL ON EACH EMPLOYEE'S ON APRIL 1ST OF EACH YEAR. IN THE CASE OF THE CEO, THE BOARD OF DIRECTORS REVIEWS THE CEO'S PAY AND BENEFITS AT LEAST ANNUALLY. THE ENTIRE PAY/BENEFITS PACKAGE IS TESTED IN A REVIEW OF PEER GROUP AND OTHER BENCHMARKS IN A SCAN ADMINISTERED BY THE AUDIT COMMITTEE AND PERIODICALLY REVIEWED BY OUTSIDE COUNSEL AND/OR A BENEFITS CONSULTANT.

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

COPIES OF THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ORGANIZATIONAL WEBSITE AND WWW.GUIDESTAR.ORG.

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

COPIES OF ALL GOVERNANCE DOCUMENTS -- CHARTER, BYLAWS, STEWARDSHIP PRINCIPLES, VALUES -- ARE AVAILABLE ON THE ORGANIZATIONAL WEBSITE.

Name of the organization <b>UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.</b>	Employer identification number <b>20-5583324</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO NET ASSETS FOR INTERCOMPANY ADJUSTMENTS -2,967,623.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RESTORATION FUELS - 37-1881323 PO BOX 668 PRINEVILLE, OR 97754 TIMBERHAULING.COM - 84-2204346 908 E NORTH ST GREENVILLE, SC 29601	MANUFACTURING	OREGON	240,664.	19,680,657.	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
FORESTRUST - 85-3186870 908 E NORTH ST GREENVILLE, SC 29601	PURCHASING MANAGER	SOUTH CAROLINA	23.	1,023.	UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC
	TECHNOLOGY	SOUTH CAROLINA			UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC

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

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

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

Schedule R (Form 990) 2020

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

**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	
OREGON TORREFACTION, LLC - 35-2567331, PO BOX 668, PRINEVILLE, OR 97754	BIOFUEL RESEARCH	OR		RELATED	237.	0.		<b>X</b>	N/A		<b>X</b>	70.00%

**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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RESTORATION FUELS LLC	D	22,250,000.	FMV
(2) RESTORATION FUELS LLC	O	167,611.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	



**Part VII Supplemental Information**

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

Horizontal lines for providing supplemental information.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.</b>	Taxpayer identification number (TIN) <b>20-5583324</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>908 EAST NORTH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREENVILLE, SC 29601</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SIGNE C. CANN**

- The books are in the care of ▶ **908 EAST NORTH STREET - GREENVILLE, SC 29601**  
Telephone No. ▶ **864-233-7646** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>908 EAST NORTH STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>GREENVILLE, SC 29601</b></p> <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>281,516,467.</b></p>	<p><b>D</b> Employer identification number <b>20-5583324</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **SIGNE C. CANN** Telephone number ▶ **864-233-7646**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		<b>Yes</b>	<b>No</b>
			<b>X</b>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			<b>X</b>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4a Did the organization change its method of accounting? (see instructions) .....			<b>X</b>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	Title <b>PRESIDENT/CEO</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	AMY BIBBY	AMY BIBBY	11/11/21	P00445891
	Firm's name <b>DIXON HUGHES GOODMAN, LLP.</b>	Firm's EIN <b>56-0747981</b>		
	Firm's address <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>	Phone no. <b>828-254-2254</b>		

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	1,275,631.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	123,891.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE
<u>1</u>	<u>0.</u>

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	123,891.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	1,151,740.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>UNITED STATES ENDOWMENT FOR FORESTRY AND COMMUNITIES, INC.</b>	<b>B</b> Employer identification number <b>20-5583324</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>1</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **PASSTHROUGH INCOME FROM K-1S**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	0.		

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....							
<b>2</b> Salaries and wages .....							
<b>3</b> Repairs and maintenance .....							
<b>4</b> Bad debts .....							
<b>5</b> Interest (attach statement) (see instructions) .....							
<b>6</b> Taxes and licenses .....							
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....		7					
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		8a			8b		
<b>9</b> Depletion .....							
<b>10</b> Contributions to deferred compensation plans .....							
<b>11</b> Employee benefit programs .....							
<b>12</b> Excess exempt expenses (Part VIII) .....							
<b>13</b> Excess readership costs (Part IX) .....							
<b>14</b> Other deductions (attach statement) .....							
<b>15 Total deductions.</b> Add lines 1 through 14 .....							0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....							0.
<b>17</b> Deduction for net operating loss (see instructions) .....							0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....							

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information