

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	FOREST TRENDS ASSOCIATION 1203 19TH STREET NW, 4TH FL WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

ΑI	For the	2019 calendar year, or tax year beginning and	ending	_	
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		52-21355	31
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1203 19TH STREET NW, 4TH FL	Room/suite	E Telephone numbe (202)298	
	termin- ated			G Gross receipts \$	10,636,198.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer: FIT CITALL OFFICE TO		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Τ.	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1	list. (see instructions)
J	Websit	e: ▶ WWW.FOREST-TRENDS.ORG		H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1998 N	1 State of legal domicile: \mathbf{DE}
Pa		Summary			
•	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	PART I	II, LINE 1.	
S C					
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š				3	17
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			17
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	27
Ĭ		Total number of volunteers (estimate if necessary)			17
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		11,141,705.	9,986,642.
Revenue	1	Program service revenue (Part VIII, line 2g)		370,784.	520,976.
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,995.	753.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-76,873 .	28,200.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,438,611.	10,536,571.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,644,011.	2,197,452.
		Benefits paid to or for members (Part IX, column (A), line 4)		3,111,580.	4,176,308.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	81 –	0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) 10, 5		3 9/17 //59	5,338,033.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,703,050.	
		Revenue less expenses. Subtract line 18 from line 12		2,735,561.	
or es	19	nevertue less experises. Subtract line 10 front line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,584,913.	5,418,398.
Ass J Ba	21	Total liabilities (Part X, line 26)		2,400,152.	2,408,859.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,184,761.	3,009,539.
	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		\			
Sig	n	Signature of officer		Date	
Her	·e	MICHAEL JENKINS, PRESIDENT & CEO Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA Ruban J. Lolar	110	06/01/20 if self-employe	P00288314
		Firm's name GELMAN, ROSENBERG & FREEDMAN	<u> </u>		52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
May	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

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: FOREST TRENDS WORKS TO EXPAND THE VALUE OF FORESTS TO SOCIETY; TO
	PROMOTE SUSTAINABLE FOREST MANAGEMENT AND CONSERVATION BY CREATING AND
	CAPTURING MARKET VALUES FOR ECOSYSTEM SERVICES; TO SUPPORT INNOVATIVE
	PROJECTS AND COMPANIES THAT ARE DEVELOPING THESE NEW MARKETS; AND TO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? X Yes No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,250,305. including grants of \$ 2,229,318.) (Revenue \$ 13,461.)
	WATER: RECOGNIZING THE MULTIPLE VALUES, INCLUDING SUPPLIES OF CLEAN
	WATER, WHICH FORESTS PROVIDE TO PEOPLE, FOREST TRENDS HAS WORKED FROM
	INCEPTION TO PROMOTE THE USE OF INCENTIVES AND MARKET-BASED INSTRUMENTS
	TO PROTECT AND SUSTAINABLY MANAGE WATERSHED SERVICES. FOREST TRENDS
	HELPED ESTABLISH THE CHESAPEAKE BAY FUND, AN INNOVATIVE PARTNERSHIP
	BETWEEN FOREST TRENDS, THE WORLD RESOURCES INSTITUTE, AND THE
	CHESAPEAKE BAY FOUNDATION, TO RESTORE AND PROTECT THE BAY'S WATER
	QUALITY. IN 2010, WE LAUNCHED THE FIRST STATE OF WATERSHED PAYMENTS
	REPORT, THE FIRST GLOBAL SURVEY OF INCENTIVE AND MARKET-BASED
	INSTRUMENTS FOR PROTECTING HYDROLOGICAL SERVICES.
	IN 2018, USAID AND THE GOVERNMENT OF CANADA MADE A MAJOR \$28 MILLION
4b	(Code:) (Expenses \$ 2,594,552 • including grants of \$ 61,849 •) (Revenue \$ 252,833 •)
	FOREST POLICY, TRADE AND FINANCE: THE FOREST POLICY, TRADE AND FINANCE
	INITIATIVE WAS CREATED IN THE EARLY 2000S WHEN THE ORGANIZATION
	REALIZED THAT EMERGING MARKETS FOR ECOSYSTEM SERVICES AND PRODUCTS WERE
	CONTINUING TO BE UNDERMINED BY CHEAP AND ILLEGAL FOREST PRODUCTS. SINCE
	THEN, THE FPTF PROGRAM HAS BEEN WORKING TO "SQUEEZE OUT" THE
	PROFITABILITY AND MARKET ACCESS OF ILLEGALLY SOURCED TIMBER AND
	AGRICULTURAL PRODUCTS.
	THE ULTIMATE AIM OF THE FPTF PROGRAM IS TO SUPPORT MARKET
	TRANSFORMATION AWAY FROM PRODUCTS SOURCED ILLEGALLY FROM FOREST AREAS,
	DEVELOPING EXCELLENT DATA AND POLICY ANALYSIS IN CONJUNCTION WITH
	STAKEHOLDERS, AND MENTORING AND CONVENING 'COMMUNITIES OF PRACTICE' AT
4c	(Code:) (Expenses \$ 833,307 • including grants of \$) (Revenue \$ 101,095 •)
	ECOSYSTEM MARKETPLACE: LAUNCHED AS A WEB-BASED INFORMATION PLATFORM IN
	2004, ECOSYSTEM MARKETPLACE PUBLISHES NEWSLETTERS, BREAKING NEWS,
	ORIGINAL FEATURE ARTICLES AND MAJOR REPORTS ABOUT MARKET-BASED
	APPROACHES TO CONSERVING ECOSYSTEM SERVICES. BEGINNING IN 2007, STAFF
	BEGAN COLLECTING SURVEY DATA TO INFORM THE FIRST-EVER "STATE OF THE
	VOLUNTARY CARBON MARKETS" REPORT; SINCE THEN, COVERAGE HAS EXPANDED TO
	INCLUDE FOREST CARBON, WATERSHED INVESTMENTS AND BIODIVERSITY IN OUR
	SIGNATURE "STATE OF" MARKET ANALYSIS REPORT FORMAT. LATELY, EM HAS
	EXPLORED NEW TOPICS OF INTEREST TO OUR TRADITIONAL MARKETS (E.G., THE
	BUYERS' REPORT), EXPANDED OUR COVERAGE TO NEW FOCAL TOPICS (E.G.,
	SUPPLY CHANGE, AND THE CONSERVATION INVESTMENT SURVEY), AND INCREASED
	OUR EXTERNAL ADVISING AND CONSULTING OPPORTUNITIES (E.G., GLOBAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,125,185 • including grants of \$ -93,715 •) (Revenue \$ 153,587 •)
4e	Total program service expenses ▶ 9,803,349.
	Total program service expenses

Form 990 (2019) FOREST TRENDS ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	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,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-25	
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019) FOREST TRENDS ASSO Part IV | Checklist of Required Schedules (continued)

	The state of the quality contained			·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Part V, line 1 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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	$^{\perp}$	Щ_

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

2a Eric the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, ted of the teached ray var ending with or within they ware covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2s is greater than 250, you may be required to 4-6fe (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? a At any time during the calendary ear, did the organization have an interest in, or a significant or of Schedule O b If Ves, I has it filed a Form 1990 T for this year? If 'Not 1 or line 3b, provide an explaination on Schedule O b If Ves, I have the harmonic or the region country by ERU I b If If Ves, I filed the region country by ERU I b If If Ves, I filed a foreign country schedule as a baint account, securities account, or other financial accountry (FBAR). 5a Was the organization as party to a prohibited tax schelet transaction at any time during the tax year? 5b If Ves to line 6a or 5b, did the organization that It was or is a party to a prohibited tax schelet transaction? 5c If Ves to line 6a or 5b, did the organization that It was or is a party to a prohibited tax schedule transaction and the schedule that are considered to the schedule that a				Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it filed a Form 990-T for this year? If *No* to the 3b, provide an explanation on Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or the file of the properties of the foreign country (such as a bank account, securities account, or other financial account); or the file of the properties of the program of the organization at your did not any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible achieves of the program of the value of the goods or services provided? 5b If Yes, and the organization received deductible contribution of qualified not likely and program of the pr	2a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	7		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, * has it filed a Form 990 Tor the year of "Not * for is 3,0 your owice an explanation on Schedule O 5b If 1 Yes, * has it filed a Form 990 Tor the year "Not * for is 3,0 your owice an explanation on Schedule O 5c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) or the property of the organization include with every solication an exposes statement that such contributions or grifts were not tax deductible? 6c Description of the organization include with every solication an exposes statement that such contributions or grifts were not tax deductible? 6c Description of the organization include with every solication and property of goods and services provided to the payor? 6c Description of the organization include with every solication are species statement that such contributions or grifts were not tax deductible? 6c Description of the organization end to protective and the property of th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filled a Form 990-T to this year? If "No" to link 30, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," either the name of the foreign country is put as a bank account, securities account, or other financial accounts (FBAP). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day any stable party notify the organization tile Form 8888-17 6a Does the organization the organization file Form 8888-17 6b Does the organization shall were not tax deductible as charitable contributions? 6c Does the organization shall were not tax deductible as charitable contributions? 6c Does the organization shall were possible that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization shall were yes clicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization sevele a sparine in excess of \$15 made party as a contribution and party for goods and services provided? 7 Organizations that many receive deductible contribution or party to prohibite that the such contribution or granization receive an any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, **, enter the name of the foreign country ▶ PERU 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have provided to a provided the appropriate of the organization foreign country ↑ PERU 5c If Yes* to line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yes* to line \$a or \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes* to line \$a or \$b, did the organization include with every solicitation and party for goods and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes* (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(e). 8 If Yes*, 'idid the organization notify the donor of the value of the goods or services provided? 9 If Yes*, 'idid the organization notify the donor of the value of the goods or services provided? 7c X 7d If Yes*, 'indicate the number of Forms 8282 filed during the year 9 If Yes*, 'indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of organization received a contribution of organization final file and the organization file and the properties of the sponsoring organization maked activation, but or indirectly, on a personal benefit contract? 7c X 7d If the organization received a contribution of organization file form 889 as required? 9 If the organization received a contribution of conse, boats an indirectly, did the organization file Form 1049 CP 17d If the organiza	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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	16		16		X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) avail	able
	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, an	d finai	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MICHAEL JENKINS - (202)298-3000			
	1203 19TH STREET NW, 4TH FL, WASHINGTON, DC 20036			

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average	(do			ition	l than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box, offic	, unle	ss pe	rsoni	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) OLOF JOHANSSON	0.50	v		v				0.	0.	0
CHAIRMAN	0.50	Х		Х				0.	0.	0.
(2) SERGEY TSYPLENKOV VICE-CHAIRMAN	0.00	Х		х				0.	0.	0.
(3) JOHN BEGLEY	0.50	Δ		^				0.	0.	0.
TREASURER	0.00	х		х				0.	0.	0.
(4) HARRIS SHERMAN	0.50	21						0.	0.	0.
SECRETARY	0.00	х		x				0.	0.	0.
(5) LINDA COADY	0.50							•		
DIRECTOR		Х						0.	0.	0.
(6) RICHARD BURRETT	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(7) DAVID BRAND	0.50									
DIRECTOR		Х						0.	0.	0.
(8) MARK BIERBOWER	0.50									
DIRECTOR		Х						0.	0.	0.
(9) LYNDON HAVILAND	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) RANDY HAYES	0.50									
DIRECTOR		Х						0.	0.	0.
(11) SALLY COLLINS	0.50								0	_
DIRECTOR		Х						0.	0.	0.
(12) MIGUEL SEREDIUK MILANO	0.50							0.	0.	0.
DIRECTOR (13) MANUEL PULGAR-VIDAL	0.50	Х						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(14) MARTHA ISABEL RUIZ CORZO	0.50	Λ						0.	0.	•
DIRECTOR		х						0.	0.	0.
(15) JOHN TOBIN DE LA PUENTE	0.50							0.		
DIRECTOR	0.00	х						0.	0.	0.
(16) BETTINA VON HAGEN	0.50	<u></u>								
DIRECTOR	0.00	х						0.	0.	0.
(17) VICTORIA HALE	0.50									
DIRECTOR	0.00	х						0.	0.	0.
932007 01-20-20	•							•		Form 990 (2019)

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Form 990 (2019) FOREST	IKENDO M	<u> </u>	<i>J</i> C.	LA.	ГТ)IA			27-7133	DOI Page 6
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MICHAEL JENKINS	40.00									
PRESIDENT & CEO	0.00			Х				297,451.	0.	31,725.
(19) OLY BRACHO CFO	40.00			х				200,250.	0.	15,025.
(20) KERSTIN CANBY	40.00									
DIRECTOR, FPTF	0.00	1			Х			162,240.	0.	12,561.
(21) JOSE BORGES	40.00									
DIRECTOR, COMMUNITIES	0.00				Х			158,620.	0.	27,317.
(22) JAN CASSIN	40.00									
DIRECTOR, WATER	0.00				Х			151,410.	0.	31,761.
(23) DEBORAH MCKAY	40.00									
DIRECTOR, OPERATIONS	0.00					Х		134,000.	0.	18,394.
(24) LILIT BODAKOWSKI	40.00					,,		100 440	0	10 105
CONTROLLER	0.00	┝				Х		128,442.	0.	10,195.
(25) GENA GAMMIE ASSOCIATE DIRECTOR, WATER	40.00	ł				X		121,200.	0.	13,184.
(26) MARIGOLD WALKINS	40.00	\vdash				<u> ^`</u>		121,200.	•	13,104.
SENIOR POLICY ANALYST	0.00	l				x		101,000.	0.	8,413.
1b Subtotal	1 333			<u> </u>	<u> </u>			1,454,613.	0.	168,575.
c Total from continuation sheets to Part	VII. Section A							0.	0.	0.
d Total (add lines 1b and 1c)							•	1,454,613.	0.	168,575.
Total number of individuals (including but							no re		0,000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

	in the organization of tark your	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
GREENPOINT INNOVATIONS. LLC	ECOSYSTEM	
114 GREENPOINT AVENUE, BROOKLYN, NY 11222	MARKETPLACE	144,000.
NATURAL CAPITAL ADVISORS , LLC	FOREST POLICY, TRADE	
916 VALENCE STREET, NEW ORLEANS, LA 70115	AND FINANCE	115,475.

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

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			Check if Schedule O	cont	aine a	resnonse	or note to any lin	e in this Part VIII			
			Officer if Sofficiale O	COIIL	ه ۱۱۱۵	гезропзе	or note to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè éxcluded
									function revenue		
40											sections 512 - 514
nts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
		С	Fundraising events			1c	69,923.				
		d	Related organizations			1d					
s, (Government grants (conti			1e	8,674,923.				
ös			All other contributions, gifts,								
he l			similar amounts not included			1f	1,241,796.				
<u> </u>		a	Noncash contributions included in			1g \$	6,950.				
<u>a</u> <u>S</u>		_	Total. Add lines 1a-1f					9,986,642.			
<u> </u>		<u></u>	Totali Add IIIIcs Ta 11				Business Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•	_	CONTRACTS				900099	466,358.	466,358.		
ğ	2	_	REGISTRATION FEES				900099	54,618.	54,618.		
ne je		_	REGISTRATION FEES				300033	54,616.	34,010.		
m S		С									
Jra Re		d									
Program Service Revenue		е									
-			All other program service								
\blacksquare		g	Total. Add lines 2a-2f					520,976.			
	3		Investment income (include								
			other similar amounts)				🕨	753.			753.
	4		Income from investment of	of tax	x-exen	npt bond p	oroceeds >				
	5		Royalties	<u></u>			>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss				•				
			Gross amount from sales of	<u> </u>	_	ecurities	(ii) Other				
	•	_	assets other than inventory	7a	- '		()				
		h	Less: cost or other basis	1.4							
<u>o</u>			and sales expenses	7b							
enr		_									
Revenue			Gain or (loss)	_							
			Net gain or (loss)				P				
ther	8	а	Gross income from fundraisi								
Ò			including \$,923.	-					
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses				99,627.				
			Net income or (loss) from					0.			
	9	а	Gross income from gamin	ng ac	tivitie	s. See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ning ac	ctivities	>				
	10	а	Gross sales of inventory,	less	return	ıs					
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
			,				Business Code				
on €	11	а	MISCELLANEOUS				900099	28,200.			28,200.
ng a		b						, -			, , ,
S S		c									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					28,200.			
	12	<u> </u>	Total revenue. See instruction					10,536,571.	520,976.	0.	28,953.
	14		TOTAL TOVOILUG. DEE HISH UCH	دار			·····	10,550,571.	1 320,370.	<u> </u>	20,333.

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

<u> </u>	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		-		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00 041	00 041		
	and domestic governments. See Part IV, line 21	98,041.	98,041.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 000 411	2 000 411		
	individuals. See Part IV, lines 15 and 16	2,099,411.	2,099,411.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,088,361.	768,387.	316,742.	3,232
_	trustees, and key employees	1,000,301.	700,307.	310,742.	3,232
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,426,624.	1,966,671.	459,915.	38
7	Other salaries and wages Pension plan accruals and contributions (include	2,420,024.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	±33,3±3•	50
8	section 401(k) and 403(b) employer contributions)	108,998.	90,316.	18,673.	9
0	· · · · · · · · · · · · · · · · · · ·	351,157.	267,124.	83,786.	247
9	Other employee benefits	201,168.	156,501.	44,489.	178
11	Payroll taxes Fees for services (nonemployees):	201,1000	130,3010	11,100.	1,0
ıı a	' ' ' '				
b					
	Legal	66,437.	62,043.	4,394.	
	Lobbying	00,10,1	02,0101	2,3323	
6	D (' 1(1 ' ' ' O D ' N' I' 13				
f					
g					
•	column (A) amount, list line 11g expenses on Sch O.)	3,034,342.	2,837,041.	197,301.	
12	Advertising and promotion	1,152.	553.	599.	
13	Office expenses	100,110.	48,047.	52,039.	24
14	Information technology	286,402.	191,637.	94,574.	191
15	Royalties	-	-	-	
16	Occupancy	370,420.	177,779.	192,551.	90
17	Travel	240,035.	159,106.	78,147.	2,782
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	927,776.	729,673.	194,388.	3,715
20	Interest	7,292.	3,500.	3,790.	2
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,451.	18,934.	20,507.	10
23	Insurance	19,090.	9,162.	9,923.	5
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	107 065	00.700	07 040	4 -
a		187,065.	89,780.	97,240.	45
b	_~	51,169.	24,558.	26,599.	12
C		3,799.	1,823. 3,262.	1,975.	1
C		3,493.	3,202.	231.	
	All other expenses	11 711 702	9,803,349.	1,897,863.	10,581
25	Total functional expenses. Add lines 1 through 24e	11,711,793.	7,003,347.	1,091,003.	10,561
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720) 10 01-20-20				Form 990 (2019

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			306,200.	1	1,221,790
	2	Savings and temporary cash investments			128,610.	2	52,965
	3	Pledges and grants receivable, net			6,030,968.	3	3,626,108
	4	Accounts receivable, net			24,263.	4	124,128
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	oed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	5			15,145.	9	24,796
	10a	Land, buildings, and equipment: cost or othe	.				
		basis. Complete Part VI of Schedule D	. 10a	677,346.			
	b	Less: accumulated depreciation		357,392.	29,166.	10c	319,954
	11	Investments - publicly traded securities			3,759.	11	1,855
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets		F		14	
	15		Other assets. See Part IV, line 11			15	46,802
	16	Total assets. Add lines 1 through 15 (must e		ı	6,584,913.	16	5,418,398
	17	Accounts payable and accrued expenses	1,836,359.	17	1,033,770		
	18				18		
	19				19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
ı	23	Secured mortgages and notes payable to uni			312,000.	23	162,000
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			251,793.	25	1,213,089
	26	Total liabilities. Add lines 17 through 25			2,400,152.		2,408,859
		Organizations that follow FASB ASC 958, o					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			-1,449,478.	27	-1,190,745
Ba	28	Net assets with donor restrictions			5,634,239.	28	4,200,284
μŢ		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fun-	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		—	4,184,761.	32	3,009,539
_	33	Total liabilities and net assets/fund balances		ı	6,584,913.	33	5,418,398

Form	1 990 (2019) FOREST TRENDS ASSOCIATION 5	2-2135	531	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		,53		
2	Total expenses (must equal Part IX, column (A), line 25)		,71		
3	Revenue less expenses. Subtract line 2 from line 1		, 17!		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	,18	<u>4,7</u>	61.
5	Net unrealized gains (losses) on investments	;			
6	Donated services and use of facilities	;			
7	Investment expenses	,			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain on Schedule O)	,			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	0 3	,009	9,5	39.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	ıa			
	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 separate b	asis,			
	consolidated basis, or both:				
	Separate basis X 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 the ar	udit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	ule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FOREST TRENDS ASSOCIATION 52-2135531 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		·	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	11,458,080.	5,166,150.	6,627,565.	11,141,705.	9,986,642.	44,380,142.
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	11,458,080.	5,166,150.	6,627,565.	11,141,705.	9,986,642.	44,380,142.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,012,681.
	Public support. Subtract line 5 from line 4.						43,367,461.
	ction B. Total Support	1				<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	11,458,080.	5,166,150.	6,627,565.	11,141,705.	9,986,642.	44,380,142.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4,259.	2,916.	951.	2,995.	753.	11,874.
_	and income from similar sources	4,239.	2,910.	951.	4,990.	755.	11,0/4.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	4,021.	4,218.	11,732.		28,200.	48,171.
11	Total support. Add lines 7 through 10	1,0210	1,2101	11,7321		20,200	44,440,187.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,927,311.
	First five years. If the Form 990 is for	•	,			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , ,
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	97.59 %
	Public support percentage from 2018					15	95.46 %
	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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		-	-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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 five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		4		
•	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,	_		
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	es of supported organization	is .	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provid	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2019 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5	Remai	ining underdistributions for years prior to 2019, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
	and 4l	o from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2020. Add lines 3			
	and 4	-			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
<u> </u>		o from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

FOREST TRENDS ASSOCIATION 52-2135531 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

FOREST TRENDS ASSOCIATION

52-2135531

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,968,887.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,155,694.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 937,928.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 488,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 290,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOREST TRENDS ASSOCIATION

52-2135531

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		<u> </u>	
(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
		<u> </u>	

Employer identification number

Name of organization

OKEST	TRENDS ASSOCIATION		52-	-2135531
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to	o transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to	o transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of	f how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to	o transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held
		(e) Transfer of gif	t	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·			
		(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in do	nor advised fur	nds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used	only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confe	rring			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area			
	Protection of natural habitat	Preser	vation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b				2b			
С	Number of conservation easements on a certified historic st			2c			
d	Number of conservation easements included in (c) acquired						
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminat	ed by the orgar	nization during the tax			
	year ▶						
4	Number of states where property subject to conservation ea		 _				
5	Does the organization have a written policy regarding the pe						
•	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enfor	cing conservati	on easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	oonson/otion of	ecoments during the year			
7	\$	diling of violations, and emorcing	conservation ea	asements during the year			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of sec	ction 170(h)(4)(F	3)/i)			
Ü	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
Ŭ	balance sheet, and include, if applicable, the text of the foot		· ·				
	organization's accounting for conservation easements.	note to the organization o inianol	ar otatornomo ti	iat december the			
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasure	s, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Forn	•	•				
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue sta	atement and ba	lance sheet works			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or rese	arch in furthera	ince of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	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	c exhibition, education, or research	ch in furtheranc	e of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A		ζ,				
а	Revenue included on Form 990, Part VIII, line 1			. • \$			
b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019			

a Busing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (neck all that apply): a Public exhibition	Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simila	r Asse	t s (continue	ed)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	t make s	ignificant ι	use of its	;	
b Scholarly research e		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's celections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2 Biginning balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Ending balance 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 6 Did the organization line organization in the organization has been provided on Part XIII 7 Ending balance 8 Board designating of year balance 9 Contributions 1 Administrative expenses 1 Administrative expenses 9 End of year balance 1 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: 1 Board designated or quasi-endowment Part YIII. The organization is the organization that are held and administered for the organization years and programs 1 Did the endowment Part YIII the intended uses of the organization	а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 In provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds atther than to be maintained as part of the organization's collection? 1 In provide an amount on Form 990, Part IX, line 9. or secret an amount on Form 990, Part IX, line 9. or secret an amount on Form 990, Part IX, line 21. 1 Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX, line 11. 2 Beginning balance 3 Reginning balance 4 Reginning balance 5 Distributions during the year 5 Ending balance 6 Distributions during the year 7 Ending balance 8 Distributions during the year 9 Distributions during the year 9 Distributions during the year 1 Ending balance 9 Distributions during the year 1 Ending balance 1 Distributions during the year 1 Ending balance 9 Distributions during the year 1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. 1 Beginning of year balance 1 Beginning of year balance 1 Distributions 1 Distributions 1 Distributions 1 Distributions 2 Note investment earnings, gains, and losses of China and Chin	b	Scholarly research	е	, [(Other						
50 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to asise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I I I I I I I I I I I I I I I I I I	С	Preservation for future generations									
To be sold for raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizati	on's exer	npt purpo:	se in Par	t XIII.	
Serrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV? Ves	5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets		_	
The profession and amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10. The organization include and additions during the year The organization and the organization include and additions during the year The organization answered "Yes" on Form 990, Part X, line 10. The year The organization answered "Yes" on Form 990, Part X, line 10. The year The		to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai		-	ete if the	organizatio	on answered	"Yes" on	Form 990,	Part IV,	line 9, or	
on Form 990, Part X? Ves		<u> </u>									
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not	included		_	
C Beginning balance C C									L	Yes	└── No
c Beginning balance d Additions during the year 1	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
d Additions during the year										Amount	
e Distributions during the year f Ending balance											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bid If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. In the organization answered "Yes" on Form 990, Part X, line 10. A current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
Describe in Part XIII to the explanation has been provided on Part XIII □										_	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		· ·							L	∐ Yes	└── No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e) Fou						_			<u></u>		
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 2 297, 216. 6 46. 6 Other 6 Other 5 22, 670, 522. 6 81. 6 Other 6 Other 6 Chacumulated 6 22, 670, 522.670	Pai	T V Endowment Funds. Complete i				1					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three ye	ars back	(e) Four ye	ars back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) 4 Land 4 Buildings 5 Leasehold improvements 6 Equipment 7 Land, Buildings 7 Leasehold improvements 8 Land 9 Buildings 1 Land 1 Land 1 Land 1 Land 1 Land 2 Land 3 Land 4 Land 5 Buildings 6 Leasehold improvements 7 Land, Buildings 8 Land 9 Leasehold improvements 1 Land 1 Land 1 Land 1 Land 1 Land 2 Land 3 Land 4 Land 5 Land 6 Equipment 7 Land, Buildings 7 Land, Buildings 8 Land 9 Land, Buildings 1 Land 1 Land 1 Land 1 Land 2 Land 3 Land 4 Land 5 Land 6 Land 6 Lasehold improvements 7 Land, Buildings 8 Land 8 Land 9 Land 9 Land, Buildings 1 Land 9											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance											
Part VI											
Board designated or quasi-endowment	g	•									
b Permanent endowment ▶			rent year end baland	e (line 1	g, column (a	a)) held as:					
Tem Part Tem Te		•		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Pess No (iv) Related organizations (iv) Pess No (iv) Accumulated (c) Accumulated (c) Accumulated (d) Book value											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements 4 Equipment C Other Othe	С		, -								
Second S			•								
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.	3a		ession of the organiz	ation tha	it are held a	and administe	ered for th	ne organiza	ation	- I	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other Other 69,646. 46,976. 22,670.											es No
b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 69,646. 40 Buildings 22,670.											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings C Leasehold improvements 334,180 36,964 297,216 4 Equipment 273,520 273,452 68 68 60 Other 60 Othe											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation						,				. 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 5 c Leasehold improvements 334,180 36,964 297,216 d Equipment 273,520 273,452 68 e Other 69,646 46,976 22,670				owment 1	runds.						-
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 334,180 · 36,964 · 297,216 · 273,452 · 68 · 273,520 · 273,452 · 68 · 297,670 · 22,670 · 69 d Equipment 69,646 · 46,976 · 22,670 · 69	Pai) Dev a IV	/ Uma dda (Caa Farma 000	D-4 V	line 10			
tal Land basis (investment) basis (other) depreciation b Buildings 334,180. 36,964. 297,216. c Leasehold improvements 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.						1				(-I) D I	-1
1a Land b Buildings c Leasehold improvements 334,180. 36,964. 297,216. d Equipment 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.		Description of property							7	(a) Book v	alue
b Buildings 334,180. 36,964. 297,216. c Leasehold improvements 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.		Land	,	neni)	Dasis	(Uliter)	uep	n eciation			
c Leasehold improvements 334,180. 36,964. 297,216. d Equipment 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.											
d Equipment 273,520. 273,452. 68. e Other 69,646. 46,976. 22,670.					3 3	1 1 2 0		36 96	<u>. </u>	207	216
e Other 69,646. 46,976. 22,670.							-			431	
						-				22	
				Y colum				±0,31			

Schedule D (Form 990) 2019

301134415 D (1 31111 333) 23 13		 	
Part VII Investments	- Other Securities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.							
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1)							
(2)							
(3)							
(4)							

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT LIABILITY	514,563.
(3)	REFUNDABLE CONTRACT ADVANCE	698,526.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,213,089.

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

in the region

Name of the organization

Employer identification number

52-2135531

NATURAL INFRASTRUCTURE

FOREST	TRENDS A	ASSOCIATION	52-2135531
Part I	General Info	ormation on Activities Outside the United States. Complete if the organ	ization answered "Yes" on
	Form 990. Part	IV. line 14b.	

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region

				NATURAL INFRASTRUCTURE	
				WATER SECURITY,	
				IMPROVING LIVES OF WOMEN	
SOUTH AMERICA	1	33	PROGRAM SERVICE ACTIVITIES	AND YOUTH, DEFENDING THE	3,035,964.
			GRANTS TO RECIPIENTS		
SOUTH AMERICA	0	0	LOCATED IN THE REGION		2,099,411.
				ADVANCING FOREST	
				GOVERNANCE IN THE	
EAST ASIA AND THE				MEKONG, PROMOTING	
PACIFIC	0	10	PROGRAM SERVICE ACTIVITIES	RESPONSIBLE RUBBER	928,354.
				RECONCILING ECONOMIC	
				DEVELOPMENT WITH	
				CONSERVATION OF	
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICE ACTIVITIES	BIODEVIRSITY	135,862.
				ORGANIZING A CONFERENCE	
				ON TIMBER ENFORCEMENT IN	
				LONDON, AND TRANSFORMING	
EUROPE	0	5	PROGRAM SERVICE ACTIVITIES	MARKETS FOR LEGAL TIMBER	279,225.
_					
3 a Subtotal	1	50			6,478,816.
b Total from continuation					, = 1 1 , 1 = 1 1
sheets to Part I	l 0	0			0.
c Totals (add lines 3a					<u> </u>
1.01.	1	50			6,478,816.
and 3b)					-, -, 0, 0 + 0 +

and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			NATURAL INFRUSTRUCTURE WATER					
		SOUTH AMERICA	SECURITY	73,014.	WIRE TRANSFER	0.		
		SOUTH AMERICA	NATURAL INFRUSTRUCTURE WATER SECURITY	1,358,107.	WIRE TRANSFER	0.		
			NATURAL INFRUSTRUCTURE WATER					
		SOUTH AMERICA	SECURITY	22,889.	WIRE TRANSFER	0.		
		SOUTH AMERICA	NATURAL INFRUSTRUCTURE WATER SECURITY	111.040.	WIRE TRANSFER	0.		
		SOUTH AMERICA	NATURAL INFRUSTRUCTURE WATER SECURITY		WIRE TRANSFER	0.		
		SOUTH AMERICA	NATURAL INFRUSTRUCTURE WATER SECURITY	83,454.	WIRE TRANSFER	0.		
		SOUTH AMERICA	NATURAL INFRUSTRUCTURE WATER SECURITY	520 730	WIRE TRANSFER	0.		
		Jooin manton	GRANT REFUNDS - DEFENDING THE AMAZON AND ACCESSING FUNDS	320,730.	THE THIRD BY	0.		
		SOUTH AMERICA	FOR INDIGENOUS	-6,421.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

0

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line	1)	, age <u>=</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Danian	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GRANT REFUNDS - IMPROVING LIVES OF					
		SOUTH AMERICA	WOMEN AND YOUTH	-125,877.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Page 5

Part V | Supplemental Information

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

PART I, LINE 2:

FOREST TRENDS PROCEDURES FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE OUTSIDE THE US:

- MAINTAIN ACTIVE LINES OF COMMUNICATION WITH SUBRECIPIENTS;
- ENSURE PERFORMANCE GOALS ARE ACHIEVED;
- REVIEW TECHNICAL REPORTS;
- REVIEW INVOICES TO ENSURE CHARGES ARE REASONABLY REFLECTIVE OF THE WORK PERFORMED; AND
- APPROVE FINAL INVOICES IN A TIMELY MANNER PRIOR TO CLOSEOUT
- ASSIST THE SUBRECIPIENT IN MAKING ANY REQUIRED ADJUSTMENTS TO THE

ESTABLISHED BUDGET OR SUBCONTRACT, AS NEEDED

- REQUEST ADDITIONAL DOCUMENTATION SUCH AS ORIGINAL RECEIPTS, COPIES OF PAYROLL RECORDS, AND AUDITS, AS NEEDED;
- MAINTAIN DOCUMENTATION OF ALL MONITORING EFFORTS.

ADDITIONAL MONITORING PROCEDURES WILL BE PERFORMED FOR SUBRECIPIENTS POSING A HIGHER RISK. THE FOLLOWING IS A LIST OF ADDITIONAL PROCEDURES THAT MAY BE PERFORMED IN SOME COMBINATION.

- (1) ON-SITE VISITS TO EVALUATE APPROPRIATENESS OF SUBRECIPIENT'S ADMINISTRATIVE SYSTEMS, PROCESSES, AND CHARGES.
- (2) AUDITS MAY BE CONDUCTED BY FOREST TRENDS AND/OR INDEPENDENT.
- (3) ADMINISTRATORS AT SUBRECIPIENT SITES MAY BE ASKED TO COMPLETE QUESTIONNAIRES DOCUMENTING THEIR INTERNAL CONTROLS AND GRANTS MANAGEMENT PROCEDURES.
- (4) SUBRECIPIENTS MAY BE ASKED TO PROVIDE PERIODIC FINANCIAL AND PERFORMANCE REPORTS FOR REVIEW.

Schedule F (Form 990) 2019

Page 5

Part V | Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: NATURAL INFRASTRUCTURE WATER SECURITY, IMPROVING LIVES OF WOMEN AND YOUTH, DEFENDING THE AMAZON AND ACCESSING FUNDS FOR INDIGENOUS COMMUNITIES, CIAT/USAID IMPROVE LIVELIHOODS AND CONSERVATION IN THE BRAZILIAN AMAZON WITH INDIGENOUS COMMUNITIES, WORK WITH A BRAZIL NUT COOPERATIVE TO IMPROVE CONSERVATION AND LIVELIHOODS IN INDIGENOUS LANDS IN BRAZIL, IMPROVING LIVES OF INDIGENOUS PEOPLE AND CHILDREN, DELIVERING INCENTIVES TO END DEFORESTATION, AND TRAINING COURSE FOR WATER SECTOR PROFESSIONALS

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: ADVANCING FOREST GOVERNANCE IN THE MEKONG, PROMOTING RESPONSIBLE RUBBER INVESTMENT, TRANSFORMING MARKETS FOR LEGAL TIMBER, AND EQUITABLE AND ACCOUNTABLE POST-CONFLICT RESOURCE GOVERNANCE IN MYANMAR

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: GRANT REFUNDS - DEFENDING THE AMAZON AND ACCESSING FUNDS FOR INDIGENOUS COMMUNITIEA

Schedule F (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

FOREST TRENDS ASSOCIATION 52-2135531 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I					
		of fundraising event contributions and gr	(a) Event #1 MEKONG AMAZON BOAT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	169,550.			169,550.
	2	Less: Contributions	69,923.			69,923.
	3	Gross income (line 1 minus line 2)	99,627.			99,627.
	4	Cash prizes				
ω	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				99,627.
	9	Other direct expenses				99,627.
	10	Direct expense summary. Add lines 4 throug	n 9 in column (a)		>	0.
Pa	11 rt l					1 0.
		\$15,000 on Form 990-EZ, line 6a.	anomorou 100 orri orri	1000,1 4.111, 1110 10, 0	roportod moro than	
n)		,	(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Cutof direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		_	
		ter the state(s) in which the organization condition the organization licensed to conduct gaming a	-	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses r Yes," explain:	· · ·	-	x year?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 FOREST TRENDS ASSOCIATION 52-	-2135531	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			
	An outside facility	[130]	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	If "Yes," enter name and address of the third party:		
	The root, stront harms and address of the time party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	·····	
	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		0.0, .0.0,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instituctions.		

Schedule G	(Form 990 or 990-EZ)	FOREST	TRENDS	ASSOCIATION	52-2135531	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (conti	nued)			
	• • • • • • • • • • • • • • • • • • • •	•	,			
			<u></u>			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOREST TRENDS ASSOCIATION							52-2135531
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			-
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WILDLIFE CONSERVATION SOCIETY							RESEARCH & SUPPORT OF
750 9TH ST NW #525,							WATERSHED, CARBON AND
WASHINGTON, DC 20001	13-1740011	501(C)(3)	61,849.	0.			REDD+ PROGRAMS.
WORLD WILDLIFE FUND 1250 24TH ST NW							RESEARCH & SUPPORT OF WATERSHED, CARBON AND
WASHINGTON, DC 20037	52-1693387	501(C)(3)	36,192.	0.			REDD+ PROGRAMS.
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<u>2.</u>
3 Enter total number of other organization		1 toblo					0.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		3			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ORGANIZATIONS THAT RECEIVE SUB GRA	NTS ARE	SUBJECT TO	OUR SUB-R	ECIPIENT	
MONITORING PROCEDURES WHICH MAY IN	ICLUDE, B	UT NOT BE	LIMITED TO	, THE	
FOLLOWING:					
- SUBMISSION OF ANNUAL AUDIT REPOR	RTS				
- SUBMISSION OF ANNUAL FORM 990 (1	F APPLIC	ABLE)			
- SUBMISSION OF ORGANIZATIONAL CHA	ART .				
- SUBMISSION OF ACCOUNTING POLICIE	ES AND PR	OCEDURES M	IANUAL		
- SUBMISSION OF INTERNAL CONTROLS	MANUAL				

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
а	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	Х	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	in column (B) reported as deferred on prior Form 990	
(1) MICHAEL JENKINS (i	297,451	. 0.	0.	20,822.	10,903.	329,176.	0.	
PRESIDENT & CEO) 0		0.	0.	0.	0.	0.	
(2) OLY BRACHO (i	195,000		0.	14,018.	1,007.	215,275.	0.	
CFO (ii			0.	0.	0.	0.	0.	
(3) KERSTIN CANBY (i	162,240		0.	11,357.	1,204.	174,801.	0.	
DIRECTOR, FPTF (iii			0.	0.	0.	0.	0.	
(4) JOSE BORGES (i	158,620		0.	11,103.	16,214.	185,937.	0.	
DIRECTOR, COMMUNITIES (iii) 0		0.	0.	0.	0.	0.	
(5) JAN CASSIN (i	151,410		0.	10,599.	21,162.		0.	
DIRECTOR, WATER (iii) 0		0.	0.	0.	_	0.	
(6) DEBORAH MCKAY (i			0.	9,380.	9,014.		0.	
DIRECTOR, OPERATIONS (iii) 0	. 0.	0.	0.	0.	0.	0.	
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i								
(ii)							
(i)							
(ii								
(i)							
(ii)							

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
PART I, LINE 7:					
THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION IN 2019:					
OLY BRACHO \$5,250					
LILIT BODAKOWSKI \$2,000					

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENHANCE THE LIVELIHOODS OF LOCAL COMMUNITIES LIVING IN AND AROUND THOSE FORESTS.

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

IN 2019, THE ORGANIZATION COMMENCED THE CUMARI PROGRAM. SEE SCHEDULE O FOR A DESCRIPTION OF THE ACTIVITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMITMENT TO THE NATURAL INFRASTRUCTURE FOR WATER SECURITY PROJECT IN PERU, LED BY FOREST TRENDS AND PARTNERS. FOREST TRENDS ALSO CREATED THE FIRST-EVER COMPREHENSIVE ONLINE COURSE ON NATURAL INFRASTRUCTURE FOR THE WATER SECTOR IN COLLABORATION WITH THE ASSOCIATION OF LATIN AMERICAN WATER UTILITY REGULATORS (ADERASA) AND FINANCING EXPERTS AT ECODECISIN. TO DATE, FOREST TRENDS HAS TRAINED 126 ENGINEERS AND WATER SERVICE PROVIDERS (70 MEN AND 56 WOMEN) IN 13 COUNTRIES IN DESIGNING AND EVALUATING NATURE-BASED INTERVENTIONS. THE COURSE IS IN ITS THIRD PERENNIALLY OVERSUBSCRIBED - ITERATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE INTERSECTION OF GOOD FOREST GOVERNANCE, LAW ENFORCEMENT, CONTROLS, SECURE RESOURCE RIGHTS, AND SUSTAINABLE RESOURCE DEVELOPMENT. THE INITIATIVE'S THEORY OF CHANGE HINGES UPON A COMBINATION OF SUPPLY AND DEMAND SIDE INTERVENTIONS AT THIS INTERSECTION OF POLICY, GOVERNANCE, TRANSPARENCY, AND SUSTAINABLE RESOURCE PRODUCTION.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

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

ALLIANCE FOR CLEAN COOKSTOVES, FOREST STEWARDSHIP COUNCIL).

EM BELIEVES THAT TRANSPARENCY IS A HALLMARK OF ROBUST MARKETS AND THAT

BY PROVIDING FREELY-ACCESSIBLE INFORMATION, WE CAN FACILITATE

TRANSACTIONS (THEREBY LOWERING TRANSACTION COSTS) AND ALSO CATALYZE NEW

THINKING AND SPUR THE DEVELOPMENT OF NEW MARKETS AND THE INFRASTRUCTURE

THAT SUPPORTS THEM. WITH EM'S HIGH QUALITY MARKET INTELLIGENCE, PROJECT

DEVELOPERS CAN BETTER MANAGE AND SELL ECOSYSTEM SERVICES; BUYERS CAN

BETTER UNDERSTAND THE MARKETS AND THEIR LEGITIMACY; POLICY MAKERS CAN

LEARN FROM PAST POLICIES TO CREATE MORE ENABLING ENVIRONMENTS FOR

MARKETS; AND ACADEMICS CAN BETTER UNDERSTAND THE REAL-WORLD CHALLENGES

AND TRENDS OF PAYMENTS FOR ECOSYSTEM SERVICES.

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

BIODIVERSITY: FOREST TRENDS' BIODIVERSITY INITIATIVE WAS LAUNCHED IN

2004 WITH THE DEVELOPMENT OF THE BUSINESS AND BIODIVERSITY OFFSETS

PROGRAM (BBOP). A UNIQUE, INTERNATIONAL, MULTI-STAKEHOLDER COMMUNITY OF

PRACTICE, BBOP OVER 10 YEARS DEVELOPED, TESTED AND BEGAN ROLLOUT OF THE

LEADING STANDARD AND GUIDANCE ON BIODIVERSITY MITIGATION AND OFFSETS.

THE BBOP STANDARD IS THE BACKBONE AND FRAMEWORK AGAINST WHICH THE

BIODIVERSITY INITIATIVE HAS MORE RECENTLY BEEN WORKING WITH COMPANIES

AND PARTICULARLY GOVERNMENTS TO DEVELOP NO NET LOSS (NNL) POLICIES AND

PRACTICES.

THE VALUE PROPOSITION OF THE BIODIVERSITY INITIATIVE IS TO PROMOTE DEVELOPMENT OF SOUND, SCIENCE-BASED AND ECONOMICALLY-SUSTAINABLE

Name of the organization

FOREST TRENDS ASSOCIATION

MITIGATION OF BIODIVERSITY IMPACTS BY OFFERING ADVISORY SERVICES TO

GOVERNMENTS, COMPANIES AND NGOS ON NATIONAL POLICY DEVELOPMENT AND

LANDSCAPE-LEVEL PLANNING FOR NO NET LOSS OF BIODIVERSITY, USING THE

BBOP STANDARD AND METHODS TO THE EXTENT POSSIBLE, AS THE PRINCIPAL

MEASURE OF SUCCESS.

EXPENSES \$ 145,894. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,425.

PUBLIC-PRIVATE FINANCE: PPFI WAS LAUNCHED AS REGULATION TO SUPPORT
GLOBAL AND US CARBON MARKETS FELL SHORT AND WHILE NORWAY AND OTHER
COUNTRIES COMMITTED BILLIONS OF PUBLIC DOLLARS TO SUPPORT REDD. PPFI
PROVIDED EARLY THOUGHT LEADERSHIP TO THE REDD+ PARTNERSHIP ON A ROADMAP
TO IDENTIFY THE FINANCING GAPS AND HOW TO STRUCTURE PUBLIC FUNDS TO
ATTRACT PRIVATE INVESTMENT IN REDD+ AND CLIMATE SMART SUPPLY CHAINS IN
THE ABSENCE OF A CARBON MARKET. PPFI INITIALLY WORKED WITH CACAO AND
COFFEE IN GHANA AND ETHIOPIA AND HAS WORKED WITH BEEF, CATTLE AND SOY
IN BRAZIL AND COLOMBIA AND MOST RECENTLY WITH THE WATER INITIATIVE IN
PERU AS WE APPLY THE SAME FINANCE PRINCIPLES BEYOND CARBON.

MOST RECENTLY WE ARE APPLYING OUR WORK IN THE US WITH THE LAUNCH OF
POLICY ROADMAP TO SUPPORT INVESTMENT IN THE US CARBON SINK. CONSERVING
FOREST AND ECOSYSTEMS AND TRANSFORMING LAND USE AT SCALE TO SUSTAINABLE
LOW EMISSIONS PRODUCTION SYSTEMS REQUIRES SUBSTANTIAL INVESTMENT. OUR
PUBLIC PRIVATE FINANCE INITIATIVE IS STRATEGICALLY FOCUSED ON CREATING
PUBLIC-PRIVATE ARCHITECTURES THAT INCREASE THE AMOUNT OF CAPITAL
FLOWING TO LAND USE PRACTICES THAT REDUCE EMISSIONS FROM DEFORESTATION
AND DEGRADATION, IMPROVE THE PRODUCTIVITY OF AGRICULTURAL AND LIVESTOCK
SYSTEMS, AND ENHANCE LIVELIHOODS OF RURAL POPULATIONS.

EXPENSES \$ 144,071. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,802.

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Name of the organization FOREST TRENDS ASSOCIATION Employer identification number 52-2135531

COMMUNITIES INITIATIVE: THE COMMUNITIES INITIATIVE IS ONE OF THE FIRST

INITIATIVES OF FOREST TRENDS. THE INITIAL FOCUS WAS ON RESEARCH AND

PUBLICATIONS TO PROMOTE COMMUNITIES' FOREST/LAND TENURE. IN 2006 WE

TRANSITIONED TO OUR CURRENT APPROACH OF WORKING DIRECTLY WITH LOCAL

COMMUNITIES TO STRENGTHEN THEIR CAPACITY TO SECURE AND MANAGE THEIR

TRADITIONAL FOREST HOMELANDS.

WE SUPPORT INDIGENOUS AND OTHER TRADITIONAL COMMUNITIES TO SECURE THEIR
RIGHTS, MANAGE AND CONSERVE THEIR FORESTS AND IMPROVE THEIR
LIVELIHOODS. FOCUSING ON RIGHTS, FORESTS, AND LIVELIHOODS, WE LINK
LOCAL COMMUNITIES IN KEY GEOGRAPHIES TO OPPORTUNITIES AROUND EVOLVING
POLICY, FINANCE, AND TECHNICAL ASSISTANCE. BY STRENGTHENING LOCAL
COMMUNITIES' CAPACITY TO SECURE AND MANAGE THEIR FORESTS, THE
COMMUNITIES INITIATIVE IS ALSO CONTRIBUTING TO CLIMATE CHANGE
MITIGATION, CULTURAL SURVIVAL, AND TO THE CONSERVATION OF BIODIVERSITY
AND OTHER ECOSYSTEM SERVICES.

CUMARI: FOREST TRENDS HAS PARTNERED WITH RENOWNED CHEFS, SCIENTISTS,

ENTREPRENEURS, AND WRITERS TO BUILD A NEW KIND OF ENVIRONMENTAL

MOVEMENT THAT CELEBRATES THE POTENTIAL OF AMAZON FOOD UNLOCKS NEW

ECONOMIC OPPORTUNITIES FOR THE RAINFOREST, AND BRINGS GREATER

VISIBILITY TO THE CONSERVATION OF THE AMAZON-THE LARGEST TROPICAL

FOREST IN THE WORLD.

THE MOVEMENT IS CALLED CUMARI: RAINFOREST TO TABLE. BY TAPPING INTO THE AMAZON'S EXTRAORDINARY DIVERSITY, CHEFS ARE BRINGING EXCITING

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EXPENSES \$ 832,829.

INCLUDING GRANTS OF \$ -96,106. REVENUE \$ 100,557.

Name of the organization FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

INGREDIENTS AND FLAVORS TO URBAN AUDIENCES, AND IN THE PROCESS CREATING

NEW OPPORTUNITIES FOR THE COMMUNITIES ON THE FRONTLINES OF SAVING THE

RAINFOREST. GASTRONOMY PROVIDES A POWERFUL TOOL TO RECOGNIZE THE VALUE

OF BIODIVERSITY, STRENGTHEN IMPERILED INDIGENOUS CULTURES, AND CREATE

NEW SOURCES OF INCOME FOR LOCAL PEOPLES.

EXPENSES \$ 2,391. INCLUDING GRANTS OF \$ 2,391. REVENUE \$ 7,803.

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

THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY
SENIOR MANAGEMENT. THE DRAFT 990 WAS REVIEWED AND APPROVED BY AUDIT

COMMITTEE OF THE FOREST TRENDS BOARD, THEN DISTRIBUTED TO THE ENTIRE BOARD

PRIOR TO FILING FOR REVIEW AND COMMENT. IF ANY CHANGES WERE MADE, A FINAL

COPY OF THE 990 WAS RESENT TO THE ENTIRE BOARD PRIOR TO FILING WITH THE

IRS.

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY BY
THE DIRECTOR OF ADMINISTRATION. IF A CONFLICT OF INTEREST ARISES, THE
OFFICER OR DIRECTOR IS REQUIRED TO DISCLOSE THE CONFLICT OF INTEREST TO THE
ENTIRE BOARD OF DIRECTORS. THEN HE OR SHE WOULD RECUSE HIMSELF OR HERSELF
FROM DELIBERATION OR VOTING ON A MATTER RELATED TO THE CONFLICT OF
INTEREST. AS WITH DIRECTORS AND OFFICERS, ALL EMPLOYEES CONFORM TO THE SAME
CONFLICT OF INTEREST POLICY AND FILE CONFLICT OF INTEREST DISCLOSURE
STATEMENTS ANNUALLY.

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

THE PRESIDENT & CEO'S SALARY IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AND THE BOARD. THE COMPENSATION COMMITTEE UTILIZED EXECUTIVE

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FOREST TRENDS ASSOCIATION	Employer identification number 52-2135531
COMPENSATION STUDIES PERFORMED BY INDEPENDENT CONSULTANTS	DURING ITS
REVIEW. THE PROCESS AND DECISION IS DOCUMENTED BY AN APPR	OVAL LETTER THAT
IS KEPT IN THE PERSONNEL FILES. THE PRESIDENT & CEO DETER	MINES THE SALARIES
OF THE OTHER EMPLOYEES. THE MOST RECENT SALARY REVIEW TOO	K PLACE IN JUNE
2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
THESE DOCUMENTS ARE ALSO AVAILABLE ON CHARITYNAVIGATOR.OR	G. ADDITIONALLY,
AUDITED FINANCIAL STATEMENTS ARE LOCATED ON THE FOREST TR	ENDS WEBSITE,
WWW.FOREST-TRENDS.ORG.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PARTNER EXPENSES:	
PROGRAM SERVICE EXPENSES	51,025.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,025.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	32,193.
MANAGEMENT AND GENERAL EXPENSES	2,280.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,473.
TEMPORARY SERVICES:	
PROGRAM SERVICE EXPENSES	18,489.
932212 09-06-19 Sched	dule O (Form 990 or 990-EZ) (2019)

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Name of the organization FOREST TRENDS ASSOCIATION	Employer identification number 52-2135531
MANAGEMENT AND GENERAL EXPENSES	1,309.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,798.
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,735,334.
MANAGEMENT AND GENERAL EXPENSES	193,712.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,929,046.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,034,342.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

FOREST TRENDS ASSOCIATION

Employer identification number 52-2135531

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	ontrolling ntity	9
Part II Identification of Related Tax-Exempt Corganizations during the tax year.	Organizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	`		Section 512(b controlled entity?	
				501(c)(3))			Yes	No
THE TAMOONDA CROTTO OF STATES	FACILITATE STRATEGIC			1			1	
THE KATOOMBA GROUP - 20-3738283								
1203 19TH STREET NW, 4TH FL	PARTNERSHIPS TO LAUNCH GREEN FOREST PRODUCTS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FTA		x	
1203 19TH STREET NW, 4TH FL	PARTNERSHIPS TO LAUNCH	DISTRICT OF COLUMBIA	501(c)(3)	LINE 12A, I	FTA		Х	
1203 19TH STREET NW, 4TH FL	PARTNERSHIPS TO LAUNCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FTA		х	
1203 19TH STREET NW, 4TH FL WASHINGTON, DC 20036	PARTNERSHIPS TO LAUNCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FTA		Х	
1203 19TH STREET NW, 4TH FL	PARTNERSHIPS TO LAUNCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FTA		х	
1203 19TH STREET NW, 4TH FL	PARTNERSHIPS TO LAUNCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FTA		х	

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

Schedule R (Form 990) 2019

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Made on Fours 000, Doubly line 04, because it had one or means related
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
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Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations listed ir	Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X		
b	b Gift, grant, or capital contribution to related organization(s)			1b		X		
С	c Gift, grant, or capital contribution from related organization(s)			1c		X		
d	d Loans or loan guarantees to or for related organization(s)			1d		X		
е	Loans or loan guarantees by related organization(s)			1e		X		
f	f Dividends from related organization(s)			1f		X		
g	g Sale of assets to related organization(s)			1 g		X		
h	h Purchase of assets from related organization(s)			1h		X		
i	i Exchange of assets with related organization(s)			1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		X		
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses			1 p		X		
q	Reimbursement paid by related organization(s) for expenses			1q		X		
r	r Other transfer of cash or property to related organization(s)			1r		X		
	s Other transfer of cash or property from related organization(s)			1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including covered re	elationships and transaction thresholds.					
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
00040	55		Cahadula D	/Farr	~ 000)	2010		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c org:	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or Peroging owl	(k) centage nership
		ocanay)	360010113 3 12-3 14)	Yes	No	wildering .	uoosto	Yes	No	(1 01111 1003)	Yes	No	
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