Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2016 calendar year, or tax year beginning 2016, and ending C Name of organization D Employer identification number Check if applicable: Sustainable Forestry Initiative Address change 80-0030060 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 750 (202) 596-3450 2121 K st NW City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$6,930,012 Amended return Washington 20037 DC H(a) Is this a group return for subordinates? Name and address of principal officer: Application pending Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Washington DC 20037 Yes Nadine Block 2121 K st 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) ((insert no.) Website: ► SFIPROGRAM.ORG H(c) Group exemption number Other P K Form of organization: L Year of formation: 2002 M State of legal domicile: X Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities: See attached Exhibit I Activities & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 17 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 23 6 0 7a Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 6,732,510 6,493,657. Revenue Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,202 2,737. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 448,921 433,618. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 930,012 12 184,633 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 431,510. 471,663 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,400,418 2,504,654 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 4,373,650. 3,717,810. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 7,205,578 6,694,127. -20,945 235,885. 19 **Beginning of Current Year End of Year** Total assets (Part X. line 16) 20 3,008,091. 3,361,931 21 Total liabilities (Part X, line 26) 1,358,176. 1,476,131 22 1,649,915 1,885,800 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. 09/13/17 Signature of officer Date Sign Here Nadine Block Senior VP Public Affairs & COO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid ned marini ned marini 11/03/17 self-employed P01251024 **Preparer** Ned Marini Use Only Firm's address 48 Woodport Rd Ste 24 20-4977288

NJ

07871

SPARTA

(973) 729-1801

No

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

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Form 990 (2016) Sustainable Forestry Initiative Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
2 a	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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7 a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7 h		
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
Α Α		Г.	000 /	0040)

Sec	tion A. Governing Body and Management			
000	tion A. Coverning Body and Management		Yes	No
1 :	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	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 in Schedule O.			
L				
	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	_		v
		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4		3		Λ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			37
_	·	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		X
k	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following:			
	The governing body?	8 a	X	
k	Each committee with authority to act on behalf of the governing body?	8 b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a	X	
k	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?	10 b	X	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
k	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
k	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	40 -	37	
	Schedule O how this was done	12 c	X	
	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15 a	Х	
	Other officers or key employees of the organization · · · · · · · · · · · · · · · · · · ·	15 b	X	
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	100	21	
40-	Pid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
102	taxable entity during the year?	16 a		Х
	, ,			
	olf '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?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ District_of_Columbia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SFI 2121 K st ste 750 WASHINGTON DC 20037 (20)2) !	596-3	3 <u>45</u> 5

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

- 1 a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

employees; and former such persons. Check this box if neither the organization nor any relationships.	ted organi	zatio	n co	mpe	nsa	ted a	ny c	current officer, direc	ctor, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	thar	one	box, u an of ector/	not check more k, unless person officer and a or/trustee)		n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Danny Karch	40.00								_	
National Director of Market access (Canada)	40.00					X		111,404.	0.	19,460.
_(2) Jason Metnick	40.00					Х		160,662.	0.	32,673.
(3) Board of Directors See Attached list	_1.00	Х						0.	0.	0.
_(4)_Nadine_Block	40.00									
VP and COO				Χ	Х			170,180.	0.	33,720.
_(5) Kathy Abusow	40.00			Х	Х			536,538.	0.	23,776.
(6) Andrew De Vries VP	40.00					Х		121,130.	0.	20,178.
	40.00					Х		179,310.	0.	34,724.
(8) Paul Trianosky VP	40.00					Х		165,574.	0.	32,135.
_(9)										,
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										

(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	Part VII Section A. Onicers, Directors, 110	(B)	\Cy		(C)	.03,	ani	d riigilest oon	ipensated Emp	loyces (continued)
(15)		hours per	box,	not chec unless p	k more erson	is both or/truste	an ee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		(list any hours for related organiza - tions below dotted	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
(17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total. (26) (27) (28) (29) 1 to Sub-total from continuation sheets to Part VII, Section A (29) (29) (20) (20) (21) (22) (23) (24) (25) 1 to Sub-total from continuation sheets to Part VII, Section A (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (26) (27) (27) (28) (28) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (24) (25) (26) (27) (27) (28) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (24) (25) (26) (26) (27) (27) (28) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (26) (27) (27) (28) (27) (28) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	<u>(15)</u>									
(18) (19) (20) (21) (23) (24) (25) 1 b Sub-total. C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 and related organizations greater than \$150,000? If *Ves, complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If *Ves, complete Schedule J for such individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for sevice individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for sevices rendered to the organization? If *Ves, complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization. Report compensation from the calendar year ending with or within the organizations tax year. (A) 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 from the calendar year ending with or within the organizations tax year. (A) Name and business address Description of services Compensation InsightAction Inc. 350 Adelaide St., Nest 2ad f1 Toronto , CA Consulting 261, 947. are diffittle is secreted 1256 Troinex, SZ Consulting 298, 000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(16)									
(29) (22) (23) (24) (25) 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 of line 1a; is the sum of reportable compensation and other compensated employee on line 1a? If "Yes, complete Schedule J for such individual is organization and related organizations greater than \$150,000? If "Yes, complete Schedule J for such person listed on line 1a; is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes, complete Schedule J for such person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such individual for such person such individual is to granization and related organizations greater than \$150,000? If "Yes, complete Schedule J for such person such individual	<u>(17)</u>									
(20) (21) (22) (23) (24) (25) 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 1 Complete this table for your five highest compensation from the organization from the organization of the compensation from the organization from the organization of the compensation from the organization and the organization of the compensation from the organization and the organization of the compensation from the organization of the compensation from the organization and the organization of the compensation from the organization of th	(18)									
(21) (22) (23) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(19)</u>									
(23) (24) (25) 1b Sub-total.	(20)									
(23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 7 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 Total from the organization 7 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation and related organizations greater than \$150,000? If Yes, 'complete Schedule J for such individual for services rendered to the organization? If Yes, 'complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, 'complete Schedule J for such person 5 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 Compensation InsightAction Inc. 350 Adelaide St., West 2nd f1 Toronto , CA Description of services Compensation The Worker Nature Network 191 Peachtree St. , NE Atlanta GA 30303 Consulting 298,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(21)									
24) 1b Sub-total	(22)									
1 b Sub-total 1 details	<u></u>									
1 b Sub-total	(24)									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual . 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person . 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person . 5 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) C(C) Compensation InsightAction Inc. 350 Adelaide St., West 2nd f1 Toronto , CA Consulting 261, 947. James Griffiths & Associates 1256 Troinex , SZ Consulting 298,000. 298,000.	<u>(25)</u>									
d Total (add lines 1b and 1c)							>	1,444,798.	0.	196,666.
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 7 7 7 7 7 7 7 7							>	1 444 798	Λ	196 666
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	2 Total number of individuals (including but not limited									
on line 1a? If 'Yes,' complete Schedule J for such individual	, and the organization									Yes No
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual										. 3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	the organization and related organizations greater t	oortable co han \$150,	mper 000?	sation If 'Yes	and	other oplete	coi Sc	mpensation from hedule J for		4 Y
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 InsightAction Inc. 350 Adelaide St., West 2nd fl Toronto , CA James Griffiths & Associates 1256 Troinex , SZ Consulting 180 , 223. The Mother Nature Network 191 Peachtree St., NE Atlanta GA 30303 Consulting 298,000.	5 Did any person listed on line 1a receive or accrue c									
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address InsightAction Inc. 350 Adelaide St., West 2nd fl Toronto , CA Consulting 261,947. James Griffiths & Associates 1256 Troinex , SZ Consulting 180,223. The Mother Nature Network 191 Peachtree St., NE Atlanta GA 30303 Consulting 298,000.	Section B. Independent Contractors									-1 - 1
Name and business address Description of services Compensation InsightAction Inc. 350 Adelaide St., West 2nd fl Toronto , CA James Griffiths & Associates 1256 Troinex, SZ Consulting 180,223. The Mother Nature Network 191 Peachtree St., NE Atlanta GA 30303 Consulting 298,000.	1 Complete this table for your five highest compensation from the organization. Report compe	ed indepe nsation fo	ndent r the c	contra alend	actors ar ye	that ar end	rec	eived more than \$1 with or within the	100,000 of organization's tax ye	ear.
James Griffiths & Associates 1256 Troinex, SZ Consulting 180,223. The Mother Nature Network 191 Peachtree St., NE Atlanta GA 30303 Consulting 298,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A) Name and business addre	ess						(B) Description o	f services	(C) Compensation
The Mother Nature Network 191 Peachtree St., NE Atlanta GA 30303 Consulting 298,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	InsightAction Inc. 350 Adelaide St., West 2nd fl	Toronto) ,	CA				Consulting		
Total number of independent contractors (including but not limited to those listed above) who received more than										
· · · · · · · · · · · · · · · · · · ·	The Mother Nature Network 191 Peachtree St., NE	Atlant	a	G	Α .	3030	73	Consulting		298,000.
· · · · · · · · · · · · · · · · · · ·										
\$100,000 or compensation from the organization : 3	2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim	nited to	o thos	e liste	ed ab	ove) who received mo	re than	

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Form 990 (2016) Sustainable Forestry Initiative Inc 80-0030060 Page 9 Part VIII Statement of Revenue (A) Total revenue (B) Revenue excluded from tax Related or Unrelated exempt business under sections function revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b **c** Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . . 1 e 16,367 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 6,477,290 g Noncash contributions included in lines 1a-1f: \$ 6,493,657 Program Service Revenue **Business Code** b d f All other program service revenue . . Investment income (including dividends, interest and 2,737 2,737 0 Income from investment of tax-exempt bond proceeds . . . 5 (i) Real (ii) Personal 6 a Gross rents 2,832 **b** Less: rental expenses c Rental income or (loss) . . 2,832 2,832 2,832 0 0. (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . **c** Gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 5,866 **b** Less: cost of goods sold ${f c}$ Net income or (loss) from sales of inventory $\ \ldots \ \ldots \ {f r}$ 5,866 5,866 0 0. Miscellaneous Revenue **Business Code**

102,385

322,535

424,920

930.012

0

102,385

322,535

436,355

0

900099

900099

900099

11a <u>meetings___</u>

d All other revenue

Total revenue. See instructions

b other _ _ _

c PEFC____

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.

Check if Schedule O contains a response or note to any line in this Part IX							
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	288,390.	288,390.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	183,273.	183,273.				
4 5	Benefits paid to or for members	706,718.	517,282.	189,436.	0.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	1,385,476.	1,315,299.	70,177.	0.		
	Pension plan accruals and contributions	1,303,470.	1,313,499.	//,1//.	<u> </u>		
8	(include section 401(k) and 403(b) employer contributions)	166,605.	145,932.	20,673.	0.		
9	Other employee benefits	152,200.	133,314.	18,886.	0.		
10	Payroll taxes	93,655.	82,034.	11,621.	0.		
11	Fees for services (non-employees):	75,055.	02,031.	11,021.	<u> </u>		
	Management						
	b Legal	106,368.	53,184.	53,184.	0.		
	Accounting	93,537.	4,530.	89,007.	0.		
	Lobbying	75,551.	1,330.	0,007.	<u> </u>		
	Professional fundraising services. See Part IV, line 17						
	Investment management fees						
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,401,679.	1,342,551.	59,128.	0.		
12	Advertising and promotion	295,252.	294,902.	350.	0.		
13	Office expenses	8,820.	7,726.	1,094.	0.		
14	Information technology	28,447.	24,917.	3,530.	0.		
15	Royalties						
16	Occupancy	254,222.	222,677.	31,545.	0.		
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	640,316.	530,104.	110,212.	0.		
20	Interest	11,521.	-1,618.	13,139.	0.		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	91,064.	79,764.	11,300.	0.		
23	Insurance	20,873.	18,283.	2,590.	0.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
á	Printing	54.051.	47,344.	6.707.	0.		
	State Registration	11.876.	10,402.	1,474.	0.		
	Training	10.231.	0.	10,231.	0.		
(Agency fees	15,374.	0.	15,374.	0.		
•	All other expenses	674,179.	452,741.	205,610.	15,828.		
	Total functional expenses. Add lines 1 through 24e	6,694,127.	5,753,031.	925,268.	15,828.		
26	·		·		·		

Part X **Balance Sheet**

(A) Beginning of year End of year 1 895,584 978,142. 2 2 459,759 746,000. 3 3 4 1,099,872 1,086,024 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Assets 8 Prepaid expenses and deferred charges 72,847 9 140,146 Land, buildings, and equipment: cost or other basis. 10 a 067 701 10 b 10 c 350,243 405,539 350,824. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments – program-related. See Part IV, line 11 13 13 14 14 15 15 490 60,795 74 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 008 091 16 361,931 17 197, 17 210,983. 221 18 18 0 104,291 19 19 <u>31</u>5 ,050, ,068,410 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 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 . . . 25 110,640 25 92.447 Total liabilities. Add lines 17 through 25..... 358.176 26 476,131 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 1,536,124 1,410,809. 28 113.791 28 474.991 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ö 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,649,915 33 1,885,800 34 3,008,091 34 3,361,931

BAA Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(6,9	30,0	12.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	94,1	27.			
3	Revenue less expenses. Subtract line 2 from line 1	3		2	35,8	85.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			49,9				
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	7 Investment expenses								
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
_	column (B))	10		1,8	85,8	300.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
	· · · · · · · · · · · · · · · · · · ·				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the approximation should disprost and its protected of accounting from a prior year or should display a policy.		_						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
ı	b Were the organization's financial statements audited by an independent accountant?			2 b	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate								
	basis, consolidated basis, or both: X Separate basis								
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	t, •••		2 c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3 :	in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single								
3.	And And OMB Circular A-133?		L	3 a		X			
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b					
BAA			-	orm	990 (2	2016)			

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number Sustainable Forestry Initiative Inc 80-0030060 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. С 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. 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. Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support		·					-
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	6	(f) Total
_	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							_
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	6	(f) Total
7	Amounts from line 4							_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities	es, etc. (see instru	ictions)				12	
13	First five years. If the Form 990 is organization, check this box and st	for the organizati	on's first, second, t	third, fourth, or fifth	tax year as a sect	tion 501(c)(3))	▶ □
Sec	tion C. Computation of Pul	blic Support F	Percentage					
14	Public support percentage for 2016						14	%
15	Public support percentage from 20	15 Schedule A, Pa	art II, line 14				15	%
16a	33-1/3% support test—2016. If the and stop here. The organization q	e organization did ualifies as a public	not check the box	on line 13, and lin	e 14 is 33-1/3% or	more, check	this b	ox ▶ □
b	33-1/3% support test—2015. If the and stop here. The organization of							
17a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	ind stop here. Exp	olain in Part \	/I how	▶ □
b	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstances' facts-and-circumstances te	ets the 'facts-and	-circumstances' tes	st check this box a	nd stop here . Exc	lain in Part \	/I how	the
18	Private foundation. If the organization	ation did not checl	k a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see ins	tructio	ns ▶

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

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

Sec	tion A. Public Support	,,	'	,			
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any 'unusual grants.')	5,992,277.	6,226,166.	6,674,480.	6,726,771.	6,593,211.	32,212,905.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	065 043	000 003	400.025	454.660	224 065	1 565 000
3	Gross receipts from activities	265,243.	282,023.	429,237.	454,660.	334,065.	1,765,228.
3	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6,257,520.	6,508,189.	7,103,717.	7,181,431.	6,927,276.	33,978,133.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons			2 100 083			10,557,937.
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	2,229,921.	2,305,520.	2,199,003.	2,132,340.	1,010,033.	10,557,937.
	for the year	1,010,928.	1,013,117.	999,937.	1,020,365.	1,180,639.	5,224,986.
С	Add lines 7a and 7b	3,240,855.	3,378,643.	3,199,020.	3,172,911.	2,791,494.	15,782,923.
8	Public support. (Subtract line 7c from line 6.)						18,195,210.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calen	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012 6, 257, 520.				(e) 2016 6,927,276.	(f) Total 33,978,133.
Calen 9		6,257,520.	6,508,189.	7,103,717.		6,927,276.	33,978,133.
Calen 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from			7,103,717. 5,201.	7,181,431. 3,202.	6,927,276. 2,737.	
Calen 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	6,257,520.	6,508,189.	7,103,717.	7,181,431.	6,927,276.	33,978,133.
Calen 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,257,520. 189.	6,508,189. 274.	7,103,717. 5,201.	7,181,431. 3,202.	6,927,276. 2,737.	33,978,133.
Calen 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,257,520. 189.	6,508,189. 274.	7,103,717. 5,201.	7,181,431. 3,202.	6,927,276. 2,737.	33,978,133.
Calen 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,257,520. 189. 189. 6,257,709.	6,508,189. 274. 274.	7,103,717. 5,201. 5,201.	7,181,431. 3,202. 3,202.	6,927,276. 2,737. 2,737.	33,978,133.
Calen 9 10a b c 11 12 13 14	Amounts from line 6	6,257,520. 189. 189. 6,257,709. s for the organization here	274. 274. 274.	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. tax year as a sect	6,927,276. 2,737. 2,737. 2,737.	33,978,133. 11,603. 11,603.
Calen 9 10a b c 11 12 13 14	Amounts from line 6	6,257,520. 189. 189. 6,257,709. s for the organization here blic Support F	6,508,189. 274. 274. 6,508,463. on's first, second,	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. tax year as a sect	6,927,276. 2,737. 2,737. 2,737.	33,978,133. 11,603. 11,603.
Calen 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	6, 257, 520. 189. 189. 6, 257, 709. s for the organizatiotop here	274. 274. 274. 274. 274. 274. doi: 508,463. on's first, second, on	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. tax year as a sect	6,927,276. 2,737. 2,737. 2,737. 6,930,013. tion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	6, 257, 520. 189. 189. 6, 257, 709. s for the organizatiotop here	274. 274. 274. 274. 274. 274. doi: 508,463. on's first, second, on	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. tax year as a sect	6,927,276. 2,737. 2,737. 2,737. 6,930,013. tion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	6, 257, 520. 189. 189. 6, 257, 709. s for the organization here	6,508,189. 274. 274. 274. 6,508,463. on's first, second, second of the second of	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. tax year as a sect	6,927,276. 2,737. 2,737. 2,737. 6,930,013. tion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	6,257,520. 189. 189. 6,257,709. s for the organization here	6,508,189. 274. 274. 6,508,463. 274. 6,508,463. 274. 6,508,463. 274. 6,508,463. 274. 6,508,463. 274. 274. 101.	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. 1tax year as a sect	6,927,276. 2,737. 2,737. 6,930,013. tion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	189. 189. 189. 189. 6,257,709. s for the organization here	274. 274. 274. 274. 274. do, 508, 463. don's first, second, don's first, d	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. 1ax year as a sect.	6,927,276. 2,737. 2,737. 2,737. 6,930,013. ion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	189. 189. 189. 189. 6,257,709. s for the organization here	274. 274. 274. 274. 274. 274. do, 508, 463. on's first, second, Percentage olivided by line 13. art III, line 15. me Percentage lumn (f) divided by A, Part III, line 17. d not check the box	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. 1ax year as a sect.	6,927,276. 2,737. 2,737. 2,737. 6,930,013. ion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.
Calen 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6	189. 189. 189. 189. 6,257,709. s for the organization here	274. 274.	7,103,717. 5,201. 5,201. 7,108,918. third, fourth, or fifth	7,181,431. 3,202. 3,202. 7,184,633. 1ax year as a sect.	6,927,276. 2,737. 2,737. 2,737. 6,930,013. ion 501(c)(3)	33,978,133. 11,603. 11,603. 33,989,736.

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	- 3а		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	10-		
L	answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	t IV	Supporting Organizations (continued)			
44	∐oo ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ring body of a supported organization?	11a		
k	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			l
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
·	or ele	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	If the	organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benet	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
Sec		orting organization. C. Type II Supporting Organizations			
000		5. Type it supporting significations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
•	of eac	ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1		
Sac		orting organization was vested in the same persons that controlled or managed the supported organization(s). D. All Type III Supporting Organizations	•		
566	LIOII L	5. All Type III Supporting Organizations		Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the or	rganizatión maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tim	nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
Sec		s regard. E. Type III Functionally Integrated Supporting Organizations	-		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	' 	The organization satisfied the Activities Test. Complete line 2 below.			
k	ᆸ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	; [] T	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons).		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the			
		orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ŀ	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
•	the or	rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
-			Jä		
t		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20, s must com	1970 (explain in Part \nplete Sections A throu	VI). See gh E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	A Average monthly value of securities	1 a		
ŀ	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
•	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ated Type	III supporting organiza	tion

Schedule A (Form 990 or 990-EZ) 2016

Line 8 amount divided by Line 9 amount

Sche	dule A (Form 990 or 990-EZ) 2016 Sustainable Forestry Initiative Inc 80-	-0030060	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued	d)	
Sect	tion D — Distributions	Curren	t Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C. line 6		

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
	of organization	·		Employer identifica	ation number
Sus	tainable Forestry	Initiative Inc		80-003006	
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the or (see instructions for definition	ganization's direct and indirect political campor of 'political campaign activities')	aign activities in Part I	V.	
2	Political campaign activity exp	enditures (see instructions)		▶ \$	
3	Volunteer hours for political ca	ampaign activities (see instructions)			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under secti	on 4955	▶ \$	
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	Was a correction made?				· · · Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	•
1	Enter the amount directly expo	ended by the filing organization for section 52	7 exempt function active	vities ▶ \$	
2		organization's funds contributed to other orga			
3		itures. Add lines 1 and 2. Enter here and on F			
4	Did the filing organization file	Form 1120-POL for this year?			· · · Yes No
5	organization made payments.	and employer identification number (EIN) of al For each organization listed, enter the amoun ns received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	rganization's funds. Also	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if section 501	the organization	is exempt under se	ction 501(c)(3) and	I filed Form 5768 (e	election under				
A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,									
address,	EIN, expenses, and s	hare of excess lobbying ex	penditures).						
B Check ► if the filin	g organization checke	ed box A and 'limited contro	l' provisions apply.						
(The term	Limits on Lobbyir 'expenditures' mear	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditu	res to influence public	opinion (grass roots lobbyi	ing)						
b Total lobbying expenditu	res to influence a legis	slative body (direct lobbying	9)						
c Total lobbying expenditu	res (add lines 1a and	1b)							
d Other exempt purpose ex	•								
e Total exempt purpose ex	penditures (add lines	1c and 1d)							
f Lobbying nontaxable amboth columns	ount. Enter the amour	nt from the following table in	n 						
If the amount on line 1e, colo	umn (a) or (b) is:	The lobbying nontaxable	amount is:						
Not over \$500,000	-	20% of the amount on line 1e.							
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	·						
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess							
Over \$1,500,000 but not over \$ Over \$17,000,000		\$225,000 plus 5% of the excess of \$1,000,000.	over \$1,500,000.						
g Grassroots nontaxable a	l.								
h Subtract line 1g from line	•	,							
i Subtract line 1f from line									
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the or			Yes No				
(Som	e organizations that	-Year Averaging Period U made a section 501(h) ele ow. See the separate inst	ection do not have to c						
	Lobby	ring Expenditures During	4-Year Averaging Peri	od					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2 a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									
BAA				Schedule C (For	m 990 or 990-EZ) 2016				

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(distribution distribution of this)).	(a	a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			1.5	590.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		X			
j Total. Add lines 1c through 1i				1.5	590.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					,,,,,,
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y	ear? .		3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	section 5 line 3, is	i01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

See Attached Exhibit 2 on Lobbying Activities Pt II-B Line 1

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	Sustainable Forestry Initia	tive Inc			80-0030060	
Par	t Organizations Maintaining Dono	r Advised Funds or Oth	ner Similar Fund			
	Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, line 6.			
		(a) Donor advised	funds	(b) Fu	unds and other acco	unts
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 are the organization's property, subject to the org	advisors in writing that the assanization's exclusive legal con	ets held in donor advi	sed funds	· · · · Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other purpose	conferring	· · · · · Yes	No
Par	t II Conservation Easements.				<u> </u>	
	Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the	e organization (check all that a	apply).			
	Preservation of land for public use (e.g., recre	eation or education)	Preservation of a	historically	important land area	
	Protection of natural habitat		Preservation of a	certified his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation co	ontribution in the form	of a conse	rvation easement or	the
	last day of the tax year.				eld at the End of th	o Toy Voor
	Total number of conservation easements			2а	eid at the End of th	ie rax rear
	Total number of conservation easements			2 b		
	: Number of conservation easements on a certified			2 C		
		`	•	20		
(Number of conservation easements included in (o structure listed in the National Register			2 d		
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguishe	ed, or terminated by th	e organizat	ion during the	
4	Number of states where property subject to conse	ervation easement is located •	•			
5	Does the organization have a written policy regar and enforcement of the conservation easements				Yes	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	ns, and enforcing cons	servation e	asements during the	year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, a	nd enforcing conserva	ation easem	nents during the yea	r
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requi	rements of section 17	0(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in its e organization's financial state	s revenue and expens ments that describes	e statemer the organiz	nt, and balance shee ation's accounting for	t, and or
	conservation easements.	ations of Art Historias	Transcuras ar O	thar Cim	ilor Acceto	
Par	Organizations Maintaining Collectory Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, line 8.	uner Sin	mar Assets.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, educat	ion, or research in furt			
ŀ	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furthera	ance of pub	llic service, provide t	art, the
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	6 (ASC 958) relating to these it	ems:		-	
	Revenue included on Form 990, Part VIII, line 1				▶\$	
L	Accete included in Form 000 Part V				. ~	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asse	ts (continued)							
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its citems (check all that apply):	collection							
a Public exhibition d Loan or exchange programs								
b Scholarly research e Other								
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 9 line 9, or reported an amount on Form 990, Part X, line 21.	990, Part IV,							
 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Yes No							
	mount							
c Beginning balance	mount							
d Additions during the year								
e Distributions during the year								
f Ending balance								
2 a 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							
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
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 ► %								
c Temporarily restricted endowment ► %								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a 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	3a(i)							
(ii) related organizations	3a(ii)							
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	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 IV, line 11a.	rt X, line 10.							
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation	(d) Book value							
1a Land	·							
b Buildings								
c Leasehold improvements	154,345.							
d Equipment	196,479.							
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

BAA

Part VII	Investments – Other Securities.	Vasi an Farm 000 I	Cont IV Line 44h Con Farm 000 Do	nt V. lin a 40
(-) D	Complete if the organization answered '	(b) Book value	1	
	cription of security or category (including name of security)	(b) book value	(c) Method of valuation: Cost or end-of-ye	ar market value
` '	/-held equity interests			
(3) Other	y note equity interests			
(A)				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
$\frac{(F)}{(O)}$				
$\frac{(G)}{(H)}$				
$\frac{(H)}{(I)}$				
Part VIII	Investments — Program Related.			
i dit viii	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	rear market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) > Other Assets.			
Part IX	Complete if the organization answered '	Yes' on Form 990, I	Part IV, line 11d. See Form 990, Pa	rt X, line 15.
		scription		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
(1) Fodo	(a) Description of liability eral income taxes	(b) Book value		
	erred rent	92,44	.7	
(3)	CIICA I CIIC	72,11		
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)			
-	r uncertain tax positions. In Part XIII, provide the text of the foot	=		
tax positions	under FIN 48 (ASC 740). Check here if the text of the footnote	nas been provided in Part XIII		

Part XIII Supplemental Information.

	, , , , , , , , , , , , , , , , , , , ,		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	6,930,012.
2	? Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIII.)		
	e Add lines 2a through 2d	. 2 e	
3	Subtract line 2e from line 1	. 3	6,930,012.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	b Other (Describe in Part XIII.)		
	c Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		6,930,012.
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retur	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	6,694,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		
	b Prior year adjustments		
	c Other losses		
	d Other (Describe in Part XIII.)		
	e Add lines 2a through 2d	. 2 e	
3	Subtract line 2e from line 1	. 3	6,694,127.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
	b Other (Describe in Part XIII.)	_	
	C Add lines 4a and 4b	4 c	
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		6 604 127

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.

BAA Schedule **D** (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. Inspectio

Sustainable Forestry Initiative Inc 80-0030060 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (b) Number of (d) Activities conducted in (f) Total (a) Region émplovees. offices in the the region (by type) (such (d) is a program expenditures for agents, and region as, fundraising, program service, describe and investments independent services, investments, specific type of in the region confractors grants to recipients service(s) in in the region located in the region) the region promote program initiatives forestry (1) North America 2 1,481,091. (2) Europe 0 promote program initiatives forestry 11,056. (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)2 12 1,492,147 **b** Total from continuation sheets to Part I

1,492,147.

80-0030060

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Conservation	11,614.	Check			
(2)			North America	Conservation	14,712.	Check			
(3)			North America	Conservation	19,501.	Check			
(4)			North America	Conservation	11,625.	Check			
(5)			North America	Conservation	11,592.	Check			
(6)			North America	Conservation	15,699.	Check			
(7)			North America	Conservation	19,524.	Check			
(8)			North America	Conservation	34,735.	Check			
(9)			North America	Conservation	5,165.	Check			
(10)			North America	Conservation	7,488.	Check			
(11)			North America	Conservation	7,678.	Check			
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
_ (3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Pai	rt IV Foreig	n Forms		
1	organization ma	zation a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ay be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign e Instructions for Form 926)	Yes	X No
2	required to sepa of Certain Forei	ation have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be arately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt ign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. tructions for Forms 3520 and 3520-A; do not file with Form 990).	Yes	X No
3	organization ma	ation have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the any be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain ations (see Instructions for Form 5471)	Yes	X No
4	electing fund du Return by a Sha	zation a direct or indirect shareholder of a passive foreign investment company or a qualified uring the tax year? If 'Yes,' the organization may be required to file Form 8621, Information areholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Form 8621)	Yes	X No
5	organization ma	ation have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ay be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign ee Instructions for Form 8865).	Yes	X No
6	If 'Yes,' the orga	ation have any operations in or related to any boycotting countries during the tax year? anization may be required to separately file Form 5713, International Boycott Report (see Form 5713; do not file with Form 990)	Yes	X No

Part V Supplemental Information

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

Pt I Line 2

SFI promotes program initiatives in Canada & has a grant program in Canada.

BAA TEEA3504 09/26/16 Schedule F (Form 990) 2016

SCHEDULE I (Form 990)

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

babearnable releasely interactive inc							0-0030060			
Part I General Information on G	rants and Assista	ance								
1 Does the organization maintain records the selection criteria used to award the	grants or assistance?				ts or assistance, and		X Yes No			
2 Describe in Part IV the organization's p	procedures for monitoring	ng the use of grant	funds in the United States	3.						
Part II Grants and Other Assista	nce to Domestic	Organizations	and Domestic Gov	ernments. Comple	ete if the organizati	ion answered 'Ye	es' on			
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) Audubon Vermont										
255 Sherman Hollow Rd										
Huntington VT 05462	13-1624102		15,000.				Conservation			
(2) American Bird Conservancy										
PO_Box_249										
The Plains VA 20198	52-1501259		35,000.				Conservation			
(3) Stephen F Austin State Un										
1936_North_St										
Nacogdoches TX 75962	75-6002514		17,567.				Conservation			
(4) Main TREE Foundation										
PO_Box_5470										
Augusta ME 04332	01-0453264		15,000.				Conservation			
(5) Nature Conservancy										
100_Peachtree_St										
Atlanta GA 30303	53-0242652		10,400.				Conservation			
(6) UGA_Research Foundation_I										
310_East_Campus_Rd										
Athens GA 30602	58-1353149		7,477.				Conservation			
(7) Alabama Forestry Associat										
555_Alabama_Street										
Montgomery AL 36104	63-0272060		10,000.				Conservation			
(8) Clemson University Habita										
111 Sloan St										
	57-0725702		7,500.				Conservation			
2 Enter total number of section 501(c)(3)							0			
3 Enter total number of other organizatio	ins listed in the line 1 ta	bie				<u> </u>	7			

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III. 2016

Continuation Page 1 of 1

Name of the organization

Sustainable Forestry Initiative Inc

80-0030060

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 noncash assistance	(h) Purpose of grant or assistance		
<u>Cornell University</u>									
_PO_Box_22									
Ithaca NY 14851	15-0532082		8,734.				Conservation		
<u> Mississppi Forestry found</u>									
<u> 620 N State Street </u>									
Jackson MS 39202	64-6038093		10,000.				Conservation		
<u> National Wild Turkey Fede</u>									
PO_Box_530									
Edgefield SC 29824	57-0564993		10,000.				Conservation		
Parks_&_People_Foundation_									
<u> 2100 Liberty Heights Ave</u>									
Baltimore MD 21217	52-1349346		6,100.				Conservation		
<u>San Carlos Apache Tribe-F</u>									
_ PO_Box_0									
San Carlos AZ 85550	86-0093307		10,000.				Conservation		

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

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

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

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Sustainable Forestry Initiative Inc

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

80-0030060

Par	rt I Questions Regarding Compensation					
			Yes	No		
1 8	a 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.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account 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	1 b	Х			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X			
3	Indicate which, if any, of the following the filing 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.					
	X Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
	<u></u>					
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:					
á	a Receive a severance payment or change-of-control payment?	4 a	Х			
ŀ	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		Х		
•	c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X		
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
	a The organization?	5 a		Х		
ŀ	b Any related organization?	5 b		Х		
	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:					
á	a The organization?	6 a		Х		
ŀ	b Any related organization?	6 b		Х		
	If 'Yes' on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III	7		Х		
0						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?					
	If 'Yes,' describe in Part III	8		Х		
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_				
	section 53 4958-6(c)?	9	I	1		

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Detirement	(D) Nantovahla	(E) Total of	(F) Componentian	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
Jason Metnick	(i)	150,162.	10,500.	0.	17,673.	20,661.	198,996.	0.
1 VP	(ii)	0.	0.	0.	0.	0.	0.	0.
Nadine Block	(i)	155,180.	<u>15,000.</u>	0.	<u> 18,720.</u>	23,161.	<u>212,061.</u>	0.
,	(ii)	0.	0.	0.	0.	0.	0.	0.
Kathy Abusow	(i)	<u>439,771.</u>	<u>96,767.</u>	0.	<u>13,360.</u>	11,674.	<u>561,572.</u>	0.
1100100110 0110 010	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	170,810.	<u>8,500.</u>	0.	<u>19,724.</u>	20,661.	<u>219,695.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	155,774.	<u>9,800.</u>		<u>17,135</u> .	16,843.	<u> 199,552.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	118,489.	<u>2,641.</u>		11,624.	8,834.	<u> 141,588.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
-	(i)	111,404.	<u> </u>	0.	11,011.	8,449.	<u>130,864.</u>	<u> </u>
7 National Director of Market Access (Canada)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						L	
8	(ii)							
	(i)		 		 		L	
9	(ii)							
	(i)		 		 		L	
10	(ii)							
	(i)		 		 		L	
11	(ii)							
	(i)		 		 		L	
12	(ii)							
	(i)		 				L	
13	(ii)							
	(i)		 				L	
14	(ii)							
	(i)		 		 		<u> </u>	
15	(ii)							
	(i)		 		 		 	
16	(ii)							

Part III Supplemental Information

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

Pt I Line 4a

company policy in compliance with employment contract

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization		Employer identification number
Sustainable Fores	try Initiative Inc	80-0030060
Pt VI, Line 8a	Each meeting by the governing body is documented	d by minutes.
Pt VI, Line 8b	Each meeting by the governing body is documented	d by minutes
	Governance document that controls and monitors t	he affiliates which are
Pt VI, Line 10b	involved in the same relational industries.	
Pt VI, Line 11b	Draft 990 forms are provided to the Board of Dir	rectors
Pt VI, Line 12c	Disclosure by the employees and inquiry	
	Executive management salaries are reviewed by a	compensation committee
Pt VI, Line 15a	based on reasonableness and performance.	
	Executive management salaries are reviewed by a	compensation committee
Pt VI, Line 15b	based on reasonableness and performance.	
	Bylaws and transparency policy are available for	viewing on the
Pt VI, Line 19	organizations website	

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

or calendar year 2016, or fiscal year beginning	, 2016, and ending	. 20

► Do not send to the IRS. Keep for your records.

Sustainable Forestry Initiative Inc Senior VP Public Affairs & COO Part Type of Return and Return Information (Whole Dollars Only)	Department of the Treasury Internal Revenue Service	► Information	n about Form 8879-EO and its	s instructions is at w	/ww.irs.gov/i	form8879eo.	
Name and set of officer Nacione Block Senior VP Public Affairs & COO Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8379-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for her erturn being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable into below. Do not complete more than 1 line in Part law in the part line in Part law is applicable. John (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable into below. Do not complete more than 1 line in Part law in the 1 line in Part law in the 1 line in Part law is a form 1120-POL, theck here b Total revenue, if any (Form 990-EZ, line 9) 2 b 3 a Form 1120-POL check here b Total revenue, if any (Form 990-EZ, line 9) 2 b 4 a Form 990-PF check here b Total revenue, if any (Form 990-PF, part VIII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VIII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VIII, line 5) 4 b 5 a Form 8866 check here b Total revenue, if any (Form 990-PF, part VIII, line 5) 4 b 5 a Form 8866 check here b Total revenue, line 120-PF, line 120-PF, part VIII, line 5) 4 b 5 a Form 8866 check here b Total revenue, line 120-PF, line 120-PF, part VIII, line 5) 4 b 6 a Form 8866 check here b Total revenue, line 120-PF, line 120-PF, part VIII line 120-PF, part VIII line 120-	Name of exempt organization					Employer id	lentification number
Name and use officer Name and use of other Name and use other Name	Sustainable Fore	stry Initi	iative Inc			80-003	30060
Type of Return and Return Information (Whole Dollars Only)						•	
Check the box for the return for which you are using this Form 8878-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 05 she bow, and the amount on that line for the return being filed with this forms solank, then leave line 1b, 2b, 3b, 4b, 0r 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here Year Do Total revenue, if any (Form 990, Part VIII, column (A), line 12)	Nadine Block			Senior VI	Public	Affairs	& COO
check the box on line 1a, 2a, 3a, 4a, of 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, of 5b, whichever is applicable, blank (do not enter 0-0.) But, if you entered 0-0 on the return, then enter 0-0 in the applicable line below. Do not complete more than 1 line in Part 1. 1a Form 990 cBz check here	Part I Type of Retu	irn and Retur	rn Information (Whole D				
2 a Form 990-EZ check here	check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	t a, 3a, 4a, or 5a, b or 5b, whichever is	below, and the amount on that is applicable, blank (do not enter	line for the return bein	g filed with th	nis form was bl	ank, then
2 a Form 990-EZ check here	1 a Form 990 check here	▶ 🗓 b	Total revenue, if any (Form 9	90, Part VIII, column ((A), line 12)		1b 6.930.012.
3 a Form 1120-POL check here							
## Form 990-PF check here							3 b
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return to the IRS and down in the Part I above is the amount shown on the copy of the organization's return to the IRS and down intermediate service provider, transmitter, or electronic return displaced in the part of the IRS and down intermediate service provider, transmitter, or electronic return displaced in the part of the IRS and down intermediate service provider, transmitter, or electronic return displaced in the IRS and down intermediate service provider, transmitter, or electronic return displaced in the IRS and down intermediate service provider, transmitter, or electronic return displaced in the IRS and down intermediate service provider, transmitter, or electronic return organization's return to the IRS and down intermediate service provider, transmitter, or electronic return displaced in the IRS and down intermediate service provider, transmitter, or electronic return displaced in the IRS and the IRS and I	4 a Form 990-PF check h	nere ►	- L				4 b
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for by delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation oftware for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification mumber (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lenter five numbers, but do not enter all zeros				*		•	5 b
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge are true, correct, and complete. If urther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. If applicable, I authorize the U.S. Treasury and its designation's return to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the requirements of ederal taxes owed on this return, and the financial institution to account indicated in the tax preparation software for payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. Date Day 13/2017			,				-
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge are true, correct, and complete. If urther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return. If applicable, laturbrize the U.S. Treasury and its designation's return to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the requirements of ederal taxes owed on this return, and the financial institution to account indicated in the tax preparation software for payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. Date Day 13/2017	Part II Declaration	and Signatur	re Authorization of Offic	cer			
as my signature The properties of the organization of the organization. I will enter my PIN as my signature on the organization of the organization. I will enter my PIN as my signature on the organization of the organization of the IRS Fed/State program, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date O9/13/2017	electronic return and accon I further declare that the an intermediate service provid the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct deorganization's federal taxes contact the U.S. Treasury Fauthorize the financial instit answer inquiries and resolv	mpanying schedul nount in Part I ab ler, transmitter, or ement of receipt of any refund. If applicit) entry to the first owed on this ret Financial Agent all tutions involved in ve issues related	ules and statements and to the loove is the amount shown on the relectronic return originator (El or reason for rejection of the traplicable, I authorize the U.S. Transcial institution account indicturn, and the financial institution at 1-888-353-4537 no later than the processing of the electror to the payment. I have selected	pest of my knowledge e copy of the organiza RO) to send the organiza RO) to send the organiza ensmission, (b) the reasury and its designated in the tax preparn to debit the entry to to 2 business days prior payment of taxes to d a personal identificat	and belief, thation's electro- ization's retu- ason for any of the telephone in the telephone in the telephone in the payment in the payment in the perceive contion number (ney are true, co onic return. I co rn to the IRS a delay in proces I Agent to initia e for payment To revoke a pa ent (settlement fidential inform	orrect, and complete. nsent to allow my nd to receive from sing the return or te an electronic of the ayment, I must) date. I also lation necessary to
on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date 09/13/2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Officer's PIN: check one I	box only					<u>.</u>
on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X	I authorize			to ente	er my PIN		as my signature
on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date 09/13/2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN			ERO firm name				
Officer's signature ► Date ► 09/13/2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	a state agency(ies) reg the return's disclosure of X As an officer of the orga	ulating charities a consent screen. anization, I will er	as part of the IRS Fed/State pro	ogram, I also authorize n the organization's tax	e the aforeme x year 2016 e	opy of the returnentioned ERO telectronically file	n is being filed with to enter my PIN on ed return. If I have
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	program, I will enter my	PIN on the retur	rn's disclosure consent screen.	otato agonoy (100) 10g	alating oriant	ioo do part or ti	io in con our out
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Officer's signature			Date ►	09/13/2	2017	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Dant III O didi di						
number (EFIN) followed by your five-digit self-selected PIN							
above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.							
ERO's signature ► Date ► <u>11/03/2017</u>	above. I confirm that I am s	submitting this ret	turn in accordance with the requ	he 2016 electronically uirements of Pub. 416	filed return fo 3, Modernize	or the organiza ed e-File (MeF)	tion indicated Information for
	ERO's signature			Date ▶	11/03/2	2017	
		ъ.	ERO Must Retain This	Form - See Instruct	ions		

Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Telephone	63,999.	56,058.	7,941.	0.
Postage & Freight	25,497.	22,333.	3,164.	0.
Storage	0.	0.	0.	0.
Supplies	18,163.	15,909.	2,254.	0.
Licensing	15,828.	0.	0.	15,828.
Dues and Subscriptions	16,004.	14,018.	1,986.	0.
401k pension fees	4,875.	0.	4,875.	0.
Miscellaneous	1,717.	1,503.	214.	0.
PEFC Endorsements	342,920.	342,920.	0.	0.
Payroll Admin fees	185,176.	0.	185,176.	0.

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-3

Description	Amount
TOTAL REVENUE	7,108,918.
LINE 2	-429,237.
interest	-5,201.

Total ____6,674,480.

Exhibit 1

SFI Inc. 2016 IRS 990 Tax Filing: Statement of Mission and Significant Accomplishments

The Sustainable Forestry Initiative® (SFI®) Inc. is a sustainability leader that stands for future forests. SFI is an independent, non-profit organization that provides supply chain assurances, produces conservation outcomes, and supports education and community engagement. SFI standards and on-product labels help consumers make responsible purchasing decisions. SFI oversees the SFI Forest Partners® Program, which aims to increase supply of certified forest products, the SFI Conservation and Community Partnerships Grant Program, which funds research and community building, and Project Learning Tree®, which educates teachers and youth about forests and the environment.

Across the United States and Canada, more than 285 million acres are certified to the SFI Forest Management Standard. The SFI 2015-2019 Standards and Rules are based on core principles that promote sustainable forest management, including measures to protect water quality, biodiversity, fish and wildlife habitat, species at risk, and forests with exceptional conservation value. The SFI 2015-2019 Fiber Sourcing Standard distinguishes SFI from all other forest certification programs in that it sets mandatory practice requirements for the responsible procurement of all fiber procured directly from the forest, whether the forest is certified or not. SFI on-product labels help consumers make responsible purchasing decisions.

SFI Inc. is governed by a three-chamber Board of Directors with equal representation from the social, environmental, and economic sectors. In 2016, Karla Guyn, CEO of Ducks Unlimited Canada, was elected to the SFI Board. The SFI External Review Panel (ERP) provides ongoing independent expert oversight of SFI program implementation and reporting, including review of SFI's Annual Progress Report and oversight of the standard review process. The ERP includes representatives of conservation organizations, universities, and government agencies.

2016 SFI Achievements

In 2016, SFI continued its investment in research that advances forestry practices and conservation science. Since 2010, SFI has awarded more than 100 SFI Conservation and Community Partnerships grants totaling more than \$3.4 million to foster research and to pilot efforts to better inform future decisions about our forests. When leveraged with project partner contributions, that total investment exceeds \$13.2 million. Examples of grant awards in 2016 include projects with Manomet to document the climate resiliency benefits provided by forests certified to SFI by establishing metrics for growth rates and forest health in sustainably managed forests, and with NatureServe to simplify and consolidate the biodiversity-related conservation value of forests certified to SFI, ultimately helping forest managers improve wildlife habitat across large landscapes.

The SFI program also requires Program Participants to invest in research to advance forestry practices. In 2016, \$59 million was invested in research by SFI Program Participants in more than 420 conservation-based projects with hundreds of partner organizations. This brings the total amount invested in research by SFI program participants to \$1.6 billion since 1995.

SFI's unique network of 34 regional, state and provincial SFI Implementation Committees (SICs) represents 43 states and provinces across North America. These are primarily volunteers engaged in local community projects and outreach, monitoring compliance to the SFI Standard, and providing

logger training and landowner outreach. In 2016, SICs provided training to over 10,000 resource and logging professionals.

SFI Inc. continued its success with the SFI Forest Partners Program in 2016. This innovative initiative works with market leaders to promote sustainability across the entire supply-chain with specific goals to outreach to private landowners and mills in key states in the U.S. South. In 2016, the Forest Partners Program gained more than 800,000 acres certified or committed to certify to the SFI Forest Management Standard. The Boy Scouts of America were successful in gaining certification for the Bechtel Summit Reserve in West Virginia, and four state agencies (Arkansas Forestry Commission, Tennessee Division of Forestry, Virginia Department of Game and Inland Fisheries, and Virginia Department of Forestry) made commitments to get their state lands certified to the SFI Forest Management Standard.

SFI continued its success in 2016 in the marketplace and with government agencies. According to a 2016 Natural Marketing Institute survey of 80,000 consumers, 36% of U.S. consumers recognize the SFI logo. In April 2016, the U.S. Green Building Council (USGBC) issued an alternative compliance path for its Leadership in Energy and Environmental Design rating system, which recognizes wood and paper from the SFI Program as part of an integrated approach to encouraging environmentally responsible forest management and eliminating illegal wood from the building material's supply chain. And in June 2016, the Environmental Protection Agency (EPA) issued a decision that no additional regulations are needed to address storm water discharges from forest roads under the Clean Water Act – in its decision, the EPA recognized the success of state best management practices (BMPs) in protecting water quality, and specifically noted the role of SFI's "important contributions to improved BMP implementation through logger training, landowner outreach, and water quality requirements."

For more details see:

- SFI Website: http://www.sfiprogram.org/
- SFI Governance: http://www.sfiprogram.org/about-us/sfi-governance/
- SFI's 2017 Annual Progress Report (reporting period ending April 15, 2017): http://www.sfiprogram.org/files/pdf/2017-sfi-progress-report-summary/
- SFI Standards: http://www.sfiprogram.org/sfi-standards/
- SFI Conservation and Community Partnership Grant Program: http://www.sfiprogram.org/conservation/conservation-grants/

EXHIBIT 2

SFI Inc. 2016 IRS 990 Filing

Schedule C: Description of Lobbying Activities

SFI's government outreach work is handled in-house by a single staff person who is not a registered lobbyist. SFI's overall objective for government outreach is to raise awareness of the SFI program among the executive and legislative branches of the federal government and state governments.

Specific SFI lobbying activity is outreach through letters and email to state legislators on issues including management of state forestlands and use of green building rating systems. Those letters have either supported legislation or have urged refinements to legislation. Total staff time spent on lobbying is twenty hours. No expenses beyond staff time have been incurred related to this activity. SFI has not engaged in political campaign activity. SFI does not have any contracts for outside lobbying support.



SFI INC. BOARD OF DIRECTORS - December 2016

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SFI INC. BOARD OF DIRECTORS - December 2016

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