PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1908 **Return of Organization Exempt From Income Tax**

Form **99**

Department of the Treasury Internal Revenue Service

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

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

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



| <u>A</u> I | A For the 2021 calendar year, or tax year beginning and ending | | | | | | |
|------------------|--|--|-------------|----------------------------------|-----------------------------------|--|--|
| B c | Check if applicable | e: C Name of organization | | D Employer identification number | | | |
| | Addre | WORLD FORESTRY CENTER | | | | | |
| | Name chang | | | 93-6034757 | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final return/ | 4033 SW CANYON RD. | | 503-228-2 | | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,539,621. | | |
| | Ameno | FORTHAND, OR 97221 | | H(a) Is this a group re | | | |
| | Applic tion | F Name and address of principal officer: OOBLEFIT FORTA | | for subordinates | ? Yes X No | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | | | |
| | | empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$ | or 527 | If "No," attach a | list. See instructions | | |
| | | te: WWW.WORLDFORESTRY.ORG | | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other ► | L Year | of formation: 1964 N | I State of legal domicile: OR | | |
| Pa | art I | Summary | | | | | |
| Ð | 1 | Briefly describe the organization's mission or most significant activities: | | N IS TO CREA | ATE AND | | |
| uc nc | | INSPIRE CHAMPIONS OF SUSTAINABLE FORESTRY | | | | | |
| Governance | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | | | | |
| Š | 3 | | | <u> </u> | | | |
| | 1 . | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | |
| es | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | 20 | | | |
| Activities & | | Total number of volunteers (estimate if necessary) | | | 14 | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u> </u> | | 0. | | |
| | | | | Prior Year 889,983. | <u>Current Year</u> 1,131,903. | | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 213,937. | 208,735. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 265,433. | 844,068 | | |
| Be | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -367,049. | -282,607 | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,002,304. | 1,902,099 | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | <u>1,002,304</u> . 0. | <u> </u> | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,213,940. | 866,042. | | |
| Expenses | 16-2 | Professional fundraising fees (Part IX, column (A), line 11e) | | 6,000. | 165,000. | | |
| Sen | 10a | Total fundraising expenses (Part IX, column (D), line 25) • 465, 9 | 54. | 0,000. | 100,000. | | |
| ĔXĔ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 998,387. | 1,172,789. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,218,327. | 2,203,831. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -1,216,023. | -301,732. | | |
| or | | | | ginning of Current Year | End of Year | | |
| ets (| 20 | Total assets (Part X, line 16) | | 20,424,492. | 22,293,755. | | |
| Assets Balanc | 21 | Total liabilities (Part X, line 26) | | 513,298. | 649,293. | | |
| Net | 1 | Net assets or fund balances. Subtract line 21 from line 20 | | 19,911,194. | 21,644,462. | | |
| Pa | art 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 | | Signature of | officer | | | | | Da | te | | |
|-------------|---|----------------|------------------|------------|----------------------|-----|----------|-----|---------------------|---------|-----|
| Here | | JOSEPH | I FURIA, | EXECUTIVE | E DIRECTOR | AND | PRESIDEN | T | | | |
| | | Type or print | t name and title | | | | | | | | |
| | Prin | t/Type prepare | er's name | | Preparer's signature | | Dat | е | Check | PTIN | |
| Paid | KAI | RIN S. | WANDTKE | | | | | | if self-employed | P001727 | 15 |
| Preparer | Firm | n's name 🕒 | MCDONALI | D JACOBS, | P.C. | | | Fir | m's EIN ▶ 93 · | -090057 | 9 |
| Use Only | Firm | n's address 🕨 | 520 SW 1 | YAMHILL S' | r., ste 50 | 0 | | | | | |
| | | | PORTLAN | D, OR 9720 | 04 | | | Ph | one no. (503 |) 227-0 | 581 |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |
| 132001 12-0 | 32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) | | | | | | | | | | |

| Form | 990 (2021) WORLD FORESTRY CENTER 93-6034757 Page 2 |
|-------|--|
| Pa | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | OUR PROGRAMS ARE DESIGNED TO SUPPORT OUR VISION OF A SOCIETY THAT |
| | VALUES AND TAKES ACTION TO SUPPORT THE ECONOMIC, ECOLOGICAL AND SOCIAL |
| | BENEFITS OF FORESTS. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| - | 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 \$715,071. including grants of \$) (Revenue \$208,735.) |
| ти | PROFESSIONAL PROGRAMS - WE DRIVE PROBLEM-SOLVING BY CURRENT AND FUTURE |
| | FORESTRY PROFESSIONALS. WE ACCOMPLISH THIS THROUGH EVENTS AND PROGRAMS |
| | LIKE OUR ANNUAL WHO WILL OWN THE FOREST? CONFERENCE, ONE OF THE LARGEST |
| | TIMBERLAND INVESTMENT CONFERENCES IN THE WORLD; CONVENINGS AND |
| | WORKSHOPS LIKE THE OREGON GOVERNOR'S COUNCIL ON WILDFIRE. |
| | WORKSHOPS LIKE THE OREGON GOVERNOR 5 COUNCIL ON WILDFIRE. |
| | |
| | |
| | |
| | |
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| | |
| | |
| 4b | (Code:) (Expenses \$738,250. including grants of \$) (Revenue \$) (Revenue \$) |
| | PUBLIC PROGRAMS - WE CREATE EXPERIENCES THAT CONNECT THE PUBLIC TO ITS |
| | INTERDEPENDENCE WITH FORESTS. THE HEART OF THIS WORK IS OUR DISCOVERY |
| | MUSEUM, WHICH FEATURES INFORMATION ON THE NATURAL SYSTEMS, STRUCTURES, |
| | AND CYCLES OF FORESTS, THE HISTORY OF FORESTRY, CULTURE AND INNOVATION, |
| | AND THE CHALLENGES AND SOLUTIONS OF SUSTAINABLE FORESTRY. WE ALSO HOST |
| | PUBLIC EVENTS LIKE THE VIRTUAL WILDFIRE SUMMIT, A SERIES OF VIRTUAL |
| | TALKS THAT OUTLINED THE FULL IMPACTS OF MEGAFIRES ON OUR STATE AND |
| | REGION, DISCUSSED REAL SCIENCE-BACKED SOLUTIONS, AND ADDRESSED BARRIERS |
| | TO ACHIEVING SOLUTIONS. |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| τu | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses ► 1,453,321. |
| 5 | Form 990 (2021) |
| 12200 | |
| 13200 | 3 |
| | 5 |

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| Form | 990 | (2021) |
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Form 990 (2021) WORLD FORESTRY CENTER
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? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | х |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| 5 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| v | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | |
| • | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| - | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | 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 | | <u>X</u> |
| 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 | | | v |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 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 | | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 10 | | х |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | х | |
| 18 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | - 22 | |
| 10 | | 18 | | х |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | 10 | | |
| 13 | | 19 | | х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | | 20a | | |
| 21 | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | х |
| 132003 | 12-09-21 | | 990 | (2021) |

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|-------|-----|--------|
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| Form | 990 (2021) WORLD FORESTRY CENTER 93-6034 | 757 | Р | age 4 |
|--------|--|---------|---------|--------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X 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? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule J | 23 | х | |
| 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 | | |
| С | 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 | | ┝── |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 0.5 | | |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| 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 | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | <u> </u> |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 28a | | x |
| h | "Yes," complete Schedule L, Part IV | 20a | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | <u> </u> |
| • | "Yes," complete Schedule L, Part IV | 28c | х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 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 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 X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 54 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | 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 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 00 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance | 1 00 | | L |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1 | - | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| 10000 | (gambling) winnings to prize winners? | | 990 | (2021) |
| 132004 | ⁴ 12-09-21 5 | FOUL | 550 | (2021) |

^{2021.04030} WORLD FORESTRY CENTER

| | | | | Yes | N |
|--------|--|------------------------------|------------|-----|----------|
| 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 20 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction | S | | | |
| 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 on Schedule | 0 | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | |
| | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | | |
| 2 | were not tax deductible? | 0 | 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 ser | vices provided to the pavor? | 7a | х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | |
| 2 | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | e required | | | |
| C | to file Form 8282? | • | 7c | | X |
| А | If IN/ a literate the second and for any 2000 file data is a the second | 7d | | | - 23 |
| | | | 7e | | Х |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e 7f | | X |
| ۲ ۳ | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | N/ | |
| g L | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g 7b | N/ | |
| о П | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai | | 7h | 117 | <u>n</u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | ۰ ۲/۸ | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | N/A | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | NT / 7 | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | N/A | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | - | | |
| 1 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders N/A | 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 | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 1 | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A | 12b | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | N/A | <u>13a</u> | | |
| | 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 | | | | |
| | 0 | 13b | | | |
| | Enter the amount of reserves on hand | 13c | | | |
| 4a | 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 on Schedu | | 14b | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 6 | 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. | | | | |
| | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | any | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |

| Form | 990 (2021) WORLD FORESTRY CENTER | 9: | 3-60347 | 757 | Р | age 6 |
|---------------------------|---|---|----------------|------------------------|--------|---------|
| | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | rouah 7b belov | v. and for a ' | 'No" r | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | | 100 | 110 |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | |
| h | Enter the number of voting members included on line 1a, above, who are independent | 1b | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | |
| - | officer, director, trustee, or key employee? | | | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| • | | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | F | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asse | | | 5 | | x |
| 6 | Did the organization have members or stockholders? | | Γ | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | ····· | 0 | | |
| 74 | more members of the governing body? | | | 7a | | x |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | 10 | | |
| D D | | | | 7b | | x |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | 75 | | |
| | | | | 8a | х | |
| a h | Free second the second s | | | oa 8b | X | |
| b | | | ····· | uo | 21 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac | | | 9 | | x |
| Sec | organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Rev | | | 9 | | 1 23 |
| 000 | tion B. Ponoicos (This Section B requests information about policies not required by the internal Rev | <u>'enue Code.)</u> | | | Yes | No |
| 100 | Did the exception have lead chapters, branches, or affiliated? | | ſ | 10a | 162 | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | - 23 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | 106 | | |
| 440 | | hoforo filina th | F | 10b | х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | belore ming th | | <u>11a</u> | Δ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 10- | Х | |
| | 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 | | ····· | 12b | л | |
| С | Disk the experimention was double and experimently require and enforce experimentation of which the realized of the | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | 10- | v | |
| 10 | on Schedule O how this was done | · · · · · · · · · · · · · · · · · · · | | 12c | X | |
| 13 | on Schedule O how this was done Did the organization have a written whistleblower policy? | · | | 13 | Х | |
| 14 | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | | | |
| | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval | | | 13 | Х | |
| 14 15 | on Schedule O how this was done | by independer | nt | <u>13</u> 14 | X X | |
| 14 15 a | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | by independer | nt | 13 14 15a | Х | ~ |
| 14 15 | on Schedule O how this was done Did the organization have a written whistleblower policy? | by independer | nt | <u>13</u> 14 | X X | X |
| 14 15 a b | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | by independer | nt | 13 14 15a | X X | X |
| 14 15 a b | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | by independer ent with a | nt | 13 14 15a 15b | X X | |
| 14 15 a b 16a | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? | by independer ent with a | nt | 13 14 15a | X X | X |
| 14 15 a b 16a | on Schedule O how this was done | by independer ent with a eits participatio | nt | 13 14 15a 15b | X X | |
| 14 15 a b 16a | on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? | by independer ent with a e its participatio zation's | nt | 13 14 15a 15b | X X | |

17 List the states with which a copy of this Form 990 is required to be filed \triangleright OR

| 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. | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial | | | | | | |

statements available to the public during the tax year.

| | SARAH HORTON - (503) 228-1367 | |
|----|--|---|
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | ▶ |

4033 SW CANYON RD., PORTLAND, OR 97221

132006 12-09-21

7 2021.04030 WORLD FORESTRY CENTER Form **990** (2021)

9861___1

| Form 990 (2021) | WORLD FORESTRY CENTER | 93-6034757 Page 7 | | | | | |
|--|--|---|--|--|--|--|--|
| Part VII Compens | Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | |
| Employees, and Independent Contractors | | | | | | | |
| Check if Sch | edule O contains a response or note to any line in this Part VII | | | | | | |
| Section A. Officers, D | rectors, Trustees, Key Employees, and Highest Compensated Emplo | yees | | | | | |
| 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 orgar | ization's current officers, directors, trustees (whether individuals or organ | nizations), regardless of amount of compensation. | | | | | |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
|--------------------------------|------------------------|-------------------------------|---|---------|--------------|---------------------------------|--------------|-----------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | | | ne | Reportable | Reportable | Estimated |
| | hours per | box, | box, unless person is both | | an | compensation | compensation | amount of | | |
| | week | | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or dir | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | e | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization and related |
| | organizations below | ual tr | tional | | vold | t con | _ | 1099-NEC) | | organizations |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOSEPH FURIA | 40.00 | _ | _ | | - | <u> </u> | | | | |
| EXECUTIVE DIRECTOR & PRESIDENT | | | | х | | | | 201,942. | 0. | 13,095. |
| (2) SARAH HORTON | 40.00 | | | | | | | | | |
| COO & CFO | | | | Х | | | | 138,330. | 0. | 10,479. |
| (3) CRAIG BLAIR | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (4) SAM COOK | 1.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) STEPHEN LEVESQUE | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (6) VICTOR HALEY | 3.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) JEFF NUSS | 2.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) NILS CHRISTOFFERSEN | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) DOCTOR THOMAS DELUCA | 1.00 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (10) DOCTOR THOMAS EASLEY | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) GREG FULLEM | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) KARIM KHALIFA | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) COURT STANLEY | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) TIFFANIE STARR | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) KAARSTEN TURNER | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | L | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | 900 (0001) |

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132007 12-09-21

Form 990 (2021)

93-603/757

19141005 781409 9861

2021.04030 WORLD FORESTRY CENTER

| | 990 (2021) WORLD FOF | | - | _ | | | | | | 93-60 |)347 | 757 | Pa | ge 8 |
|--|--|---|---|------------------------|----------|------------------|---------------------------------|---|--|--|---------|------------------------------------|---|---------------|
| Par | t VII Section A. Officers, Directors, Trust | | oloye | ees, | | | ghes | t C | | , , | — | | | |
| | (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more the box, unless person is officer and a director/ | | | than o s both | an | (D) Reportable compensation from | (E) Reportable compensation from related organizations | | am (| (F) timated ount co other | of | |
| | | hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organization (W-2/1099-MIS 1099-NEC) | SC/ | fro orga and | pensat om the anization relate nization | e on ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | <u> </u> | | <u> </u> | | 340,272. | | 0. | 23 | 8,57 | |
| d | Total from continuation sheets to Part VII Total (add lines 1b and 1c) | | | | | | | | 0. 340,272. | 000 of roportable | 0. | 23 | 8,57 | 0. 74. |
| 2 | Total number of individuals (including but no compensation from the organization | St limited to th | ose | liste | u ab | ove |) wn | ore | eceived more than \$100, | | · | | | 2 |
| 3 | Did the organization list any former officer, | , | , | | • | | | 0 | | 5 | ſ | 3 | Yes | No X |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from the | ne organization | | 4 | x | |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors | | | | | | | | | | | 5 | | x |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | • | • | | | | | | | • | ensat | ion fro | m | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ervices | C | (C ompen | | l |
| COMMUNITY COUNSELLING SERVICE CO LLC, 527 MADISON AVENUE, FIFTH FLOOR, NEW YORK, NY LEVER ARCHITECTURE PC, 4713 N ALBINA AVE, ARCHITECTURAL DESIGN | | | | | | | | | 165 | 5,00 | 0. | | | |
| | I FLOOR, PORTLAND, OR 9 | | | | | | , | | SERVICES | | | 157 | 7,35 | 50. |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | • | ot lin | niteo | d to f | thos 2 | | ted | above) who received mo | ore than | | | | |
| | | | | | | | | | | | | Form S | 990 (2 | 021) |

132008 12-09-21

| Pa | rτv | /111 | Check if Schedule O | | | onee (| or note to any line | a in this Part VIII | | | |
|---|-------------------|------------------|--|--|---|----------------------|---|------------------------|--|---|---|
| | | | | | an 15 a 165µ | | ST TIOLE LO ALLY III I | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| rvice Contributions, Gifts, Grants e and Other Similar Amounts | | b d e f | Membership dues Fundraising events | ributio grant d abov lines 1 S | 1b 1c 1c 1d ons) 1e s, and e 1f a-1f 1g | | 71,200. 821,371. 239,332. ▶ Business Code 900099 | 1,131,903. 208,735. | 208,735. | | |
| Program Service Revenue | | | All other program service Total. Add lines 2a-2f | rever | nue | | | 208,735. | | | |
| | 3 4 5 | | Investment income (inclue other similar amounts) Income from investment of Royalties | of tax | -exempt b | ond p | | 145,125. | | | 145,125. |
| | | a b | Gross rents | 6a 6b 6c | (i) Re 207 | al ,989. ,776. | (ii) Personal | | | | |
| ər | 7 | d a | Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | ₅₎ 7a 7b | (i) Secur 2 , 845 , | ities ,869. | (ii) Other | -281,787. | | | -281,787. |
| Other Revenue | 8 | d | Gain or (loss) Net gain or (loss) Gross income from fundraisi including \$ | ing ev | ents (not of | ,943. | ► | 698,943. | | | 698,943. |
| | 9 | с | contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamir | fund | raising eve | ents | ► | | | | |
| | 10 | С | Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, | gami less r | ng activiti eturns | es | > | | | | |
| sn | 11 | c | and allowances Less: cost of goods sold Net income or (loss) from | sales | of invent | ory | | -820. | | | -820. |
| Miscellaneous Revenue | | b c d | All other revenue | | | | | | | | |
| 13200 | 12 9 12 | | Total revenue. See instruction | | | | | 1,902,099. | 208,735. | 0. | 561,461. Form 990 (2021) |

WORLD FORESTRY CENTER

132009 12-09-21

Form 990 (2021)

19141005 781409 9861

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93-6034757

WORLD FORESTRY CENTER Part IX Statement of Functional Expenses

| o n | Check if Schedule O contains a respons ot include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|------|--|-----------------------|------------------------|-----------------------|----------------------------|
| o, 8 | 3b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 363,846. | 231,323. | 45,635. | 86,888 |
| | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | 496,966. | 315,957. | 62,332. | 118,677 |
| | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 32,905. | 20,920. | 4,127. | 7,858 |
| | Other employee benefits | 32,905. 87,703. | 55,759. | 4,127. 11,000. | 20,944 |
| | Payroll taxes | -115,378. | -73,354. | -14,471. | 7,858 20,944 -27,553 |
| | Fees for services (nonemployees): | - | · | . | • • • |
| | Management | | | | |
| | Legal | 2,276. | 1,646. | 612. | 18 |
| | Accounting | 24,632. | 17,812. | 6,625. | 195 |
| | Lobbying | | _ , , | ., | |
| | Professional fundraising services. See Part IV, line 17 | 165,000. | | | 165,000 |
| | Investment management fees | 62,726. | | 62,726. | |
| | Other. (If line 11g amount exceeds 10% of line 25, | 0277201 | | 02,7200 | |
| - | column (A), amount, list line 11g expenses on Sch O.) | 152,606. | 110,354. | 41,045. | 1 207 |
| | Advertising and promotion | 56,937. | 22,545. | 41,045. | <u> </u> |
| | | 44,277. | 13,345. | 13,528. | 17,404 |
| | Office expenses | 35,800. | 25,888. | 9,629. | 283 |
| | Information technology | 55,000. | 23,000. | 5,025• | 205 |
| | Royalties | 155,487. | 116,282. | 32,406. | 6,799 |
| | | 133,407. | 110,202. | 52,400. | 0,199 |
| | Travel | | | | |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 12 (11 | 12 (11 | | |
| | Conferences, conventions, and meetings | 43,641. | 43,641. | | |
| | | | | | |
| | Payments to affiliates | | 400 720 | F 10F | |
| | Depreciation, depletion, and amortization | 439,776. | 408,732. | 5,175. | 25,869 |
| | | 33,386. | 21,226. | 4,187. | 7,973 |
| | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| | PROGRAM EXPENSES | 121,245. | 121,245. | | |
| b | | ,, | ,, | | |
| c | | | | | |
| d | - | | | | |
| | All other expenses | | | | |
| | · | 2,203,831. | 1,453,321. | 284,556. | 465,954 |
| | Total functional expenses. Add lines 1 through 24e | 2,20J,0JI. | ±,=JJ,J41• | 204,330. | =05,334 |
| | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | | | | | |

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2021.04030 WORLD FORESTRY CENTER

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Form 990 (2021)

Form 990 (2021) Part X Balance Sheet WORLD FORESTRY CENTER

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| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
|-----------------------------|-----|--|---------------------------------|----------------------------------|---------------------------------|----------------------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 433,354. | 1 | 728,998. |
| | 2 | Savings and temporary cash investments | | | 414,105. | 2 | 247,847. |
| | 3 | Pledges and grants receivable, net | | | 256,304. | 3 | 84,500. |
| | 4 | Accounts receivable, net | | | 161,094. | 4 | 125,574. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| | | controlled entity or family member of any of thes | e perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| s | 7 | Notes and loans receivable, net | Notes and loans receivable, net | | | | |
| Assets | 8 | Inventories for sale or use | | | 2,053. | 8 | 0. |
| Ř | 9 | Prepaid expenses and deferred charges | | | 1,730. | 9 | 5,452. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | <u>17,728,145</u> 11,842,328. | | | |
| | b | Less: accumulated depreciation | 5,763,418. | 10c | 5,885,817. | | |
| | 11 | Investments - publicly traded securities | | 3,180,942. | 11 | 3,125,880. | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 10,211,492. | 15 | 12,089,687. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 20,424,492. | 16 | 22,293,755. |
| | 17 | Accounts payable and accrued expenses | 153,968. | 17 | 505,132. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 89,858. | 19 | 144,161. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | Part IV o | of Schedule D | | 21 | |
| ŝ | 22 | Loans and other payables to any current or form | er office | er, director, | | | |
| liti | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of thes | ns | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrela | ted third | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 269,472. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24). | Complete Part X | | | |
| | | of Schedule D | ······ | F12 000 | 25 | C 4 0 0 0 0 | |
| | 26 | | | N 77 | 513,298. | 26 | 649,293. |
| s | | Organizations that follow FASB ASC 958, che | ck here | | | | |
| JCe | | and complete lines 27, 28, 32, and 33. | | | | | 9 500 402 |
| alar | 27 | Net assets without donor restrictions | 8,459,655. 11,451,539. | 27 | 8,599,492. | | |
| ä | 28 | Net assets with donor restrictions | 11,451,559. | 28 | 13,044,970. | | |
| ň | | Organizations that do not follow FASB ASC 9 | | | | | |
| г Ц | | and complete lines 29 through 33. | | | | | |
| ŝţ | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSe | 30 | Paid-in or capital surplus, or land, building, or ec | | Г | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | 19,911,194. | 31 | 21 611 162 |
| ž | 32 | Total net assets or fund balances | | 20,424,492. | 32 | 21,644,462. 22,293,755. | |
| | 33 | Total liabilities and net assets/fund balances | | | 40,444,494. | 33 | Eorm 990 (2021) |

Form 990 (2021)

| Form | 990 (2021) WORLD FORESTRY CENTER | 93- | 6034757 | Pa | _{ge} 12 |
|------|---|----------|-----------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,90 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,20 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -30 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 19,91 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,76 | 5,5 | 28. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 26 | 9,4 | 72. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 21,64 | 4,4 | 62. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e 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 | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Aud | | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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.

| I | OMB No. 1545-0047 |
|---|------------------------------|
| | 2021 |
| | Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nam | e of t | he organization | | | | | | | identification number | | |
|-------|--------|--|------------------------|---|-------------------------------------|------------------|------------------|--------------|----------------------------|--|--|
| Par | + 1 | Reason for Public (| D FORESTRY | | | ia mant) C | | 9 | 3-6034757 | | |
| | | | | | | | ee instruction | 5. | | | |
| ſ | organi | zation is not a private found | | | | | | | | | |
| 1 | | A church, convention of ch | - | | | n 170(b)(1 | I)(A)(i). | | | | |
| 2 | | A school described in sect | | | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | - | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | l or operat | ed by a go | overnmental ur | nit describe | ed in | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 [| Х | An organization that norma | lly receives a substa | ntial part of its support fi | rom a gove | ernmental | unit or from th | e general p | oublic described in | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membershi | p fees, and | d gross receipts from | | |
| | | activities related to its exen | npt functions, subjec | t to certain exceptions; | and (2) no | more than | 33 1/3% of its | support fi | rom gross investment | | |
| | | income and unrelated busir | | | | | | | | | |
| | | See section 509(a)(2). (Co | mplete Part III.) | . , | | • | , , | | | | |
| 11 | | An organization organized a | | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | | | |
| 12 | | An organization organized a | - | | • | | | ry out the | purposes of one or | | |
| | | more publicly supported or | - | - | - | | | • | | | |
| | | lines 12a through 12d that | - | | | | | | | | |
| а | | Type I. A supporting orga | | | | | | - | aivina | | |
| | - | the supported organization | - | - | • • • • | - | | | | | |
| | | organization. You must o | | | ·····j-···j - | | | | 1-1 | | |
| b | | Type II. A supporting org | - | | ion with its | s supporte | ed organization | n(s), by hay | rina | | |
| - | | control or management o | - | | | | • | | - | | |
| | | organization(s). You mus | | | | | | | | | |
| с | | Type III functionally inte | • | | in connect | tion with a | and functional | v integrate | d with | | |
| • | | its supported organization | • • | | | | | y integrate | | | |
| d | |] Type III non-functionally | | | | | | ted organiz | ration(s) | | |
| ŭ | | that is not functionally int | | | | | | - | | | |
| | | requirement (see instruct | | | • | | - | anationti | | | |
| • | | Check this box if the orga | , | • | | | | | | | |
| e | | functionally integrated, or | | | | | турет, турет | i, iype iii | | | |
| f | Ento | r the number of supported of | ,, | , | 0 0 | ation. | | | | | |
| | | ride the following information | - | d organization(s) | | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed | (v) Amount of | monetary | (vi) Amount of other | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No No | support (see in | structions) | support (see instructions) | | |
| | | | | above (see instructions)) | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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

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

| Sec | ction A. Public Support | | | | | | | | |
|-----------|---|-----------|-----------------|------------|----------|-------------------|--------------------------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 869,608. | 2437407. | 448,732. | 889,983. | 1131903. | 5777633. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 869,608. | 2437407. | 448,732. | 889,983. | 1131903. | 5777633. | | |
| 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) | | | | | | 1288488. | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 4489145. | | |
| | ction B. Total Support | 1 | | [| [| | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| | Amounts from line 4 | 869,608. | 2437407. | 448,732. | 889,983. | 1131903. | 5777633. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | 1000550 | 1 | 4440005 | | | 4040004 | | |
| | and income from similar sources \dots | 1029668. | 1038223. | 1140325. | 165,797. | 844,068. | 4218081. | | |
| 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 | 0.01 0.00 | 1050504 | 100 000 | 005 140 | 110 000 | 0650070 | | |
| | assets (Explain in Part VI.) | 291,000. | 1858724. | 126,000. | 265,148. | | 2659072. | | |
| | Total support. Add lines 7 through 10 | | | | | | 12654786. | | |
| | Gross receipts from related activities, | ` | , | | | 12 | 216,504. | | |
| 13 | First 5 years. If the Form 990 is for the | | | | | | | | |
| <u>Sa</u> | organization, check this box and stor ction C. Computation of Publi | | | | | | | | |
| | | | | olump (f)) | | 14 | 35.47 % | | |
| | Public support percentage for 2021 (I Public support percentage from 2020 | | - | | | 15 | <u>35.47</u> % 37.31% | | |
| | 33 1/3% support test - 2021. If the c | | | | | | | | |
| 104 | stop here. The organization qualifies | | | | | | | | |
| h | 33 1/3% support test - 2020. If the c | | - | | | or more check thi | | | |
| ~ | and stop here. The organization qual | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | |
| | | | | | | | | | |
| | 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 | | | | | | | | |
| h | 10% -facts-and-circumstances test | • | • | | • | | | | |
| ~ | more, and if the organization meets th | - | | | | | | | |
| | organization meets the facts-and-circu | | | | | | | | |
| 18 | Private foundation. If the organization | | | | • • | | | | |
| | <u>x</u> | | | | | | (Form 990) 2021 | | |
| | | | | | | | | | |

132022 01-04-22

WORLD FORESTRY CENTER

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

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

| Sec | ction A. Public Support | | | | | | |
|-------|--|----------------------|----------------------|----------------------|--------------------|----------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | 1 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | |
| | | (a) 2017 | 6102 (d) | (C) 2019 | (d) 2020 | (e) 202 | 1 (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) orgai | nization, |
| | check this box and stop here | | | | | | > |
| Sec | ction C. Computation of Publi | <u>c Support Per</u> | rcentage | | | | |
| | Public support percentage for 2021 (I | | • | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2021. If the | - | | | | | line 17 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶∟ |
| b | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| - | Private foundation. If the organization | n did not check a | box on line 14, 19 | 9a, or 19b, check t | his box and see in | | |
| 13202 | 23 01-04-22 | | 16 | 5 | | Scheo | dule A (Form 990) 2021 |

WORLD FORESTRY CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

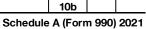
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

17

132024 01-04-21



| | (Form 990) 2021 | | FORESTRY | CENTER |
|---------|-------------------|-------------|----------|--------|
| Part IV | Supporting Organi | zations (co | ntinued) | |

2

Yes No

| | | | Yes | No |
|-----|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers | | | |

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

| Supervised. or controlled the supporting organization. | |
|--|--|
| Section C. Type II Supporting Organizations | |
| | |

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).*

| Section D. | All Type III | Supporting | Organizations |
|------------|--------------|------------|---------------|
|------------|--------------|------------|---------------|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the org | anization used to satisfy | the Integral Part Test durin | a 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 governm | nental entity (see instruction <u>s).</u> |
|------------|--|---|-------------------------|-------------------------|---|
|------------|--|---|-------------------------|-------------------------|---|

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

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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2021

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| Sche | edule A (Form 990) 2021 WORLD FORESTRY CENTER | | | 93-6034757 Page 6 |
|------|--|----------------|-----------------------------------|--------------------------------|
| Ра | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ng Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | lov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| 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 | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting org | anization (see |

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021

| Par | t V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | anizations _{(continu} | <u>led)</u> | |
|----------|---|-----------------------------------|---------------------------------------|-------------|---|
| Secti | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive |) | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ıs | (iii) Distributable Amount for 2021 |
| _1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

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Schedule A (Form 990) 2021

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| | (Form 990) 2021 WOR | LD FORESTRY | CENTER | 93-6034757 | Page 8 |
|---------|---|--|---|--|--------|
| Part VI | Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 | 1. Provide the explana 3c, 4b, 4c, 5a, 6, 9a, 9b | tions required by Part II, 9, 9c, 11a, 11b, and 11c; | line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section d 3b; Part V, line 1; Part V, Section B, line 1e; Pa | C, |
| | Section D, lines 5, 6, and 8; and F (See instructions.) | Part V, Section E, lines 2 | 2, 5, and 6. Also comple | te this part for any additional information. | , |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

93-6034757

| | WORLD | FORESTRY | | | | |
|--------------------------------|---------|----------|--|--|--|--|
| Organization type (check one): | | | | | | |
| Filers of: | Section | on: | | | | |

| | Section. |
|--------------------|--|
| Form 990 or 990-EZ | $\fbox{3}$ 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 |

CENTER

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

| Schedule E | 3 (Form | 990) | (2021) |
|------------|---------|------|--------|
|------------|---------|------|--------|

Name of organization

Part I

(a) No.

1

(a) No.

2

(a) No.

(a) No.

(a)

No.

(a)

No.

Page 2 Employer identification number

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|) | FORESTRY CENTER | | 93-6034757 | | | |
|---|---|---------------------------|--|--|--|--|
| | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
| | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution | | | |
| | | \$50,69 | Person X Payroll | | | |
| | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution | | | |
| | | \$ <u>821,37</u> | Person X Payroll | | | |
| | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution | | | |
| | | | Person | | | |

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

Payroll Noncash

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

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\$

(c)

Total contributions

(c)

Total contributions

Name of organization

Page 3

Employer identification number

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

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

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| Name of or | ganization | | Employer identification number | | |
|---------------------------|--|---|--|--|--|
| WORLD | FORESTRY CENTER | | 93-6034757 | | |
| Part III | Exclusively religious, charitable, etc., contribut |) through (e) and the following line entr | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations | | |
| | completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or le space is needed. | ess for the year. (Enter this info. once.) ▶ \$ | | |
| (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, a | nd 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, a | nd 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, a | nd 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, a | nd ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| 123454 11-11-; | 21 | | Schedule B (Form 990) (2021 | | |

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2021.04030 WORLD FORESTRY CENTER

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| Forn | HEDULE D n 990) ment of the Treasury Revenue Service | ► Complete if the Part IV, line 6, 7, 8, 9 | ntal Financial Statemen organization answered "Yes" on Form 95 , 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990. m990 for instructions and the latest info | 90, 12b. | | 20 | 1545-0047 |
|-------------|---|--|--|-------------|----------------|-------------------------------|-------------|
| ame | e of the organization | | | | Emp | oloyer identificat 93-6034 | |
| Par | | | ised Funds or Other Similar Fund | ls or Ac | coun | | |
| | | | (a) Donor advised funds | (| b) Fund | ds and other acc | ounts |
| 1 | Total number at er | nd of year | | | - | | |
| 2 | | f contributions to (during year) | | | | | |
| 3 | | f grants from (during year) | | | | | |
| 4 | | t end of year | | | | | |
| 5 | | | in writing that the assets held in donor adv | vised fund | ls | | |
| | are the organizatio | n's property, subject to the organizatio | n's exclusive legal control? | | | Yes | N |
| 6 | Did the organizatio | on inform all grantees, donors, and don | or advisors in writing that grant funds can b | be used or | nly | | |
| | for charitable purp | oses and not for the benefit of the don | or or donor advisor, or for any other purpos | e conferri | ng | | |
| | impermissible priva | | | | | Yes | N |
| Par | t II Conserv | ation Easements. Complete if the | e organization answered "Yes" on Form 990 | D, Part IV, | line 7. | | |
| 1 2 | Preservation Protection o Preservation Complete lines 2a | e e . | creation or education) | of a certi | fied his | | the last |
| | day of the tax year | | | | | Held at the End of | the lax yea |
| | | | | | 2a | | |
| | • | | | | 2b | | |
| | | vation easements on a certified historic | () | | 2c | | |
| d | | | ed after 7/25/06, and not on a historic struc | | | | |
| | listed in the Nation | nal Register | | | 2d | | |
| 3 | | | , released, extinguished, or terminated by t | | | | |

| • | bees the organization have a written policy regarding the periodic monitoring, inspection, harding of |
|---|---|
| | violations, and enforcement of the conservation easements it holds? |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |
| | ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |

| | ▶\$ | S | |
|----|--------|--|-------|
| 8 | | es 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 No |
| 9 | In Pa | art XIII, describe how the organization reports conservation easements in its revenue and expense statement and | |
| | balaı | ance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | |
| | orga | anization's accounting for conservation easements. | |
| Pa | rt III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |

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

| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | |
|---|---|------|--|--|
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv | | | | |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990. Part VIII. line 1 | ▶ \$ | | |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2021 | | | | | |
|-----|--|---|----------------------------|--|--|--|--|--|
| b | Assets included in Form 990, Part X | | \$ | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | ► | \$ | | | | | |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | | | | | | |
| 2 | 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | | | | | | | |
| | (ii) Assets included in Form 990, Part X | ► | \$ | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | Ф | | | | | |

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|-------|---|----------------------------------|-----------------------------|--|------------------------|------------------|----------------|-------|------------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Oth | er Simila | ar Asset | s (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | significant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how they further th | e organization's exe | empt purp | ose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | [| Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | n Form 99 | 0, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | - | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for contributions | s or other assets no | t included | | | | |
| | on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | |
| | | | | | | | Amount | | |
| с | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | 1d | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1 f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 2 | 21, for escrow or cu | istodial account liab | oility? | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | <u>.</u> | | |] |
| Par | t V Endowment Funds. Complete i | | | rm 990, Part IV, line | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | | , | |
| 1a | Beginning of year balance | 10,211,492. | 9,555,695. | 8,475,307. | | 546,374. | | 812, | 672. |
| b | Contributions | | | 200. | | 600,000. | | | |
| С | Net investment earnings, gains, and losses | 2,330,684. | 1,042,167. | 1,552,114. | - | 233,642. | 1, | 178, | 252. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 390,658. | 386,370. | 471,926. | | 437,425. | | 444, | 550. |
| f | Administrative expenses | 61,831. | | | | | | | |
| g | End of year balance | 12,089,687. | 10,211,492. | 9,555,695. | 8, | 475,307. | 8, | 546, | 374. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | |
| b | Permanent endowment $\blacktriangleright \frac{72.7200}{272.000}$ | % | | | | | | | |
| С | Term endowment 27.2800 | , - | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizat | ion that are held ar | nd administered for | the organi | zation | г | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | X | |
| | (ii) Related organizations | | | | | | 3a(ii) | | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | /ment funds. | | | | | | |
| Far | t VI Land, Buildings, and Equipm Complete if the organization answered | | Dort IV line 110 S | an Earm 000 Bart) | (line 10 | | | | |
| | | | | | | | ()) . | | |
| | Description of property | (a) Cost or ot basis (investm | • • • | | Accumula epreciatio | | (d) Book | value | Э |
| 4 - | Land | | , | 2,547. | opreciatio | <u> </u> | 165 |) 5/ | 47. |
| | Land | | | | 868,7 | 30 | 1,775 | | |
| | Buildings | | 7,04 | <u>,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | エ , //: | , 44 | <u></u> . |
| | Leasehold improvements | | 60 | 2,455. | 293,3 | | 200 | 0.01 | 74. |
| | Equipment | | | | <u> </u> | | 3,248 | | |
| | Other | | | | | <u>· - / • </u> | 5,885 | | |
| Total | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part X</u> | <u>, column (B), line 1</u> | UC.J | | Sebedul | D (Form | | |
| | | | | | | ouneuult | ווווס ון ש כ | 550) | |

| D | I I I. | | 212 | |
|--------------|-----------------|-------|----------|--------|
| Schedule D (| (Form 990) 2021 | WORLD | FORESTRY | CENTER |

| a) Description of security or category (including name of security) | on Form 990, Part IV, line 1 (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
|--|--|---|-----------------------|
| | (5) 2001 10.00 | | |
| Financial derivatives Closely held equity interests | | | |
| Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| art VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 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) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) | Description | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS | Description | 11d. See Form 990, Part X, line 15. DREGON COMMUNITY | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) | Description | | (b) Book value |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) | Description | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line | Description SETS HELD BY C | DREGON COMMUNITY | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (b) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (b) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3) (4) (5) (6) (1) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) BENEFICIAL INTEREST IN ASS (2) FOUNDATION (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Description SETS HELD BY C | DREGON COMMUNITY | 12,089,68 |

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | dule D (Form 990) 2021 WORLD FORESTRY CENTER | 93-0 | 6034757 Page 4 |
|------|---|--------|----------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. | |
| | 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 | 4,337,728. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a 1,765,528. | | |
| b | Donated services and use of facilities 2b | | |
| с | Recoveries of prior year grants 2c | | |
| d | | | |
| е | Add lines 2a through 2d | 2e | 2,498,355. |
| 3 | Subtract line 2e from line 1 | 3 | 1,839,373. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 62,726. | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 62,726. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,902,099. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F | leturi | າ. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 2,873,932. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | | |
| С | Other losses 2c | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 732,827. |
| 3 | Subtract line 2e from line 1 | 3 | 2,141,105. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 62,726. | | |
| b | Other (Describe in Part XIII.) 4b | | |
| С | Add lines 4a and 4b | 4c | 62,726. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,203,831. |
| Pa | rt XIII Supplemental Information. | | |

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

PART V, LINE 4:

| THE EN | NDOWMENT | FUNDS | EARNINGS | WILL | \mathbf{BE} | USED | ΒY | \mathbf{THE} | ORGANIZATION | то | PROVIDE | Α |
|--------|----------|-------|----------|------|---------------|------|----|----------------|--------------|----|---------|---|
|--------|----------|-------|----------|------|---------------|------|----|----------------|--------------|----|---------|---|

PERMANENT SOURCE OF INCOME TO SUPPORT GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASB ASC TOPIC OF ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S

TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT

29

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS

OF THIS TOPIC.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

132054 10-28-21

| Schedule D (Form 990) 2021 WORLD FORESTRY CENTER | 93-6034757 Page 5 |
|---|----------------------------|
| Part XIII Supplemental Information (continued) | |
| RENT EXPENSES | 489,776. |
| COGS | 820. |
| EMPLOYEE RETENTION CREDITS, NETTED WITH PAYROLL TAXES | 242,231. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 732,827. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| RENT EXPENSES | 489,776. |
| COGS | 820. |
| EMPLOYEE RETENTION CREDITS, NETTED WITH PAYROLL TAXES | 242,231. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 732,827. |
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| | Schedule D (Form 990) 2021 |

132055 10-28-21

| SCHEDULE G | Suppleme | ental Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|---|--|---|---|--|---|---------|--|---|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | r 19, | or if the | 2021 |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 | | | | | | Open to Public Inspection |
| Name of the organization | | o to www.irs.gov/Form990 for inst | ruction | s and | the latest informati | on. | Emplover id | entification number |
| | | ORESTRY CENTER | | | | | 93-6034 | |
| | complete this par | Complete if the organization answitt. | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not |
| a X Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list | tions email solicitations tations licitations on have a written o red in Form 990, F 0 highest paid indi | s f X Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu | ation of ation of I fundra I (includ profession | non-g gover iising d ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | X Ye | |
| (i) Name and addres or entity (fund | s of individual | (ii) Activity | (iiii) fundr have ci or con contribu | ustody itrol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| COMMUNITY COUNSELL | ING | CAMPAIGN CONSULTING - | Yes | No | | | | |
| SERVICES - 527 MAD | ISON | FEASIBILITY AND PLANNING | _ | X | 0. | | 165,000 | 165,000. |
| | | | | | | | | |
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| | | | | | | | 165,000 | |
| or licensing. | ich the organizatio | on is registered or licensed to solicit | contrib | utions | or has been notified | it is e | exempt from r | egistration |
| OR | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| - | | ice, see the Instructions for Form FOR CONTINUATIONS | 990 or | 990-E | Ζ. | | Schedu | le G (Form 990) 2021 |
| 132081 10-21-21 | | | | | | | | |

9861___1

| _ | edu I rt I | Fundraising Events. Complete if the | | l "Yes" on Form 990, Par | t IV, line 18, or reported | |
|-----------------|----------------------|--|---------------------------------------|--|--|--|
| | | of fundraising event contributions and gro | ss income on Form 990 (a) Event #1 | -EZ, lines 1 and 6b. List e (b) Event #2 | events with gross receip (c) Other events | (d) Total events (add col. (a) through |
| anı | | | (event type) | (event type) | (total number) | – col. (c)) |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 9 | Entertainment Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin | | | | |
| Pa | rt I | | | | | |
| enue | | \$13,000 011 0111 330°L2, inte 0a. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| zpens | 3 | Noncash prizes | | | | |
| Direct Expense | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % └── No | Yes % | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | • | |
| | | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac | | states? | | Yes No |
| b | lf " | No," explain: | | | | |
| | | | | | | |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: _

132082 10-21-21

Schedule G (Form 990) 2021

| Scheo | dule G (Form 990) 2021 | WORLD FORESTRY | Z | CENTER | 93-6 | 5034 | 757 | Page 3 |
|---------------|---|---------------------------------|------|--|------------|-------------|----------|---------------|
| | | | | s? | | | Yes | No No |
| | | | | member of a partnership or other entity formed | | | | <u> </u> |
| | o administer charitable gaming? ndicate the percentage of gaming | | | | | | Yes | └── No |
| | | | | | | 13a | | % |
| | | | | | | 13b | | % |
| | | | | nization's gaming/special events books and reco | | | | |
| ١ | Name 🕨 | | | | | | | |
| A | Address 🕨 | | | | | | | |
| 15 a 🛛 | Does the organization have a con | tract with a third party from w | vhoi | m the organization receives gaming revenue? | | 🗀 | Yes | 🗌 No |
| b li | f "Yes," enter the amount of gam | ing revenue received by the c | orga | anization 🕨 💲 and the ar | mount | | | |
| | of gaming revenue retained by the | | | | | | | |
| c li | f "Yes," enter name and address | of the third party: | | | | | | |
| ٢ | Jame 🕨 | | | | | | | |
| | | | | | | | | |
| A | Address 🕨 | | | | | | | |
| 16 (| Gaming manager information: | | | | | | | |
| 10 (| anning manager mormation. | | | | | | | |
| ٢ | Name 🕨 | | | | | | | |
| | | | | | | | | |
| C | Gaming manager compensation | Þ - | | | | | | |
| 0 | Description of services provided | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Director/officer | Employee | | Independent contractor | | | | |
| | | | | | | | | |
| | Andatory distributions: | | | | | | | |
| | | | | stributions from the gaming proceeds to | | | Yes | No No |
| | | | | istributed to other exempt organizations or spen | | | 103 | |
| | organization's own exempt activit | | | | | | | |
| Part | | | | ons required by Part I, line 2b, columns (iii) and (| v); and Pa | rt III, lir | nes 9, 9 | 9b, 10b, |
| | 15D, 15C, 16, and 17D, as | applicable. Also provide any | ad | ditional information. See instructions. | | | | |
| SCH | EDULE G, PART I, | LINE 2B, LIST | OF | TEN HIGHEST PAID FUNDRA | AISERS | 5: | | |
| | | | | | | | | |
| | | | | | | | | |
| (I) | NAME OF FUNDRAIS | SER: COMMUNITY | CC | DUNSELLING SERVICES | | | | |
| <u> </u> | | | | | | | | |
| (I) | ADDRESS OF FUNDE | RAISER: | | | | | | |
| 527 | MADICON AVENUE | | | V YORK, NY 10022 | | | | |
| 527 | MADISON AVENUE, | FIFIN FLOOR, N | | 10022 | | | | |
| | | | | | | | | |
| ה גח | | TTN/NT / 37 \ - | | | | | | |
| PAR | T I, LINE 2B, COI | JUMIN (V): | | | | | | |
| sco | PE OF CONTRACT WA | AS FOR CONSULTI | NG | G SERVICES, WITH EXPENSES | S BILI | ΈD | | |
| - | ARATELY. NO SEPAR | | | | | | | |
| 132083 | 10-21-21 | | | 33 | Sched | ule G (| Form | 990) 2021 |

| Taitiv . | Supplemental into | (continued) | | |
|-----------------|-------------------|-------------|------|-----------------------|
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| | | | | Schedule G (Form 990) |
| 132084 11-18-21 | | | | |

| SCHEDULE J Compensation Information | | Compensation Information | | OMB No. 1 | 545-004 | 47 | | |
|-------------------------------------|---|---|-----------|--------------|------------|------|--|--|
| (Fo | rm 990) | - | | 20 | n 1 | | | |
| | | Compensated Employees | | 20 | | | | |
| Dono | tmont of the Treesury | | | Open to | Publ | ic | | |
| | | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | | | |
| Nan | e of the organizatio | | | | | mber | | |
| | (Form 990) For certain Officers, Directors, Trustees, Kay Employees, and Highest | | | 603475 | 7 | | | |
| Pa | rt I Question | s Regarding Compensation | | | | | | |
| | | | | | Yes | No | | |
| 1a | | | 990, | | | | | |
| | | | | | | | | |
| | First-class or o | harter travel Housing allowance or residence for perso | nal use | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Discretionary | spending account Personal services (such as maid, chauffel | ır, chef) | | | | | |
| | | | | | | | | |
| b | • | | | | | | | |
| ~ | | | | 1b | | | | |
| 2 | | | | | | | | |
| | trustees, and office | rs, including the GEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | | |
| 2 | Indianta which if a | by of the following the examination used to establish the componentian of the examination's | | | | | | |
| 3 | | | | | | | | |
| | | | JITIO | | | | | |
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| | · | | | | | | | |
| | | | ommittee | | | | | |
| | | | ommittee | | | | | |
| 4 | During the year, did | any person listed on Form 990. Part VII. Section A. line 1a. with respect to the filing | | | | | | |
| - | | | | | | | | |
| а | - | | | 4a | | x | | |
| b | | | | | | Х | | |
| с | | | | 4 - | | X | | |
| | - | | | | | | | |
| | | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | | | |
| | contingent on the r | evenues of: | | | | | | |
| а | The organization? | | | <u>5</u> a | | X | | |
| b | Any related organiz | ation? | | 5 b | | X | | |
| | | | | | | | | |
| 6 | | | n | | | | | |
| | - | - | | | | | | |
| | | | | | | X | | |
| b | | | | <u>6b</u> | | X | | |
| _ | | • | | | | | | |
| 7 | | | | _ | | v | | |
| _ | | | | 7 | | X | | |
| 8 | | | ne | 8 | | x | | |
| ~ | Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract 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 from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplementarion arrangement? ft "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Ony section 501c(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: | | | | | | | |
| 9 | | | | | | | | |
| | A section de la destriction de la destrictions and the latest information. | | | | | | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sche | dule J (Forn | n 990) | 2021 | | |

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93-6034757

Page **2**

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

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

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

| | (B) Breakdown of W | /-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|--------------------------------|--------------------|-------------------------------------|---|---|-------------------------|------------------------------------|---------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JOSEPH FURIA | (i) | 192,295. | 9,647. | 0. | 7,717. | 5,378. | 215,037. | 0. |
| EXECUTIVE DIRECTOR & PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | <u>(ii)</u> | | | | | | | |
| | (i) | | | | | | | |
| | <u>(ii)</u> | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

| SCHEDULE L | 1 | т | ra | Insactior | ıs V | Vith | Int | erested | P | ersons | | | O | MB No. | 1545-00 | 147 |
|---|--------------|--|-------------------------|-----------------|---------|---------|-----------|------------------|-------------|---------------------|----------|----------|--------|---------------------------|---------|--------|
| (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 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. Name of the organization WORLD FORESTRY CENTER 93 Part II Excess Benefit Transactions (section 501(c)(4), and section 501(c)(29) organizatio Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990-EZ, Part V, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 26a or 25b, or Form 990, Part IV, line 27b, or 25b, or Form 990, Part | | ^{28a,} 2021 | | | | | | | | | | | | | | |
| Department of the Treasury | | ► Go | to v | Atta | ach to | Form | 990 or | Form 990-EZ | Ζ. | | | | | | | olic |
| | n | | | | 5111100 | | 1011 00 | | | | Em | ployer | | • | | mber |
| | | | | | | | | | | | | | Purpos | | | |
| | | mplete 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. Part IV, line 38a or 40b. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | | | | | | | | | | | | | | |
| | f the org | | | | | | | ine 25a or 25b |), Or | Form 990-EZ, Pa | art V, I | ine 40 | b. | (d) | Corre | octod? |
| (a) Name of disqual | lified per | rson | b) F | | | | ineu | (0 | c) D | escription of tran | sactic | n | | · · · · | | No No |
| | | | | | | | | | | | | | | | | |
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| 2 Enter the amount of | of tax inc | curred by th | e oi | rganization man | agers | or disc | qualifie | d persons dur | ing | the year under | | | | | | |
| | | | | | | | | | | | | ► \$ | | | | |
| 3 Enter the amount of | of tax, if a | any, on line | 2, 8 | above, reimburs | sea by | the or | ganiza | tion | | | | ▶ ⊅ | | | | |
| Part II Loans to | o and/ | or From | Inte | erested Pers | sons. | | | | | | | | | | | |
| Complete i | if the org | ganization a | nsv | vered "Yes" on | Form § | 990-EZ | , Part V | V, line 38a or F | orm | n 990, Part IV, lin | e 26; (| or if th | e orga | nizatio | on | |
| | | | | 1 | Ť – | | | | | | | | (h) An | nrover | | 1.11 |
| | | | zation of loan from the | | | | | | | | | | by bo | ard or | | ement? |
| • | | 0 | | | | | 1 | | | | Yes | No | | | | 1 |
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| Total | | | | | | | | ► \$ | | | | | | <u> </u> | | |
| | or Assi | istance E | Ben | efiting Inter | este | d Per | sons | | | | | | | | | |
| Complete i | if the org | ganization a | nsv | vered "Yes" on | Form 9 | 990, Pa | art IV, I | ine 27. | | 1 | | | | | | |
| (a) Name of interested person | | | interested person and | | | | | | | | | | | (e) Purpose of assistance | | |
| | | | | | | | | | | | | -+ | | | | |
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Schedule L (Form 990) 2021

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| Part IV Business Transactions Involv | ing interested Perso | ons. | | | | |
|---------------------------------------|--|----------------|---------------------------|--------------------------------|-----------------------------|----|
| Complete if the organization answered | "Yes" on Form 990, Part I | V, line 28a, 2 | 8b, or 28c. | | | |
| (a) Name of interested person | (b) Relationship between person and the orga | | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | |
| | | | | | Yes | No |
| DR. THOMAS EASLEY | MORE THAN 35% | CONTR | 20,000. | CONSULTING | | X |
| | | | | | | |
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Part V Supplemental Information.

Schedule L (Form 990) 2021

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

WORLD FORESTRY CENTER

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

(A) NAME OF PERSON: DR. THOMAS EASLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MORE THAN 35% CONTROLLED BY DR. THOMAS EASLEY, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

Schedule L (Form 990) 2021

93-6034757 Page 2

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SCHEDULE O (Form 990)

(Form 990)

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



WORLD FORESTRY CENTER

Employer identification number 93-6034757

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN THE SECOND YEAR OF THE COVID PANDEMIC, MANY OF OUR PROGRAMS FOR THE

PUBLIC AND FORESTRY PROFESSIONALS WERE EITHER ON TEMPORARY HIATUS OR

MODIFIED TO FOLLOW LOCAL GATHERING RESTRICTIONS AND/OR SUPPORT THE

SAFETEY OF OUR COMMUNITY. THE DISCOVERY MUSEUM WAS CLOSED TO THE

PUBLIC; OUR TIMBERLAND INVESTMENT CONFERENCE WAS HELD VIRTUALLY; AND

OUR INTERNATIONAL FELLOWSHIP PROGRAM WAS ALSO POSTPONED.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DESIGNED TO AVOID ANY ACTUAL OR

PERCEIVED CONFLICTS OF INTEREST BETWEEN BOARD MEMBERS, OFFICERS, KEY

EMPLOYEES AND WORLD FORESTRY CENTER. BEFORE BOARD MEMBERS ARE ELECTED (OR

KEY EMPLOYEES HIRED) FULL WRITTEN DISCLOSURES OF INTERESTS, RELATIONSHIPS

AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST ARE

REQUIRED. THESE ARE KEPT ON FILE AND UPDATED AS APPROPRIATE. DURING BOARD

MEETINGS, DISCLOSURES ARE MADE OF INTERESTS IN TRANSACTIONS BETWEEN FAMILY,

EMPLOYEES OR BUSINESSES THAT COULD RESULT IN REAL OR PERCEIVED BENEFIT OR

GAIN.

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

AT THE APPROPRIATE MEETING OF THE EXECUTIVE COMMITTEE MEMBERS, THE BOARD

MEMBERS MEET IN EXECUTIVE SESSION TO DISCUSS NEXT'S YEAR'S COMPENSATION OF

 THE EXECUTIVE DIRECTOR. COMPARABLE COMPENSATION FOR QUALIFIED PERSONS IN

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Image: Comparable Comp

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| Schedule O (Form 990) 2021 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| WORLD FORESTRY CENTER | 93-6034757 |
| SIMILAR POSITIONS IN THE LOCAL AREA ARE REVIEWED. A DESIGN | ATED BOARD MEMBER |
| (USUALLY THE SECRETARY) KEEPS NOTES OF THE DISCUSSION AND | DECISIONS MADE. |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE ON THE | ORGANIZATION'S |
| WEBSITE. GOVERNING INSTRUMENTS AND CONFLICT OF INTEREST PO | LICY ARE MADE |

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADDBACK PRIOR YEAR PAYROLL PROTECTION LOAN FORGIVENESS

269,472.

PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

| SUBLEAS | SE AND RENTAL INCOME | | | RENT 1 | | | | | | | | | | | |
|--------------|----------------------|------------------|--------|--------|------------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| | | | | | | | | | | | | | | | |
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128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone