CLIFTONLARSONALLEN LLP
901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA 22203

DRAFT

SUSTAINABLE FORESTRY INITIATIVE INC.
2121 K STREET NW, NO. 750
WASHINGTON, DC 20037

CLIENT'S COPY

CliftonLarsonAllen LLP
901 N. Glebe Road, Suite 200
Arlington, VA 22203
571-227-9500

November 14, 2019

Sustainable Forestry Initiative Inc.
2121 K Street NW No. 750
Washington, DC 20037
Attention: Brian Crowe

Dear Mr. Crowe:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

Each original return should be dated, signed and filed in accordance with the filing instructions. Carefully review all filing instructions. When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Federal income tax law states that it is the taxpayer's responsibility to maintain tax-related documents, including copies of previously filed tax returns, for a sufficient period of time. Generally, the Internal Revenue Code statute of limitations period, in which items on a tax return can be questioned, is three years from the date the return is filed. Many states have a four year statute of limitations.

We generally recommend that you keep supporting documentation for a minimum of six years; records that support basis for items in the tax return should be kept indefinitely. We believe keeping supporting documents for a six-year period will protect you from most circumstances, including longer statute of limitation periods that some state or other regulatory agencies may impose. At the same time, we believe this policy will save you from paying unnecessary storage costs.

As a tax return preparer, we are required to give you a copy of your tax return when it is completed and maintain a copy in our files for a minimum of three years. We have and will continue to comply with this federally mandated requirement. If you have any specific questions, please feel free to contact us.

In addition, tax-exempt organizations must make available for public inspection a copy of their exemption applications and their annual returns for the preceding three years. Pursuant to disclosure regulations, an organization generally must furnish a copy of the application and annual returns to anyone who requests them in person or in writing. An exempt organization can avoid providing copies by posting all the documents on its website or at another organization's site as part of a database of similar materials. Specific requirements must be met to fit within this exception. As a courtesy, we have provided a "Public Disclosure Copy" of your annual return for the current year.

If we have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services, this advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or any other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

CliftonLarsonAllen LLP

Yung-Hee Gallinaro, CPA
Principal

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2018

| | |
|---|---|
| **Prepared for** | Sustainable Forestry Initiative Inc.<br>2121 K Street NW No. 750<br>Washington, DC 20037 |
| **Prepared by** | CliftonLarsonAllen LLP<br>901 N. Glebe Road, Suite 200<br>Arlington, VA 22203<br>571-227-9500 |
| **Amount due or refund** | Not applicable |
| **Make check payable to** | Not applicable |
| **Mail tax return and check (if applicable) to** | Not applicable |
| **Return must be mailed on or before** | Not applicable |
| **Special Instructions** | This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. |

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning ____________, 2018, and ending ____________, 20__

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

**2018**

| Name of exempt organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

Name and title of officer
BRIAN CROWE
CHIEF FINANCIAL OFFICER

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-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 the return being filed 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 line below. **Do not** complete more than one line in Part I.

| | | | | |
|---|---|---|---|---|
| **1a** Form 990 check here ▶ | X | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | 9,170,289. |
| **2a** Form 990-EZ check here ▶ | | **b Total revenue,** if any (Form 990-EZ, line 9) | **2b** | |
| **3a** Form 1120-POL check here ▶ | | **b Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a** Form 990-PF check here ▶ | | **b Tax based on investment income** (Form 990-PF, Part VI, line 5) | **4b** | |
| **5a** Form 8868 check here ▶ | | **b Balance Due** (Form 8868, line 3c) | **5b** | |

## 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 2018 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. 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 refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software 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 1-888-353-4537 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 electronic return and, if applicable, the organization's consent to electronic funds withdrawal.



**Officer's PIN: check one box only**

[X] I authorize CLIFTONLARSONALLEN LLP to enter my PIN 20037
ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 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.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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 ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

## 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. 54988142639
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated 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 ▶

**ERO Must Retain This Form - See Instructions**
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

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

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

Department of the Treasury
Internal Revenue Service

**2018**
**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning and ending

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

**C** Name of organization
SUSTAINABLE FORESTRY INITIATIVE INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 2121 K STREET NW — Room/suite: 750

City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20037

**D** Employer identification number: 80-0030060

**E** Telephone number: 202-596-3450

**G** Gross receipts $ 9,558,761.

**F** Name and address of principal officer: KATHY ABUSOW
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.SFIPROGRAM.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2002 **M** State of legal domicile: DC

## Part I Summary

*Activities & Governance*

1 Briefly describe the organization's mission or most significant activities: SFI INC. IS A SUSTAINABILITY LEADER THAT OPERATES A FOREST MANAGEMENT STANDARD AND AN

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 39 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 18 |
| 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 38 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 15,529,365. | 751,575. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 8,349,148. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,301. | 126,877. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 651,564. | -57,311. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 16,187,230. | 9,170,289. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 686,883. | 1,135,349. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,985,611. | 3,826,621. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,639. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,003,692. | 4,923,980. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,676,186. | 9,885,950. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 8,511,044. | -715,661. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 12,164,383. | 12,134,141. |
| | 21 | Total liabilities (Part X, line 26) | 1,767,539. | 2,455,095. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 10,396,844. | 9,679,046. |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date

BRIAN CROWE, CHIEF FINANCIAL OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| YUNG-HEE GALLINARO | | | | P00035293 |

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200
ARLINGTON, VA 22203 — Phone no. 571-227-9500

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:
SEE ATTACHED EXHIBIT 1.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .......... [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? .......... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses $ 3,115,204. including grants of $ 0. ) (Revenue $ 98,000. )
PROMOTION AND ANNUAL CONFERENCE:
IN 2018, SFI HOSTED ITS ANNUAL CONFERENCE IN DENVER, COLORADO, AND ATTRACTED OVER 300 PARTICIPANTS. THE SFI ANNUAL CONFERENCE PROVIDES AN OPPORTUNITY FOR THE SFI COMMUNITY - FROM LANDOWNER TO BRANDOWNER, CONSERVATION AND COMMUNITY ORGANIZATIONS, UNIVERSITY PROFESSIONALS AND STUDENTS, GOVERNMENT AGENCIES TO RESOURCE PROFESSIONALS - TO COME TOGETHER AND LEARN ABOUT NEW RESEARCH IN CONSERVATION; RENEW PARTNERSHIPS AND MAKE NEW ONES; AND EXCHANGE IDEAS ABOUT HOW TO IMPROVE FORESTRY PRACTICES. SFI ALSO SHOWCASED ITS WORK AT DOZENS OF CONFERENCES AND TRADESHOWS HOSTED BY OTHER ORGANIZATIONS ACROSS THE US AND CANADA.

**4b** (Code: ) (Expenses $ 1,347,221. including grants of $ 365,668. ) (Revenue $ 29,001. )
EDUCATION:
SFI CONTINUED ITS SUCCESS WITH PROJECT LEARNING TREE (PLT), AN AWARD-WINNING INITIATIVE THAT HELPS EDUCATORS INTEGRATE ENVIRONMENTAL EDUCATION INTO LESSON PLANS AND USE THE OUTDOORS TO ENGAGE STUDENTS IN LEARNING ABOUT THE WORLD AROUND THEM. IN 2018, PLT CREATED LESSONS TO SUPPORT TEACHERS IN USING THE ONLINE "I-TREE" SOFTWARE, CREATED BY THE US FOREST SERVICE AND PARTNERS, AS A TOOL FOR OUTDOOR EDUCATION AND WON THE TEACHERS CHOICE AWARD FOR PLT'S ENERGY IN ECOSYSTEMS CURRICULUM. CUMULATIVELY, OVER 135 MILLION STUDENTS HAVE BEEN REACHED THROUGH 750,000 TEACHERS OVER FOUR DECADES.



**4c** (Code: ) (Expenses $ 1,299,633. including grants of $ 0. ) (Revenue $ 7,811,266. )
STANDARDS:
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. SFI ON-PRODUCT LABELS HELP CONSUMERS MAKE RESPONSIBLE PURCHASING DECISIONS. BY THE END OF 2018, 305 MILLION ACRES ACROSS THE US AND CANADA WERE CERTIFIED TO THE SFI FOREST MANAGEMENT STANDARD, 251 COMPANIES WERE CERTIFIED TO THE SFI FIBER SOURCING STANDARD, AND 581 COMPANIES WERE CERTIFIED TO THE SFI CHAIN OF CUSTODY STANDARD.

SFI CONTINUED ITS SUCCESS WITH THE SFI FOREST PARTNERS PROGRAM IN 2018.

**4d** Other program services (Describe in Schedule O.)
(Expenses $ 2,013,709. including grants of $ 769,681.) (Revenue $ 379,229.)

**4e** Total program service expenses ▶ 7,775,767.

**Part IV | Checklist of Required Schedules**

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 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 | | X |
| 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 | | X |
| 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 | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| 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 | X | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 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 | X | |

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

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 37 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 39 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | | X |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | X | |
| b | If "Yes," enter the name of the foreign country: ▶ CANADA | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | **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 | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AR,CA,CO,GA,IL,KS,KY,MD,MA,MI,MN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [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 to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

BRIAN CROWE - 202-596-3450

2121 K STREET NW, NO. 750, WASHINGTON, DC 20037

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) MARK RODGERS, PHD<br>CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) GUY GLEYSTEEN<br>VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) ROBERT ABERNETHY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) DAN LAMBE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) KARLA GUYN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) MICHAEL PARR<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) JONATHAN (JON) HAUFLER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) GAIL WALLIN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) EBONIE ALEXANDER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BOB MATTERS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) LAURA DOWNEY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) BETTINA K. RING<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) LENNARD JOE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) MICHAEL P. DOSS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JIM IRVING<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) KEVIN EDGSON<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) BRENT KEEFER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) JAIME YRAGUEN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) KATHY ABUSOW<br>PRESIDENT AND CEO | 40.00 | | | X | | | | 593,181. | 0. | 21,679. |
| (20) NADINE BLOCK<br>CHIEF OPERATIONS OFFICER | 40.00 | | | X | | | | 185,888. | 0. | 53,863. |
| (21) JASON METNICK<br>SENIOR VP, CUSTOMER AFFAIRS | 40.00 | | | | | X | | 179,125. | 0. | 51,486. |
| (22) PAUL TRIANOSKY<br>CHIEF CONSERVATION OFFICER | 40.00 | | | | | X | | 174,763. | 0. | 28,841. |
| (23) DANIEL PELLEGROM<br>VP, COMMUNICATIONS | 40.00 | | | | | X | | 163,042. | 0. | 16,990. |
| (24) GORDON MOUW<br>DIRECTOR, SFI PROGRAM PARTICIPANT RE | 40.00 | | | | | X | | 117,300. | 0. | 42,437. |
| (25) BARRY GRADEN<br>DIRECTOR, FOREST PARTNERS | 40.00 | | | | | X | | 108,630. | 0. | 35,698. |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 1,521,929. | 0. | 250,994. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 1,521,929. | 0. | 250,994. |

DRAFT

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

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | 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* | 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) Description of services | (C) Compensation |
|---|---|---|
| NARRATIVE CONTENT GROUP DBA THE MOTHER NATU<br>191 PEACHTREE STREET, SUITE 750, ATLANTA, G | CONSULTING | 187,500. |
| JAMES GRIFFITHS & ASSOCIATES, 13 CHEMIN DU<br>CHAMP GILBERT, 1256 TROINEX, GENEVA, | CONSULTING | 152,464. |
| WILCO SOURCE, LLC<br>118 PIZARRO AVENUE, NOVATO, CA 94949 | CONSULTING | 115,000. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

**Part VIII Statement of Revenue**

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

| Section | Line | Description | Ref / Business Code | Amount | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 507,938. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 243,637. | | | | |
| | g | Noncash contributions included in lines 1a-1f: $ | | 1,888. | | | | |
| | h | **Total.** Add lines 1a-1f | | | 751,575. | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2 a | PROGRAM PARTICIPANT FE | 900099 | | 7,468,982. | 7,468,982. | | |
| | b | PEFC INCOME | 900099 | | 741,631. | 741,631. | | |
| | c | REGISTRATION FEES | 900099 | | 138,535. | 138,535. | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | **Total.** Add lines 2a-2f | | | 8,349,148. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 126,877. | | | 126,877. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | | | (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) | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| | 8 a | Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | a | 356,820. | | | | |
| | b | Less: cost of goods sold | b | 388,472. | | | | |
| | c | Net income or (loss) from sales of inventory | | | -31,652. | -31,652. | | |
| | | Miscellaneous Revenue | Business Code | | | | | |
| | 11 a | MULTI-CURRENCY LOSS | 900099 | | -25,659. | | | -25,659. |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | **Total.** Add lines 11a-11d | | | -25,659. | | | |
| | 12 | **Total revenue.** See instructions | | | 9,170,289. | 8,317,496. | 0. | 101,218. |

**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 [X]

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 680,533. | 680,533. | | |
| 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 | 454,816. | 454,816. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 854,611. | 619,151. | 223,163. | 12,297. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,184,957. | 2,060,562. | 72,306. | 52,089. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 161,515. | 157,766. | 135. | 3,614. |
| 9 Other employee benefits | 446,642. | 422,497. | 14,594. | 9,551. |
| 10 Payroll taxes | 178,896. | 161,110. | 14,230. | 3,556. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 78,740. | 1,143. | 77,597. | |
| c Accounting | 380,855. | | 380,855. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 1,421,448. | 1,217,884. | 112,184. | 91,380. |
| 12 Advertising and promotion | 422,138. | 418,024. | 4,114. | |
| 13 Office expenses | 216,807. | 58,232. | 158,575. | |
| 14 Information technology | 143,309. | 55,192. | 88,117. | |
| 15 Royalties | | | | |
| 16 Occupancy | 452,629. | 9,735. | 442,894. | |
| 17 Travel | 541,176. | 463,974. | 77,202. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 455,923. | 367,755. | 88,016. | 152. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 124,095. | | 124,095. | |
| 23 Insurance | 23,034. | | 23,034. | |
| 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.) | | | | |
| a OTHER GRANT EXPENSES | 496,004. | 495,751. | 253. | |
| b PRINTING & REPRODUCTION | 77,030. | 72,099. | 4,931. | |
| c DUES & SUBSCRIPTIONS | 47,975. | 22,549. | 25,426. | |
| d INDIRECT ALLOCATION | 0. | 9,472. | -9,472. | |
| e All other expenses | 42,817. | 27,522. | 15,295. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 9,885,950. | 7,775,767. | 1,937,544. | 172,639. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720) | | | | |

**Part X | Balance Sheet**

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

| Section | Line | Description | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 3,403,399. | 1 | 1,586,446. |
| | 2 | Savings and temporary cash investments | 6,247,032. | 2 | 8,371,777. |
| | 3 | Pledges and grants receivable, net | | 3 | 167,424. |
| | 4 | Accounts receivable, net | 1,932,189. | 4 | 1,347,382. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 179,495. | 9 | 114,052. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 859,435. | | | |
| | b | Less: accumulated depreciation — 10b: 564,690. | 328,465. | 10c | 294,745. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | 178,512. |
| | 15 | Other assets. See Part IV, line 11 | 73,803. | 15 | 73,803. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 12,164,383. | 16 | 12,134,141. |
| Liabilities | 17 | Accounts payable and accrued expenses | 274,309. | 17 | 704,498. |
| | 18 | Grants payable | 52,136. | 18 | 211,444. |
| | 19 | Deferred revenue | 1,252,026. | 19 | 1,267,710. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 189,068. | 25 | 271,443. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,767,539. | 26 | 2,455,095. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 2,422,351. | 27 | 3,178,396. |
| | 28 | Temporarily restricted net assets | 7,974,493. | 28 | 6,500,650. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 10,396,844. | 33 | 9,679,046. |
| | 34 | Total liabilities and net assets/fund balances | 12,164,383. | 34 | 12,134,141. |

**Part XI Reconciliation of Net Assets**

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,170,289. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,885,950. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -715,661. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10,396,844. |
| 5 | Net unrealized gains (losses) on investments | 5 | -2,137. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,679,046. |

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2018)

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047
**2018**
**Open to Public Inspection**

**Name of the organization** SUSTAINABLE FORESTRY INITIATIVE INC.
**Employer identification number** 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.)

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 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. | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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, etc. (see instructions) ..... 12

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,674,480. | 6,726,771. | 6,593,211. | 15,530,859. | 751,575. | 36,276,896. |
| 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 | 429,237. | 454,660. | 334,065. | 650,073. | 8,705,968. | 10,574,003. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 7,103,717. | 7,181,431. | 6,927,276. | 16,180,932. | 9,457,543. | 46,850,899. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 2,199,083. | 2,152,546. | 1,610,855. | 8,579,820. | 221,309. | 14,763,613. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | 999,937. | 1,020,365. | 1,180,639. | 1,916,847. | 694,720. | 5,812,508. |
| c Add lines 7a and 7b | 3,199,020. | 3,172,911. | 2,791,494. | 10,496,667. | 916,029. | 20,576,121. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 26,274,778. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 7,103,717. | 7,181,431. | 6,927,276. | 16,180,932. | 9,457,543. | 46,850,899. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 5,201. | 3,202. | 2,737. | 6,301. | 126,877. | 144,318. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 5,201. | 3,202. | 2,737. | 6,301. | 126,877. | 144,318. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 7,108,918. | 7,184,633. | 6,930,013. | 16,187,233. | 9,584,420. | 46,995,217. |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | 55.91 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 47.50 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f)) | 17 | .31 | % |
| 18 Investment income percentage from **2017** Schedule A, Part III, line 17 | 18 | .04 | % |

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.* | 3a | | |
| 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 | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.* | 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 | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | 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 | | |
| c | **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 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 | | |
| c | 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.** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.** | 11c | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.* | 2 | | |

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer (a) and (b) below.** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. **Answer (a) and (b) below.** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* | 3b | | |

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

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

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

| **Section B - Minimum Asset Amount** | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (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 | | |

| **Section 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 integrated Type III supporting organization (see instructions).

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

| **Section D - Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **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 2018 from Section C, line 6 | |
| **10** Line 8 amount divided by line 9 amount | |

| **Section E - Distribution Allocations** (see instructions) | **(i)** **Excess Distributions** | **(ii)** **Underdistributions Pre-2018** | **(iii)** **Distributable Amount for 2018** |
|---|---|---|---|
| **1** Distributable amount for 2018 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2018 | | | |
| **a** From 2013 | | | |
| **b** From 2014 | | | |
| **c** From 2015 | | | |
| **d** From 2016 | | | |
| **e** From 2017 | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2018 distributable amount | | | |
| **i** Carryover from 2013 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2018 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2018 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions. | | | |
| **7** **Excess distributions carryover to 2019.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2014 | | | |
| **b** Excess from 2015 | | | |
| **c** Excess from 2016 | | | |
| **d** Excess from 2017 | | | |
| **e** Excess from 2018 | | | |

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

# Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2018

** Do Not File **
*** Not Open to Public Inspection ***

| Payer's Name | 2014 Amount | 2015 Amount | 2016 Amount | 2017 Amount | 2018 Amount |
|---|---|---|---|---|---|
| PRIOR YEAR AMOUNT | 2,199,083. | 2,152,546. | 1,610,855. | 8,579,820. | 0. |
| MICHAE P. DOSS | 0. | 0. | 0. | 0. | 88,247. |
| JIM IRVING | 0. | 0. | 0. | 0. | 70,175. |
| KEVIN EDGSON | 0. | 0. | 0. | 0. | 30,150. |
| BRENT KEEFER | 0. | 0. | 0. | 0. | 32,737. |
| Total to Schedule A, Part III, Line 7a | 2,199,083. | 2,152,546. | 1,610,855. | 8,579,820. | 221,309. |

**Schedule A** **Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b** **2018**

** Do Not File **
*** Not Open to Public Inspection ***

| Payer's Name | 2014 Amount | 2015 Amount | 2016 Amount | 2017 Amount | 2018 Amount |
|---|---|---|---|---|---|
| PRIOR YEAR AMOUNT | 999,937. | 1,020,365. | 1,180,639. | 1,916,847. | 0. |
| DOMTAR PAPER COMPANY, LLC | 0. | 0. | 0. | 0. | 32,364. |
| GEORGIA-PACIFIC LLC | 0. | 0. | 0. | 0. | 105,534. |
| INTERNATIONAL PAPER COMPANY | 0. | 0. | 0. | 0. | 102,252. |
| LOUISIANA PACIFIC CORPORATION | 0. | 0. | 0. | 0. | 13,432. |
| PACKAGING CORPORATION OF AMERI | 0. | 0. | 0. | 0. | 32,555. |
| RESOLUTE FP US, INC. | 0. | 0. | 0. | 0. | 31,576. |
| VERSO CORPORATION | 0. | 0. | 0. | 0. | 16,313. |
| WEST FRASER MILLS LTD. | 0. | 0. | 0. | 0. | 15,487. |
| WESTROCK COMPANY | 0. | 0. | 0. | 0. | 49,164. |
| WEYERHAEUSER COMPANY | 0. | 0. | 0. | 0. | 49,751. |
| PROJECT LEARNING TREE CANADA | 0. | 0. | 0. | 0. | 246,292. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total to Schedule A, Part III, Line 7b | 999,937. | 1,020,365. | 1,180,639. | 1,916,847. | 694,720. |

DRAFT

# Schedule A — Identification of Excess Support Payments Included on Part III, Line 7b, column (e) — 2018

** Do Not File **
*** Not Open to Public Inspection ***

| Payer's Name | Amount Received in 2018 | 2018 Excess Payments |
|---|---|---|
| DOMTAR PAPER COMPANY, LLC | 128,208. | 32,364. |
| GEORGIA-PACIFIC LLC | 201,378. | 105,534. |
| INTERNATIONAL PAPER COMPANY | 198,096. | 102,252. |
| LOUISIANA PACIFIC CORPORATION | 109,276. | 13,432. |
| PACKAGING CORPORATION OF AMERICA | 128,399. | 32,555. |
| RESOLUTE FP US, INC. | 127,420. | 31,576. |
| VERSO CORPORATION | 112,157. | 16,313. |
| WEST FRASER MILLS LTD. | 111,331. | 15,487. |
| WESTROCK COMPANY | 145,008. | 49,164. |
| WEYERHAEUSER COMPANY | 145,595. | 49,751. |
| PROJECT LEARNING TREE CANADA | 342,136. | 246,292. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Excess Payments to Schedule A, Part III, Line 7b, column (e) ........ 694,720.

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2018**

| Name of the organization | **Employer identification number** |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

DRAFT

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

**General Rule**

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

**Special Rules**

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

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

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

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

| Name of organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | BOY SCOUTS OF AMERICA<br>PO BOX 152079<br>IRVING, TX 75015-2079 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | HEARST ENTERPRISES<br>300 WEST 57TH STREET<br>NEW YORK, NY 10019 | $ 6,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | MACMILLAN<br>175 FIFTH AVENUE<br>NEW YORK, NY 10010 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | MEREDITH CORPORATION<br>1716 LOCUST STREET<br>DES MOINES, IA 50309-3023 | $ 20,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | NATIONAL GEOGRAPHIC PARTNERS<br>1145 17TH STREET NW<br>WASHINGTON, DC 20036 | $ 20,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | THE OLSZEWSKI FAMILY FUND<br>965 MARBURY COURT SW<br>MARIETTA, GA 30064 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | PEARSON NORTH AMERICA<br>ONE LAKE STREET<br>SADDLE RIVER, NJ 07458 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 8 | STICHTING DUTCH BIOMASS<br>WILHEMINAKADE 909, 3072 AP<br>ROTTERDAM, NETHERLANDS | $ 20,632. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

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

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

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

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

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

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

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

Name of organization: SUSTAINABLE FORESTRY INITIATIVE INC.

**Employer identification number**: 80-0030060

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

**▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**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**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| **(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-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**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 share of excess lobbying expenditures).

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

| **Limits on Lobbying Expenditures** **(The term "expenditures" means amounts paid or incurred.)** | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| **c** Total lobbying expenditures (add lines 1a and 1b) | | |
| **d** Other exempt purpose expenditures | | |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | | |
| **f** Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

| If the amount on line 1e, column (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 $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

| | (a) | (b) |
|---|---|---|
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c. If zero or less, enter -0- | | |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

**4-Year Averaging Period Under Section 501(h)**
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 2015 | **(b)** 2016 | **(c)** 2017 | **(d)** 2018 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** 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 | | | | | |

**Schedule C (Form 990 or 990-EZ) 2018**

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

| *For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| **1** 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? | | X | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| **c** Media advertisements? | | X | |
| **d** Mailings to members, legislators, or the public? | | X | |
| **e** Publications, or published or broadcast statements? | | X | |
| **f** Grants to other organizations for lobbying purposes? | | X | |
| **g** Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 1,600. |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| **i** Other activities? | | X | |
| **j** Total. Add lines 1c through 1i | | | 1,600. |
| **2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| **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(c)(5), or section 501(c)(6).**

| | | Yes | No |
|---|---|---|---|
| **1** Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| **2** Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| **3** Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

| | | |
|---|---|---|
| **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 | 2a | |
| **b** Carryover from last year | 2b | |
| **c** Total | 2c | |
| **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 | |
| **5** Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**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.

PART II-B LINE 1:

SFI'S GOVERNMENT OUTREACH WORK IS HANDLED IN-HOUSE BY A SINGLE STAFF PERSON WHO IS NOT A REGISTERED LOBBYIST. SFI 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.

**Part IV** **Supplemental Information** *(continued)*

SFI INC. LOBBYING ACTIVITY INCLUDES OUTREACH TO LEGISLATORS THROUGH LETTERS OR MEETINGS ON ISSUES INCLUDING MANAGEMENT OF FORESTLANDS AND PROCUREMENT OF FOREST PRODUCTS. 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 INC.DOES NOT HAVE ANY CONTRACTS FOR OUTSIDE LOBBYING SUPPORT.

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** SUSTAINABLE FORESTRY INITIATIVE INC.

**Employer identification number** 80-0030060

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____

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

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

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

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

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| 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%.

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 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 X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 255,221. | 131,821. | 123,400. |
| d Equipment | | 604,214. | 432,869. | 171,345. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 294,745. |

**Schedule D (Form 990) 2018**

## Part VII Investments - Other Securities.

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

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

## Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

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

## Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) HST TAX FROM PLTC | 45,484. |
| (3) DEFERRED RENT | 225,892. |
| (4) OTHER LIABILITIES | 67. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 271,443. |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 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.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

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

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

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

SFI IS EXEMPT FROM INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

SFI'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. SFI IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS. SFI HAVE EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION.

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

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
**2018**
**Open to Public Inspection**

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

**Employer identification number:** 80-0030060

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **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? ...... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees, agents, and independent contractors in the region | **(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region | **(f)** Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | PROMOTE SUSTAINABLE FORESTRY | 10,370. |
| EUROPE | 1 | 0 | PROGRAM SERVICES | PROMOTE SUSTAINABLE FORESTRY | 596,811. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 20 | 1 | PROGRAM SERVICES | PROMOTE SUSTAINABLE FORESTRY | 1,487,258. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **3 a** Subtotal ........ | 21 | 1 | | | 2,094,439. |
| **b** Total from continuation sheets to Part I ........ | 0 | 0 | | | 0. |
| **c** **Totals** (add lines 3a and 3b) ........ | 21 | 1 | | | 2,094,439. |

**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) |
|---|---|---|---|---|---|---|---|---|
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 5,830. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 11,642. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 7,640. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 28,697. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 7,974. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 6,900. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 16,050. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 11,458. | CHECK OR EFT | 0. | | |

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 the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 12

3 Enter total number of other organizations or entities ▶ 0

**Schedule F (Form 990) 2018**

**Part II** **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

| 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 114,227. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 7,253. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | CONSERVATION & COMMUNITY | 22,022. | CHECK OR EFT | 0. | | |
| | | NORTH AMERICA | GREEN JOBS | 215,122. | CHECK OR EFT | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**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) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part IV** **Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

**Schedule F (Form 990) 2018**

**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.

PART I, LINE 2:

SFI REQUIRES PERIODIC AND FINAL REPORTS FROM GRANT RECIPIENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

**▶ Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

Employer identification number: 80-0030060

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ALABAMA FORESTRY FOUNDATION 555 ALABAMA STREET MONTGOMERY, AL 36104 | 63-0756161 | 501(C)(3) | 30,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| AMERICAN BIRD CONSERVANCY PO BOX 249 THE PLANES, VA 20198-0249 | 52-1501259 | 501(C)(3) | 66,000. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| BLACK FAMILY LAND TRUST, INC. PO BOX 2087 DURHAM, NC 27702 | 04-3797149 | 501(C)(3) | 17,500. | 0. | | | CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE |
| BOARD OF REGENTS UNIVERSITY OF NEBRASKA FOR UN-LINCOLN - 151 PREM S. PAUL RESEARCH CENTER - LINCOLN, NE 68583-0861 | 47-0049123 | 501(C)(3) | 12,321. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| COLLEGE OF FORESTRY, OREGON STATE UNIVERSITY - FOREST RESEARCH LABORATORY - CORVALLIS, OR 97331-5704 | 61-1730890 | 501(C)(3) | 9,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| COLORADO STATE UNIVERSITY 601 S. HOWES FORT COLLINS, CO 80525 | 84-6000545 | 501(C)(3) | 10,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 38.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2018)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CONNECTICUT FOREST & PARK ASSOCIATION - 16 MERIDEN ROAD - ROCKFALL, CT 06481 | 06-0613430 | 501(C)(3) | 7,500. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| ENVIRONMENTAL EDUCATION ASSOCIATION OF ILLINOIS - 1505 N. BROADWAY AVENUE - URBANA, IL 61801 | 36-2837731 | 501(C)(3) | 10,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| ENVIRONMENTAL EDUCATION ASSOCIATION OF NEW MEXICO - PO BOX 36958 - ALBUQUERQUE, NM 87176 | 85-0435778 | 501(C)(3) | 12,500. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| FLORIDA- STATE IMPLEMENTATION COMMITTEE - P.O. BOX 1696 - TALLAHASSEE, FL 32302 | 59-0975338 | 501(C)(6) | 10,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| GREENBLUE INSTITUTE 600 EAST WATER STREET CHARLOTTESVILLE, VA 22902 | 01-0706799 | 501(C)(3) | 21,875. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| HAWAII DIVISION OF FORESTRY AND WILDLIFE - 1151 PUNCHBOWL STREET, ROOM 325 - HONOLULU, HI 96813 | 99-0266119 | GOVERNMENT | 10,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| IDAHO FOREST PRODUCTS COMMISSION 350 N. 9TH, SUITE 102 BOISE, ID 83702 | 82-0454604 | GOVERNMENT | 12,500. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| KANSAS ASSOCIATION FOR CONSERVATION AND ENVIRONMENTAL EDUCATION - 2610 CLAFLIN - MANHATTAN, KS 66502 | 48-0850919 | 501(C)(3) | 15,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| KENTUCKY ASSOCIATION FOR ENVIRONMENTAL EDUCATION - 396 CRISSY STREET - UPTON, KY 42784 | 61-1208924 | 501(C)(3) | 18,940. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MARYLAND ASSOCIATION FOR ENVIRONMENTAL & OUTDOOR EDUCATION (MAEOE) - 3430 2ND STREET, SUITE 300 - BROOKLYN, MD 21225 | 52-1900328 | 501(C)(3) | 17,200. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| MAINE TREE FOUNDATION 535 CIVIC CENTER DRIVE AUGUSTA, ME 04330 | 01-0453264 | 501(C)(3) | 14,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| MANOMET P.O. BOX 1770 MANOMET, MA 02345-1770 | 22-3051362 | 501(C)(3) | 25,500. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| MISSISSIPPI FORESTRY FOUNDATION 620 N. STATE STREET, SUITE 201 JACKSON, MS 39202-3398 | 64-6038093 | 501(C)(3) | 7,354. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| MSU EXTENSION FORESTRY 2 CAMPUS DRIVE, MS 0606 MISSOULA, MT 59812-0606 | 81-6010045 | 501(C)(3) | 8,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| NATURE CONSERVANCY - ATLANTA 100 PEACHTREE STREET NW, SUITE 2250 ATLANTA, GA 30303-1913 | 53-0242652 | 501(C)(3) | 25,600. | 0. | | | CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE |
| NATURESERVE 2550 SOUTH CLARK STREET, SUITE 930 ARLINGTON, VA 22202 | 52-1884438 | 501(C)(3) | 45,000. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| NC STATE UNIVERSITY, EXTENSION FORESTRY - BOX 8008 - RALEIGH, NC 27695-8008 | 56-6000756 | 501(C)(3) | 7,056. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| CALIFORNIA SAF PO BOX 1034 MURPHYS, CA 95247 | 53-0204630 | 501(C)(3) | 10,000. | 0. | | | CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| OREGON STATE UNIVERSITY<br>PO BOX 1086<br>CORVALLIS, OR 97339 | 61-1730890 | 501(C)(3) | 13,333. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| PACIFIC EDUCATION INSTITUTE<br>724 COLUMBIA STREET NW<br>OLYMPIA, WA 98501 | 75-3108166 | 501(C)(3) | 25,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| PROJECT LEARNING TREE - OHIO<br>2045 MORSE ROAD, BLDG H-1<br>COLUMBUS, OH 43229 | 31-1286951 | 501(C)(3) | 13,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| ROANOKE ECONOMIC DEVELOPMENT, INC.<br>PO DRAWER 1326<br>AHOSKIE, NC 27910 | 56-2182551 | 501(C)(3) | 10,000. | 0. | | | CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE |
| SIERRA NEVADA JOURNEYS<br>190 E. LIBERTY STREET<br>RENO, NV 89501 | 01-0881587 | 501(C)(3) | 14,919. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| SOUTH CAROLINA FORESTRY COMMISSION<br>PO BOX 21707<br>COLUMBIA, SC 29221 | 57-0702583 | 501(C)(3) | 7,405. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| SOUTH CAROLINA FORESTRY FOUNDATION<br>4901 BROAD RIVER ROAD<br>COLUMBIA, SC 29212 | 57-0702583 | 501(C)(3) | 14,516. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| SOUTH DAKOTA PROJECT LEARNING TREE<br>2218 JACKSON BLVD, SUITE #10<br>RAPID CITY, SD 57702 | 80-0046020 | 501(C)(3) | 12,405. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| TEXAS FORESTRY ASSOCIATION<br>PO BOX 1488<br>LUFKIN, TX 75902-1488 | 27-2501071 | 501(C)(3) | 11,476. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UGA RESEARCH FOUNDATION, INC<br>310 EAST CAMPUS ROAD, TUCKER HALL,<br>ATHENS, GA 30602 | 58-1353149 | 501(C)(3) | 14,951. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| UNIVERSITY OF CALIFORNIA<br>2801 SECOND STREET<br>DAVIS, CA 95618 | 94-6036494 | 501(C)(3) | 7,000. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| UNIVERSITY OF MAINE<br>OFFICE OF RESEARCH ADMINISTRATION,<br>5717 CORBETT HALL - ORONO, ME<br>04469 | 01-6000769 | 501(C)(3) | 30,000. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| UTAH SOCIETY FOR ENVIRONMENTAL<br>EDUCATION - PO BOX 721 - SALT LAKE<br>CITY, UT 84110 | 94-2792054 | 501(C)(3) | 14,242. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| VIRGINIA POLYTECHNIC INSTITUTE AND<br>STATE UNIVERSITY - NORTH END<br>CENTER (MC 0312), SUITE 3300, 300<br>TURNER STREET NW - BLACKSBURG, VA | 54-6001805 | GOVERNMENT | 20,000. | 0. | | | FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND |
| VERMONT DEPARTMENT OF FORESTS,<br>PARKS AND RECREATION - 1 NATIONAL<br>LIFE DRIVE, DEWEY 2 - MONTPELIER,<br>VT 50620 | 03-6000274 | 501(C)(3) | 9,970. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| WYOMING PROJECT LEARNING TREE<br>P.O. BOX 157<br>ALCOVA, WY 82620 | 31-1581080 | 501(C)(3) | 17,910. | 0. | | | CAPACITY BUILDING FOR ENVIRONMENTAL EDUCATION |
| WENATCHEE VALLEY MUSEUM & CC<br>127 S. MISSION STREET<br>WENATCHEE, WA 98801 | 91-6054055 | 501(C)(3) | 10,000. | 0. | | | CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE |
| | | | | | | | |

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

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



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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN BIRD CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: BLACK FAMILY LAND TRUST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE PROFESSIONALS, UNDERSERVED COMMUNITITES, AND INDIGENOUS COMMUNITIES.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: GREENBLUE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: MANOMET

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY - ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE PROFESSIONALS, UNDERSERVED COMMUNITITES, AND INDIGENOUS COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NATURESERVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA SAF

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE PROFESSIONALS, UNDERSERVED COMMUNITITES, AND INDIGENOUS COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE ECONOMIC DEVELOPMENT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE PROFESSIONALS, UNDERSERVED COMMUNITITES, AND INDIGENOUS COMMUNITIES.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: UGA RESEARCH FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MAINE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT:
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOREST CONSERVATION RESEARCH. FOCUS AREAS INCLUDE BIODIVERSITY, WATER QUALITY, AND CLIMATE SCIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: WENATCHEE VALLEY MUSEUM & CC

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING AND COMMUNITY ENGAGEMENT. FOCUS AREAS INCLUDE NATURAL RESOURCE PROFESSIONALS, UNDERSERVED COMMUNITITES, AND INDIGENOUS COMMUNITIES.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

**▶ Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☒ Tax indemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (such as maid, chauffeur, chef) | | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | 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.<br>☒ Compensation committee<br>☐ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☒ Compensation survey or study<br>☒ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | 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? | 5a | | X |
| **b** | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization? | 6b | | X |
| | 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 | | X |
| **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 | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KATHY ABUSOW | (i) | 451,359. | 141,822. | 0. | 13,418. | 8,261. | 614,860. | 0. |
| PRESIDENT AND CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) NADINE BLOCK | (i) | 170,000. | 15,888. | 0. | 20,264. | 33,599. | 239,751. | 0. |
| CHIEF OPERATIONS OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JASON METNICK | (i) | 163,750. | 15,375. | 0. | 19,530. | 31,956. | 230,611. | 0. |
| SENIOR VP, CUSTOMER AFFAIRS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) PAUL TRIANOSKY | (i) | 158,875. | 15,888. | 0. | 17,561. | 11,280. | 203,604. | 0. |
| CHIEF CONSERVATION OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DANIEL PELLEGROM | (i) | 148,542. | 14,500. | 0. | 13,465. | 3,525. | 180,032. | 0. |
| VP, COMMUNICATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) GORDON MOUW | (i) | 115,000. | 2,300. | 0. | 10,446. | 31,991. | 159,737. | 0. |
| DIRECTOR, SFI PROGRAM PARTICIPANT RE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

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

PART I, LINE 1B:

KATHY ABUSOW'S TAXABLE COMPENSATION INCLUDES $9,627 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS SHE RECEIVED IN 2018.

| SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Transactions With Interested Persons ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | OMB No. 1545-0047 **2018** Open To Public Inspection |
|---|---|---|

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

Employer identification number: 80-0030060

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---|---|---|---|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | ▶ $ | | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part IV** **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| MICHAEL P. DOSS, PRESIDENT | BOARD MEMBER OF THE | 171,993. | PROGRAM FEE | | X |
| JIM IRVING, CO-CEO, JD IRV | BOARD MEMBER OF THE | 131,350. | PROGRAM FEE | | X |
| KEVIN EDGSON, PRESIDENT & | BOARD MEMBER OF THE | 51,301. | PROGRAM FEE | | X |
| BRENT KEEFER, PRESIDENT, H | BOARD MEMBER OF THE | 54,473. | PROGRAM FEE | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part V** **Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

MICHAEL P. DOSS, PRESIDENT & CEO GRRAPHIC PACKAGING INTERNATIONAL, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROGRAM FEES FOR THE USE OF SFI'S FOREST MANAGEMENT OR FIBER SOURCING STANDARDS.

(A) NAME OF PERSON: JIM IRVING, CO-CEO, JD IRVING LTD.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROGRAM FEES FOR THE USE OF SFI'S FOREST MANAGEMENT OR FIBER SOURCING STANDARDS.

(A) NAME OF INTERESTED PERSON:

KEVIN EDGSON, PRESIDENT & CEO, EACOM TIMBER CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROGRAM FEES FOR THE USE OF SFIS FOREST MANAGEMENT OR FIBER SOURCING STANDARDS.

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF INTERESTED PERSON:

BRENT KEEFER, PRESIDENT, HANCOCK TIMBER RESOURCE GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROGRAM FEES FOR THE USE OF SFIS FOREST MANAGEMENT OR FIBER SOURCING STANDARDS.

SCHEDULE L, PART IV

MICHAEL P. DOSS, PRESIDENT & CEO GRAPHIC PACKAGING INTERNATIONAL, INC. - RECEIVED 1.8% OF TOTAL REVENUE

JIM IRVING, CO-CEO, JD IRVING LTD. - RECEIVED 1.4% OF TOTAL REVENUE.

KEVIN EDGSON, PRESIDENT & CEO EACOM TIMBER CORPORATION. - RECEIVED 0.6% OF TOTAL REVENUE.

BRENT KEEFER, PRESIDENT, HANCOCK TIMBER RESOURCE GROUP. - RECEIVED 0.6% OF TOTAL REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

| Name of the organization | Employer identification number |
| --- | --- |
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTAL EDUCATION PROGRAM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PROVIDE FACILITIES, MANAGEMENT AND ADMINISTRATIVE SERVICES TO PROJECT LEARNING TREE CANADA, A NON-PROFIT INCORPORATED IN CANADA WITH A SIMILAR MISSION. SFI IS THE SOLE MEMBER OF PLT CANADA AND THE BOARD OF PROJECT LEARNING TREE (PLT) CANADA REPRESENTS A SUB-SET OF THE SFI BOARD.



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

THIS INNOVATIVE INITIATIVE WORKS WITH MARKET LEADERS TO PROMOTE SUSTAINABILITY ACROSS THE ENTIRE SUPPLY-CHAIN WITH OUTREACH TO PRIVATE LANDOWNERS AND MILLS. BY THE END OF 2018, OVER 10 MILLION ACRES OF FORESTS WERE NEWLY CERTIFIED TO THE SFI FOREST MANAGEMENT STANDARD THROUGH THE FOREST PARTNERS PROGRAM, INCLUDING STATE LANDS BY THE VIRGINIA DEPARTMENT OF FORESTRY AND STATE FORESTS OF THE FLORIDA FOREST SERVICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONSERVATION:

IN 2018, SFI CONTINUED ITS INVESTMENT IN RESEARCH THAT ADVANCES FORESTRY PRACTICES AND CONSERVATION SCIENCE. THE SFI STANDARDS REQUIRE PROGRAM PARTICIPANTS TO INVEST IN RESEARCH TO ADVANCE FORESTRY PRACTICES. IN 2018, $59 MILLION WAS INVESTED IN RESEARCH BY SFI PROGRAM

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

Employer identification number: 80-0030060

PARTICIPANTS IN MORE THAN 405 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 IS SUPPORTING RESEARCH TO MEASURE OUTCOMES RELATIVE TO WATER QUALITY, BIODIVERSITY AND SPECIES AT RISK, AND CLIMATE CHANGE - RANGING FROM CARBON TO FOREST HEALTH. EIGHTEEN PROJECTS HAVE BEEN FUNDED, MEASURING EVERYTHING FROM WATER QUALITY TO CARIBOU HABITAT. SFI INC. CONVENED A "SOUNDING BOARD" OF DIVERSE SCIENTISTS AND LEADERS FROM THE CONSERVATION COMMUNITY TO ENSURE OBJECTIVITY AND RELEVANCE OF CONSERVATION IMPACT RESULTS. TWO MEETINGS WERE HELD IN 2018 TO SHARE RESULTS AND IDEAS.

EXPENSES $ 1,096,071. INCLUDING GRANTS OF $ 411,211. REVENUE $ 37,880.

COMMUNITY:

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 2018, SICS PROVIDED TRAINING TO OVER 11,000 RESOURCE AND LOGGING PROFESSIONALS, BRINGING THE TOTAL TRAINED TO OVER 192,000.

SFI SUPPORTED 18 COMMUNITY GRANTS THAT FEATURED COLLABORATION BETWEEN SFI AND A DIVERSE RANGE OF PEOPLE FROM 102 ORGANIZATIONS TO SUPPORT COMMUNITY PROJECTS.

EXPENSES $ 917,638. INCLUDING GRANTS OF $ 358,470. REVENUE $ 341,349.

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

Employer identification number: 80-0030060

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

OFFICERS, BOARD MEMBERS AND MANAGEMENT ALL REVIEW THE FULL 990 PRIOR TO FILING WITH THE IRS AND ARE GIVEN AN OPPORTUNITY FOR COMMENT.

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

SFI'S CONFLICT OF INTEREST POLICY FOR BOARD AND STAFF, WHICH ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES RECEIVE, PROVIDES THAT BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES HAVE A CONTINUING OBLIGATION TO REPORT CONFLICTS AND MUST PROMPTLY REPORT ANY CONFLICT THAT HAS NOT PREVIOUSLY BEEN REPORTED.

BOARD DIRECTORS THAT ARE DEEMED TO HAVE A CONFLICT OF INTEREST BASED ON THE ABOVE PROCESSES MUST ABSTAIN FROM PARTICIPATING IN THE DISCUSSION AND VOTE ON ANY TRANSACTION OR ITEM WHEREIN A CONFLICT EXISTS.  OFFICERS AND KEY EMPLOYEES ARE NOT PERMITTED TO PARTICIPATE IN A DECISION IN WHICH THEY HAVE A CONFLICT OF INTEREST.



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

SFI EVALUATES CEO AND EXECUTIVE MANAGEMENT COMPENSATION AGAINST PUBLISHED SOURCES APPLICABLE TO THE SECTOR. THE AUDIT & COMPENSATION COMMITTEE REVIEWS ANY COMPENSATION ADJUSTMENT FOR THE CEO. THE PRESIDENT/CEO DOES NOT PARTICIPATE IN THIS REVIEW AND ABSTAINS FROM THE MEETING OF THE COMMITTEE. AFTER THOROUGH REVIEW AND OTHER RELEVANT INFORMATION, INCLUDING PERFORMANCE REVIEW, THE AUDIT & COMPENSATION COMMITTEE DETERMINES CEO COMPENSATION. THIS PROCESS RECENTLY TOOK PLACE IN 2018.

THE CEO, IN COMBINATION WITH THE SENIOR LEADERSHIP TEAM RETAINS THE RIGHT TO SET ALL OTHER EMPLOYEE COMPENSATION

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

Employer identification number: 80-0030060

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,CO,GA,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OK,OR,PA,RI,SC,TN,UT VA,WV,WI,FL

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

SFI'S GOVERNING DOCUMENTS, COMPLAINT RESOLUTION, AND OPERATIONS AS A PUBLIC CHARITY, GOALS AND PRIORITIES AND STANDARDS TRANSPARENCY OPERATIONS POLICY ARE AVAILABLE ON SFI'S WEBSITE. THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND THE FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 60,032. |
| MANAGEMENT AND GENERAL EXPENSES | 22,452. |
| FUNDRAISING EXPENSES | 11,657. |
| TOTAL EXPENSES | 94,141. |

WARDLE CONSULTING: MARKETING AND COMMS CONSULTANT :

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 69,133. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 69,133. |

LAST CALL ANALYTICS:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 98,718. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |

| Name of the organization | Employer identification number |
|---|---|
| SUSTAINABLE FORESTRY INITIATIVE INC. | 80-0030060 |

| | |
|---|---|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 98,718. |
| | |
| JAMES GRIFFITHS & ASSOCIATES : | |
| PROGRAM SERVICE EXPENSES | 142,152. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 142,152. |
| | |
| OTHER CONTRACTORS/CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 847,849. |
| MANAGEMENT AND GENERAL EXPENSES | 89,732. |
| FUNDRAISING EXPENSES | 79,723. |
| TOTAL EXPENSES | 1,017,304. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,421,448. |

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
**2018**
**Open to Public Inspection**

Name of the organization: SUSTAINABLE FORESTRY INITIATIVE INC.

**Employer identification number** 80-0030060

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DRAFT

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| PROJECT LEARNING TREE CANADA - 79-7462884<br>1306 WELLINGTON STREET WEST, SUITE 400<br>OTTAWA, ON, OTTAWA, CANADA KY1Y 3B2 | TO FOSTER COMMUNITY INTEREST IN THE BENEFITS OF ENVIRONMENTAL EDUCATION | CANADA | | | SUSTAINABLE FORESTRY INITIATIVE | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2018**

SEE PART VII FOR CONTINUATIONS

832161 10-02-18 LHA

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

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

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

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

DRAFT

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

| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | X |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | X |
| **e** Loans or loan guarantees by related organization(s) | 1e | | X |
| **f** Dividends from related organization(s) | 1f | | X |
| **g** Sale of assets to related organization(s) | 1g | | X |
| **h** Purchase of assets from related organization(s) | 1h | | X |
| **i** Exchange of assets with related organization(s) | 1i | | X |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| **o** Sharing of paid employees with related organization(s) | 1o | X | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | X |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | X | |
| **r** Other transfer of cash or property to related organization(s) | 1r | X | |
| **s** Other transfer of cash or property from related organization(s) | 1s | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) SUSTAINABLE FORESTRY INITIATIVE | B | 215,122. | |
| (2) SUSTAINABLE FORESTRY INITIATIVE | Q | 349,756. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor-tionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Part VII Supplemental Information.**

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PROJECT LEARNING TREE CANADA

PRIMARY ACTIVITY: TO FOSTER COMMUNITY INTEREST IN THE BENEFITS OF

ENVIRONMENTAL EDUCATION AND