Form **990**

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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information. , 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: 93-6034757 Address change World Forestry Center E Telephone number 4033 SW Canyon Rd Name change Portland, OR 97221-2798 503-228-1367 Initial return Final return/terminated G Gross receipts \$ 4,372,062 Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer: Joseph Furia Yes Application pending H(b) Are all subordinates included?

If "No," attach a list. (see instructions) Same As C Above 4947(a)(1) or) < (insert no.) Tax-exempt status: X 501(c)(3) 501(c) (H(c) Group exemption number Website: ► www.worldforestry.org M State of legal domicile: OR L Year of formation: 1964 Form of organization: X Corporation Trust Summary Briefly describe the organization's mission or most significant activities: Through events, programs, and our public-facing museum, we educate and connect people to the importance of forests Governance by creating and inspiring champions of sustainable forestry. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a)..... 5 6 0 Total number of volunteers (estimate if necessary)..... 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 38..... 3,635. Prior Year **Current Year** 2,437,407. Contributions and grants (Part VIII, line 1h)..... 869,608 734,223. 765,797. Program service revenue (Part VIII, line 2g)..... 491,677. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 734,098. 92,300. 145,370. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 840,251 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 2,430,229. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,091,506 1,178,960 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 1,005,569. 998,381 2,097,075. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2,177,341 1,743,176.Revenue less expenses. Subtract line 18 from line 12..... 252,888. Beginning of Current Year End of Year 18,943,096. 17,983,794. Total assets (Part X, line 16) 234,726. 225,173. 21 Net assets or fund balances. Subtract line 21 from line 20..... 17,749,068. 18,717,923 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is yasted on all information of which preparer has any knowledge. Sign Executive Dir Joseph Furia Here Type or print name and title Date ② if Preparer's signature Check self-employed Self-Prepared Paid Preparer Firm's name Firm's EIN 🟲 Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions).....

| Form | 990 (2018) World Forestry Center 93-6034/5/ Fage | <u> </u> |
|--------------|---|----------|
| Par | t III Statement of Program Service Accomplishments | _ |
| lifica Sales | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | Our mission is to create and inspire champions of sustainable forestry. We do that | |
| | by shaping society to value and take action to support the economic, social, and | |
| | 1 | _ |
| | ecological benefits of forests. | _ |
| | Did the organization undertake any significant program services during the year which were not listed on the prior | _ |
| _ | Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| _ | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| 3 | If "Yes," describe these changes on Schedule O. | |
| | Test, describe these changes on schedule of | |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, | |
| | 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 \$ 891,100. including grants of \$) (Revenue \$ 131,175. |) |
| | Located in Portland's iconic Washington Park, the World Forestry Center's Discovery | _ |
| | Museum educates quests about forests and sustainable forestry. Open to the general | _ |
| | public, the museum features interactive exhibits and provides hands on environmental | _ |
| | education to tens of thousands of visitors and students each year. | _ |
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| | | |
| | (Code:) (Expenses \$ 679,293. including grants of \$) (Revenue \$ 634,622. |) |
| -, - | The World Forest Institute is the World Forestry Center's professional development | |
| | and continuing education arm. The Institute offers a variety of programing for | _ |
| | professionals in forestry and other natural resource fields. Its flagship program is | - |
| | an International Fellowship that brings together eight natural resource professionals | ; |
| | from across the globe for six months of forestry research, training, and cultural | _ |
| | exchange in the Pacific Northwest. The Institute also holds several annual | _ |
| | conferences, lectures, and events that provide critical opportunities for dialogue | _ |
| | and discussion on issues of importance in the forestry sector. | _ |
| | and discussion on issues of importance in the locatery sessor. | _ |
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| | | _ |
| | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | <u> </u> |
| 4 C | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | • |
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| | Oll Constitution (Departition in Cohodulo O.) | _ |
| 4 d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | _ |

| Гα | Checklist of Required Schedules | | V | Na |
|------|--|------|----------|-------|
| 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 | Yes X | No |
| 2 | Control of the contro | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Entry Entry Services 1997 - 19 | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | the first state of the first sta | 7 | | Х |
| 8 | The state of the s | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| í | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | Х | |
| ì | b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | Х | |
| (| bid the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х_ |
| (| I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| ŀ | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 142 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | _ | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| ΔΔ | | Form | 990 (| 2018) |

| Pa | rt IV Checklist of Required Schedules (continued) | | r | |
|------|--|-----|-------|--------|
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, | | Yes | No |
| | column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | X |
| 1 | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| , | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| I | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27_ | | х |
| | 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): | 28a | | X |
| | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | |
| | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | 17 | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ŀ | olf '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 | | |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pat | TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | . 🖂 |
| | Check it deficults of contains a response of note to any fine in this fact v | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 2,727 | 1.5 |
| Ŀ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1,3 | | |
| c | ; Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| BAA | TEC 101041 00/00/10 | | | (2018) |

93-6034757 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... X 2 b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... X 3 a X **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q. 3 b 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)?..... Х 4 a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... Х 5 b 5 с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7 a X **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?..... 7с Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... Х 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7 a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?..... X 14a b If "Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O....... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... 15 Х If 'Yes,' see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х

If 'Yes,' complete Form 4720, Schedule O.

93-6034757 Page 6 Form 990 (2018) World Forestry Center Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 6 Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body?..... ٨h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes?..... 11 a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X X 13 13 Did the organization have a written whistleblower policy?..... X 14 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official.. See. Schedule.. 0...... 15 a **b** Other officers or key employees of the organization..... X 15 b 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 X 16 a taxable entity during the year?.... 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) X Another's website X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

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Darlene Boles 4033 SW Canyon Rd Portland OR 97221-2798 503-228-1367

93-6034757 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII......

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

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

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

| Check this box if neither the organization nor any | related organiz | ation | con | nper | nsate | ed any | / CL | ırrent officer, direct | or, or trustee. | |
|--|--|-------------|------------------------|---------|----------------------------|-------------------------------------|--------|-------------------------------------|---|--|
| | | | | (C) |) | | | | | |
| (A) Name and Title | (B) Average hours | tha | n one s both dir | box, | unle: officei trust/ | eck mo ss pers r and a ee) | on | (D) Reportable compensation from | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza- tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Jennifer Allen | 5 | | | | | | | | | |
| Chair. | | X | | Х | | | | 0. | 0. | 0. |
| (2) Cherie Kearney | 2 | | | | | | | | | |
| Vice Chair | | X | | Х | | | | 0. | 0. | 0. |
| (3) Mark Norby | 2 | | | | | | | | | |
| Secretary | |] X | | X | | | | 0. | 0. | 0. |
| (4) Tiffanie Starr | 4 | | | | | | | | | |
| Treasurer | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (5) Nils Christoffersen | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | _0. | 0. |
| (6) Bruce Daucsavage | 1 | | | | | | | _ | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (7) Anthony Davis | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (8) Greg Fullem | 1 | | | | | | | _ | | |
| Director | 0 | Х | | | | | | 0. | <u>0.</u> | 0. |
| (9) Victor Haley | 1 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) Steven Levesque | 1 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) Jeff Nuss | 11 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (12) Kaarsten Turner Dalby | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (13) Joseph Furia | 40 | | | | | | | | | |
| Executive Dir. | 0 | | | Х | | | | 57,285. | 0. | 2,333. |
| (14) Sara Wu | 40 | | | | | | | | | |
| Interim Dir. | 0 | | | Х | | | | 82,528. | 0. | <u>3,</u> 038. |
| BAA | TEEA01 | 07L | 08/03 | /18 | | | | | | Form 990 (2018) |

| Part VII | Section A. Officers, Directors, Ti | rustees, | Key | En | ıple | oye | es, | an | d High <u>est Com</u> | pensated Emp | loyees (continued) |
|------------------------------|--|--------------------------|---|----------------------|----------------|---------------|------------------------------|-------------|---------------------------------------|--|------------------------------|
| Salar Log Wall Parts and the | | (B) | | | ((| C) | | | | | |
| | (A) | | Position e (do not check more than one | | | 000 | (D) | (E) | (F) | | |
| | (A) Name and title | Average hours | box, unless person is both an | | Reportable | Reportable | Estimated | | | | |
| | Name and the | per week | \vdash | 1 | | | | | compensation from the organization | compensation from related organizations | amount of other compensation |
| | | (list any hours | 10 E | नु | Officer | <u>@</u> | 흹흑 | g' | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization |
| | | for related | lie 5 | Į, | 윤 | Key employee | S S | [륙 | | | and related organizations |
| | | organiza - tions | jo r | onal | | 용 | ĕ § | | | | Organizations |
| | | below | or director | nstitutional trustee | | ee e | ಕ್ಷ | | | | |
| | | dotted line) | 8 | de | | | Highest compensated employee | | | | |
| | | | | | | | ä | _ | | | |
| (15) Dar | lene Boles | 40 | | | | | | | | | |
| | ance Dir. | 7 | 1 | | Х | | 1 | | 87,911. | 0. | 3,677. |
| 44.00 | | | | | | | | | | | |
| 7.7/ | | | 1 | | | | | | | | |
| (17) | | <u> </u> | | | _ | | | _ | | | |
| 7.7/ | | | 1 | | | | | l | | | 1 |
| (10) | | - | ╁ | | _ | _ | | | | | |
| 7.57 | | | 1 | | | ŀ | | | | | |
| (10) | | - | ╁ | | _ | | | | | | |
| <u>(19)</u> | | | · | | | | | | | | |
| (00) | | + | | Н | | | | | | | - |
| <u>(20)</u> | | | 1 | | | | 1 | | | | |
| | | | | | | | <u> </u> | | | | |
| (21) | | | | | | | | | | | İ |
| · . | | _ | | | | | | ļ., | | | |
| (22) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| | | | - | | | | | | | | |
| (24) | |] | . | | | | | | | | |
| | | _ | | | | | | | | | |
| (25) | | <u> </u> | | l | | | | | | | |
| | | | | | | | | | | | |
| | otal | | | | | | | ▶ . | 227,724. | 0. | |
| c Total | from continuation sheets to Part VII, Sect | ion A | | | | | | ▶ | 0. | 0. | 0. |
| d Total | (add lines 1b and 1c) | | | | | | | ▶ | 227,724. | 0. | 9,048. |
| 2 Total r | number of individuals (including but not limite | d to those li | sted | abov | /e) v | v ho I | recei | ved | more than \$100,00 | O of reportable comp | pensation |
| | he organization • 0 | | | | | | | | | | |
| | | | | | | | | | | | Yes No |
| 3 Did #6 | e organization list any former officer, dire | ctor or true | ctoo | kov | , em | nlos | /66 | or h | ighest compensat | ed employee | |
| 3 Did th on line | e arganization list any former officer, dire e 1a? If 'Yes,' complete Schedule J for su | ch individu | al | | | | | | | | . 3 X |
| | ny individual listed on line 1a, is the sum o | | | | | | | oth | or compensation f | rom | |
| 4 For an | ganization and related organizations great | er than \$1 | 50,00 | 00? | lf 'Y | es,' | com | ıple: | te Schedule J for | 10111 | |
| such i | individual | | • • • • | | • • • • | | | | | | . 4 X |
| 5 Did ar | ny person listed on line 1a receive or accru | ue compen | satio | n fro | om a | any | unre | late | d organization or | individual | |
| for se | rvices rendered to the organization? If 'Ye | s,' comple | te Sc | hed | ule . | J fo | r suc | h p | erson | <u></u> | 5 X |
| Section E | 3. Independent Contractors | | | | | , | | 11 | | ¢100 000 of | |
| 1 Comp | lete this table for your five highest compensation from the organization. Report compe | nsated indensation for t | epend the ca | gent alent | cor dar v | ntrac /ear | ctors endi | tna na w | t received more the | anization's tax year | |
| compe | | | | | | | | - 1 | | | |
| | (A) Name and business add | dress | | | | | | | (B) Description o | f services | (C) Compensation |
| | | _ | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
| | | | | | _ | | | | | | |
| | | | | | | | | \dashv | | | |
| | al makindana lautanaka la Pala P | h, it park 15 * | tod 1 | , \$l= - | gg 1: | ata d | ah - | ٠ (٥٠) | who received more | than Isa | |
| | number of independent contractors (including | | เยน ใ |) (NO | 5 0 | sied | ano | ve) \ | who received more | uia() | |
| \$100,0 | 000 of compensation from the organization | 0 | | | | | | | | 3.3 | Form 990 (2018) |

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| I ai | Check if Schedule O contains a response or note to any | y line in this Part V | /IIE | | |
|--|--|-----------------------|--|--|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns 1 a b Membership dues 1 b 7,759 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e | | | | |
| ontributions of Other Sir | f All other contributions, gifts, grants, and similar amounts not included above 1f 2,429,648. g Noncash contributions included in lines 1a-1f: \$ 997,274. | | | | |
| | h Total. Add lines 1a-1f | 2,437,407. | | deiney vive | |
| Ē | Business Code | | | | |
| ¥e | 2a World Forest Institute 900099 | 634,622. | 634,622. | | |
| æ | b Discovery Museum 900099 | 131,175. | <u>131,175.</u> | | |
| Program Service Revenue | c | | | | |
| ar, | e | | | | |
| g | f All other program service revenue | B.C.F. B.O.F. | | | Li nguyê yê kalêrstêrê |
| <u> </u> | y Iotal, Add lines 2a-21 | 7 <u>65,797.</u> | | THE REVENUE AND RESE | |
| | Investment income (including dividends, interest and other similar amounts) | 401 677 | | | 401 677 |
| | | 491,677. | | <u> </u> | 491,677. |
| | 4 Income from investment of tax-exempt bond proceeds > | | | | _ |
| | 5 Royalties | | | No. 100 No. 10 | Columnia of the Solid Additional States of the Additional Solid Additional States of the Solid Additional Solid Additional States of the Solid Additional States of the Solid Additional Solid Additional States of the Solid Additional Solid Additional States of the Solid Additional Addi |
| | (i) Real (ii) Personal | Official Gallery | | | |
| | 6a Gross rents 546, 546. | | | | |
| | b Less: rental expenses 521, 429. | | | | |
| | c Rental income or (loss) 25, 117. | | | | |
| | d Net rental income or (loss) | 25,117. | 100 Harris 1904 Protein Harris Contraction Contraction Contraction | ************************************** | 25,117. |
| | (i) Olive | . ۱۱۲۰ کی در ۲ | | | 25/11/. |
| | /a Gross amount from sales of | | 1,220,000 | | • |
| | assets other than inventory | | | | |
| | b Less: cost or other basis | | | | |
| | and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss)▶ | | | | <u> </u> |
| evenue | 8a Gross income from fundraising events (not including \$ | | | | |
| š | of contributions reported on line 1c). | HARTIE | | | |
| Other Re | See Part IV, line 18 a | | | | |
| ē | b Less: direct expenses b | | | | |
| ᅔ | c Net income or (loss) from fundraising events | | + with to at | | |
| | 9a Gross income from gaming activities. See Part IV, line 19a | | | | |
| | b Less: direct expenses b | | | | |
| l | c Net income or (loss) from gaming activities ▶ | | | | |
| | 10a Gross sales of inventory, less returns | | A CAMBRID LL | | |
| | and allowances a 21,869. | | | | |
| | b Less: cost of goods sold b 10,382. | | | | |
| | c Net income or (loss) from sales of inventory | 11,487. | 11,487. | | .a seem to ususemed 19485 Occident the seemen and the seemen a |
| - } | Miscellaneous Revenue Business Code | 11,407. | 11,467. | | |
| · | | 108,766. | Seminaria de la Seminaria del Seminaria de la | THE PERSON NAMED OF THE PARTY O | 108,766. |
| | . 2203225555 | 100,/00. | | | 100,700. |
| | b | | | | |
| | C | | - '- | | |
| | d All other revenue | | Communication of a section of the se | education to secundants, to see 2 | Transport (May February) - 17900 |
| | e Total. Add lines 11a-11d | 108,766. | | | |
| ŀ | 12 Total revenue. See instructions | 3,840,251. | 777 <u>,</u> 284. | 0. | <u>625,560.</u> |
| BAA | TEEAO | | | | Form 990 (2018) |

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Form 990 (2018) World Forestry Center 93
Part IX Statement of Functional Expenses

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

| Sec | tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a | nplete all columns. All of | ther organizations must on the line in this Part IX | complete column (A). | |
|-----------|---|----------------------------|---|---|---|
| | Check it Schedule O contains a | | (B) | (C) | (D) |
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | - | | |
| 2 | Grants and other assistance to domestic individuals, See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | ZSMIT POMBLE |
| 5 | Compensation of current officers, directors, trustees, and key employees | 227,724. | 158,660. | 38,148. | 30,916. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 587,294. | 409,181. | 98,382. | 79,731. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) | | | 6 007 | E (12 |
| _ | employer contributions) | 41,349. | 28,809. | 6,927. | 5,613. |
| 9 | Other employee benefits | 149,182. | 103,938. | 24,991. | 20,253. |
| 10 | Payroll taxes | 85,957. | 59,888. | 14,399. | 11,670. |
| | Fees for services (non-employees): | | | | 0 101 |
| | Management | 22,211. | 6,893. | 13,187. | 2,131. |
| |) Legal | 23,034. | 7,150. | 13,675 <u>.</u> | 2,209. |
| | : Accounting | <u>17,275.</u> | 5,361. | 10,257. | <u>1,657.</u> |
| | Lobbying | | | | |
| • | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 10 | (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion | 68,644. | 12,183. | 3,600. | 52,861. |
| | - · · | 67,780. | 42,569. | 11,150. | 14,061. |
| 13 | Office expenses | 19,743. | 6,127. | 11,722. | 1,894. |
| 14 | Information technology | 19,743. | 0,127. | 11, 122. | 1,054. |
| 15 | Royalties | 101 010 | 100 276 | 10 700 | 0.674 |
| 16 | Occupancy | 121,843. | <u>102,376.</u> | 10,793. | 8,674. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 135,271. | 135,271. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 438,526. | 406,505. | 6,670. | 25,351. |
| 23 | Insurance | 36,052. | 30,292. | 3,193. | 2,567. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | Program expenses | 55,190. | 55,190. | ※相手は旧会。主要は2000年の大学中的大学の問題は400年後とそれ、「All P | Hilling page and the Comment of the |
| b | ' | | | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | 4 550 000 | 0.511 0.04 | 050 500 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,097,075. | 1,570,393. | 267,094. | 259,588. |
| 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) | | | | |
| BAA | OOI 30-2 (NOO 300-720) | TEEA0110L 08 | | . | Form 990 (2018) |
| | | | | | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year **(B)** End of year 236,842 1 256,636. Cash - non-interest-bearing..... 2 Savings and temporary cash investments..... 1,072,415. 1,805,531. 2 Pledges and grants receivable, net..... 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 8 2,792. 2,830 9 6,350 10,016 Prepaid expenses and deferred charges..... **10 a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 16,699,115. 10,336,567. 10 c 6,362,548. 6,683,515 11 Investments – publicly traded securities..... Investments – other securities. See Part IV, line 11..... 12 9,978,176 10,509,239. 12 Investments - program-related. See Part IV, line 11..... 13 13 Intangible assets..... 14 14 15 Other assets, See Part IV, line 11..... 15 16 17,983,794. 18,943,096. Total assets. Add lines 1 through 15 (must equal line 34)..... 16 105,730 17 105,338. Accounts payable and accrued expenses..... 17 Grants payable 18 18 119,835. 19 Deferred revenue 128,996 19 Tax-exempt bond liabilities..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to current and former officers, directors, trustees, 22 23 23 Secured mortgages and notes payable to unrelated third parties..... Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 225,173 Total liabilities. Add lines 17 through 25..... 234,726 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 8,776,377. 7,936,948 Unrestricted net assets..... 28 1,150,319. Temporarily restricted net assets..... 1,620,894 29 8,791,227. 8,191,226 Permanently restricted net assets..... Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, or equipment fund..... 31 32 Retained earnings, endowment, accumulated income, or other funds..... 33 18,717,923. Total net assets or fund balances..... 17,749,068 33 18,943,096. 17,983,794 34 34 Total liabilities and net assets/fund balances..... Form 990 (2018) BAA

| Forn | n 990 (2018) World Forestry Center | 0034/ | <u> </u> | aye 12 |
|------|---|-------------------|-----------------|--|
| Pai | t XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 3,840, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 <u>,097</u> , | <u>075.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,743, | <u> 176.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,749, | 068. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 321. |
| 6 | Donated services and use of facilities | 6 | _ | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 10 | 10 717 | 000 |
| | column (B)) | 10 | 18,717, | 923. |
| Par | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | · · · · · · · · · | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | 16.00 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | |
| 2 a | 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 reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ed on a | * | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b X | |
| U | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa | te | | g 1411. |
| | basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c X | 2 4000000 |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | X |
| b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | it | Зь | |
| BAA | TEEA0112L 08/03/18 | | Form 990 | (2018) |

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

| Wor | rld Forestry Center | | | | | 93-603475 | 57 <u> </u> |
|------------|--|--|---|--|--|---|--|
| Par | t 🕼 Reason for Public Ch | arity Status (All c | organizations must | compl | ete this | s part.) See instruc | tions. |
| The | organization is not a private four | | | | | | |
| 1 | A church, convention of church | | | | | (i). | |
| 2 | A school described in section | | | | | | |
| 3 | A hospital or a cooperative | | | | | | |
| 4 | A medical research organiz | ation operated in conj | junction with a hospital | describe | ed in se | ction 170(b)(1)(A)(iii). E | inter the hospital's |
| | | | | | | | - |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (C | or the benefit of a collomplete Part II.) | ege or university owned | or ope | rated by | a governmental unit d | escribed in |
| 6 | A federal, state, or local go | | | | | | |
| 7 | X An organization that normally in section 170(b)(1)(A)(vi). | receives a substantial (Complete Part II.) | part of its support from a | governn | nental ur | nit or from the general pu | blic described |
| 8 | A community trust described | • • • • | | • | | | |
| 9 | An agricultural research organ | nization described in se | ction 170(b)(1)(A)(ix) ope | rated in o | conjuncti | on with a land-grant colle | ege |
| | or university or a non-land-gra | | | | | | or |
| | university: | | | | | , | |
| 10 | An organization that normally from activities related to its investment income and unre June 30, 1975. See section | exempt functions—su elated business taxab | bject to certain exception le income (less section | ons, and | l (2) no | more than 33-1/3% of i | ts support from gross |
| 11 | An organization organized a | and operated exclusive | ely to test for public saf | ety. See | section | n 509(a)(4). | |
| 12 | An organization organized a or more publicly supported of lines 12a through 12d that d | organizations describe | ed in section 509(a)(1) (| or sectio | on 509(a | 1)(2). See section 509 (a | ut the purposes of one)(3). Check the box in |
| а | Type I A supporting organizat | ion operated cupervise | d or controlled by its su | anorted o | rnanizat | tion(s) typically by giving | the supported |
| ű | organization(s) the power to re complete Part IV, Sections | egularly appoint or elec A and B. | t a majority of the directo | rs or tru: | stees of | the supporting organizati | on. You must |
| b | management of the supporting must complete Part IV, Section 19 | g organization vested in tions A and C. | the same persons that o | ontrol or | manage | the supported organizat | ion(s). You |
| С | Type III functionally integrated organization(s) (see instruct | I. A supporting organiza ions). You must com | tion operated in connection plete Part IV, Sections | n with, a A, D, an | nd functi d E. | onally integrated with, its | supported |
| d | | rated A supporting or | ianization operated in col | nection | with its | supported organization(s) | that is not |
| е | Check this box if the organize integrated, or Type III non-fu | zation received a writt | en determination from | the IRS | | | |
| f | Enter the number of supported | organizations | | | | | |
| | Provide the following information | | | | | | |
| (| i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) l organiza in your g docur | s the ion listed overning nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| | | | | | | | |
| (A) | | | | | | | |
| <u>(B)</u> | <u></u> | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| | | | | | | | |
| <u>(E)</u> | | pract of the state | -sy s s t t t t t t t t t t t t t t t t t | of garange | amining allithe | - | |
| T-4-1 | | | | 7. di | - 1 k | | |

Schedule A (Form 990 or 990-EZ) 2018 World Forestry Center 93-6034757

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

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

| Sec | tion A. Public Support | | | | · | r | |
|--------------|---|--|---|--|---|---|------------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 814,929. | 1,873, <u>4</u> 85. | 756 , 250. | 869,608. | 2,437,407. | 6,751,679. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | · | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 814,929. | 1,873,485. | 756,250. | 869,608. | 2,437,407. | 6,751,679. |
| 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) | | | | | | 307,698. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 6,443,981. |
| Sec | tion B. Total Support | anne de la company de la compa | | | | | |
| Cale | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| _ | Amounts from line 4 | 814,929. | 1,873,485. | 756,250. | 869,608. | 2,437,407. | 6,751,679. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 961,766. | 998,777. | 1,018,868. | 1,029,668. | 1,038,223. | 5,047,302. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 3,635. | 3,635. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| | Total support. Add lines 7 through 10 | | | | | | 11,802,616. |
| | Gross receipts from related activ | | | | | | 4,107,763. |
| | First five years. If the Form 990 is organization, check this box and | stop nere | | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) | <u>►</u> 🗌 |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| 14 | Public support percentage for 20 | 18 (line 6, columi | n (f) divided by lir | ne 11, column (f)). | | 14 | |
| | Public support percentage from | | | | | | 47.30% |
| | 33-1/3% support test—2018. If to and stop here. The organization | qualifies as a pur | oliciy supported o | rganization | | | ····· |
| | 33-1/3% support test—2017. If the and stop here. The organization | qualifies as a pu | bliciy supported d | organization | | | Ц |
| | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the Tacts-a -and-circumstanc | es' test. The orga | anization qualifies | as a publicly sup | ported organization | on |
| b | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and | est—2017. If the or meets the 'facts-a d-circumstances' | ganization did no and-circumstance test. The organiza | ot check a box on s' test, check this ation qualifies as | line 13, 16a, 16b, box and stop hei a publicly support | or 17a, and line re. Explain in Parted organization. | 15 is 10% t VI how the |
| 18 | Private foundation. If the organia | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or I/b, check th | is box and see ins | structions |

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

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

| Sec | tion A. Public Support | | | | | | | |
|-------|--|--|-------------------------|----------------------|----------------------|-----------------|---------|--------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | 3 | (f) Total |
| 1 | Gifts, grants, contributions, | | | | | | | |
| | and membership fees received. (Do not include | | | | | 1 | İ | |
| | any 'unusual grants.') | | | | <u></u> | | | |
| 2 | Gross receipts from admissions, | | | | | 1 | | |
| | merchandise sold or services performed, or facilities | | | | | | | |
| | furnished in any activity that is | | | | | | | |
| | related to the organization's | | | | | | | |
| | tax-exempt purpose | | · <u> </u> | | | - | | |
| 3 | Gross receipts from activities that are not an unrelated trade | | | | | | | |
| | or business under section 513. | | | ! | | | | |
| 4 | Tax revenues levied for the | | | | | | ŀ | |
| | organization's benefit and either paid to or expended on | | | | | ł | | |
| | its behalf | | | ļ | | | | |
| 5 | The value of services or | | | | | | | |
| | facilities furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | _ | | | | | | |
| | Amounts included on lines 1, | | | | | | | |
| | 2, and 3 received from | | | | | 1 | ĺ | |
| | disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than | | | ł | | ŀ | | |
| | disqualified persons that | | | | | | | |
| | exceed the greater of \$5,000 or | | | | | | | |
| | 1% of the amount on line 13 for the year | | | | | | - | |
| c | Add lines 7a and 7b | | - | | | | | |
| R | Public support. (Subtract line | | (* J | | | | | |
| Ū | 7c from line 6.) | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | 3 | (f) Total |
| | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | | |
| | nayments received on securities loans. | | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable | | | | | | | |
| | income (less section 511 | | | | 1 | | | |
| | taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| c | Add lines 10a and 10b | | | | | | | |
| | Net income from unrelated business | | | | | | | |
| • • | activities not included in line 10b, | | | | | 1 | | |
| | whether or not the business is regularly carried on | | | | | | ı | |
| 12 | Other income. Do not include | | | | | | | |
| | gain or loss from the sale of | | | | | | ļ | |
| | capital assets (Explain in Part VI.) | | | | | | | |
| 12 | Total support. (Add lines 9, | _ | | | | | | |
| | 10c. 11. and 12.\ | | | | | L | | |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiza | tion's first, secon | nd, third, fourth, a | r fifth tax year as | a section 50 |)1(c)(3 | 3) ▶ □ |
| Coo | tion C. Computation of Pul | | | | | | | |
| 15 | Public support percentage for 20 | 18 (line 8 column | (f) divided by li | ne 13. column (f) |) | | 15 | % |
| | Public support percentage from 2 | | | | | | 16 | % |
| | tion D. Computation of Inv | | | | | | | |
| | Investment income percentage for | or 2019 /line 10a | column (f) divide | ed by line 13 colu | ımp (f)) | | 17 | |
| 17 | Investment income percentage for Investment income percentage for | | | | | | 18 | |
| 18 | investment income percentage to | Join Zui / Schedul | id not about the | nov on line 14 or | nd line 15 is more | · than 33-1/39 | | |
| 19a | 33-1/3% support tests—2018. If t is not more than 33-1/3%, check | ne organization di this box and stor | here. The organ | ization qualifies a | as a publicly supr | orted organia | zation | ······ ► |
| h | 33-1/3% support tests-2017. If t | he organization di | d not check a bo | x on line 14 or lin | ne 19a, and line 1 | 6 is more that | an 33- | 1/3%, and 🖳 |
| | line 18 is not more than 33-1/3% | , check this box a | nd stop here. Th | e organization qu | ialifies as a public | cly supported | organ | nization F |
| 20 | Private foundation. If the organization | zation did not che | ck a box on line | 14, 19a, or 19b, c | | | | |
| RΔΔ | | | TEEA0403L | 06/07/18 | Se | chedule A (Fo | orm 99 | 90 or 990-EZ) 2018 |

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.)

| Sec | ction A. All Supporting Organizations | | Yes | No |
|-----|---|-----|---------|---------------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | Tes | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | 3a | | |
| I | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| (| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 42 | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| ł | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| Ć | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5 | a 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 ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| Ł | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | 9F8 16 | 7. Neglicā |
| 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? <i>If</i> 'Yes,' provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8_ | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. | 9c | | in the second |
| 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)? If 'Yes,' answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | 32 JUR. | |

| Pa | rt IV Supporting Organizations (continued) | | Vaa | No |
|-----|--|--------|---------|-------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | -Tagti | Yes | NO |
| | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | 5 5 6 | |
| | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Se | ction C. Type II Supporting Organizations | | - T | |
| | | | Yes | No |
| | 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 | ction 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 | | 1.:0) |
| 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 | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| 1 | | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i | nstruc | tions). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| i | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| l | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | AND DE | 5465 |
| į | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| JCH I | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical | niza | itions | <u> </u> |
|-------|--|-------|---------------------------|--------------------------------|
| | | | | Port VI) See |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | ns mu | ust complete Sections A | |
| Sec | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8_ | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| ě | Average monthly value of securities | 1a | | |
| ŀ | Average monthly cash balances | 1b | | |
| (| Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3. | 4 | · 精, 。 | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grate | d Type III supporting org | anization |

Schedule A (Form 990 or 990-EZ) 2018

| Par | t V Type III Non-Functionally Integrated 509(a)(3) S | upporting Organiza | tions (continued) | | | |
|-----|---|--|--|--|--|--|
| Sec | Section D – Distributions | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt p | urposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organizations | s, | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | supported organizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization ${\bf Part\ VI}).$ See instructions. | tion is responsive (provide | details | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| Sec | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 | | |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | and the second s | | |
| | Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | \$4.84 H. S. B | | | |
| а | From 2013 | | | | | |
| b | From 2014 | | | | | |
| С | From 2015 | | | | | |
| d | From 2016 | | | | | |
| е | From 2017 | | | | | |
| f | Total of lines 3a through e | A COMMISSION OF COLUMN AND A COMMISSION OF COLUM | | | | |
| g | Applied to underdistributions of prior years | | | the state of the s | | |
| h | Applied to 2018 distributable amount | | | Value of the second control of the second with the second of the second | | |
| i | Carryover from 2013 not applied (see instructions) | | 1. 34a A | 667 156 2 | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2018 from Section D, line 7: | | | | | |
| a | Applied to underdistributions of prior years | | | Linear Control | | |
| | Applied to 2018 distributable amount | | | | | |
| С | Remainder, Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | | | |
| | Breakdown of line 7: | 5.4 | | | | |
| _ | Excess from 2014 | | | | | |
| _ | Excess from 2015 | PARTY OF ANY OF | 2.000000 p | 的。这种种种的工程 | | |
| _ | Excess from 2016 | | | AND PAGE | | |
| d | Excess from 2017 | | | ************************************** | | |
| | Excess from 2018 | | | | | |

e Excess from 2018 BAA

Schedule A (Form 990 or 990-EZ) 2018

93-6034757

Page 8

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

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

Department of the Treasury Internal Revenue Service

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

| Name of the organization | | Employer identification number |
|---|--|--|
| World Forestry Center | | 93-6034757 |
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | private foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a priva | ate foundation |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organization is covered by the General | Rule or a Special Rule. | |
| - | anization can check boxes for both the General Rule and a S | special Rule. See instructions. |
| | SHIZALION CAST CHECK BOXES TO BOTH THE GONERAL MAIS AND A | poolar realer des mendements |
| General Rule | 2 as 000 DE that received during the year contributions total | aling \$5,000 or more (in money or |
| property) from any one contributor. Comple | , or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribu | tor's total contributions. |
| property, many and and | | |
| Special Rules | | |
| | 1/c)/3) filing Form 990 or 990-F7 that met the 33-1/3% supp | ort test of the regulations |
| under sections 509(a)(1) and 170(b)(1)(A)(vi), | 1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp 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 Form 990, Part VIII, line 1h; or (ii) Form 990 | ne year, total contributions of the greater of (1) \$5,000; or (2 D-EZ, line 1. Complete Parts I and II. | 2% of the amount on (i) |
| | | |
| For an organization described in section 50 | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit | rom any one contributor, terany or educational |
| purposes, or for the prevention of cruelty to | children or animals. Complete Parts I (entering 'N/A' in colu | ımn (b) instead of the |
| contributor name and address), II, and III. | | |
| For an organization described in section 50 | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f | rom any one contributor, |
| during the year, contributions exclusively for | r religious, charitable, etc., purposes, but no such contribution | ons totaled more than |
| \$1,000. If this box is checked, enter here the | e total contributions that were received during the year for a y of the parts unless the General Rule applies to this organi | n <i>exclusively</i> religious, ization because |
| it received <i>nonexclusively</i> religious, charitab | le, etc., contributions totaling \$5,000 or more during the year | ar▶\$ |
| it lossified that the same of | | |
| | | |
| | | |
| Caution: An organization that isn't covered by the | he General Rule and/or the Special Rules doesn't file Sched | ule B (Form 990, 990-EZ, or |
| 000 DEV but it wuct answer 'No' on Part IV line | e 2, of its Form 990; or check the box on line H of its Form 900; or check the box on line H of its Form 900; or 990, each of Schedule B (Form 990, 990-EZ, or 990). | 99U-L.Z 01 011 115 1 01111 990-1 1 1 |
| RAA For Panerwork Reduction Act Notice, see the instru | | Form 990, 990-EZ, or 990-PF) (2018) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| | World Forestry Center | | | 93-603 | 4757 | |
|---|--|---|--|--|--------------------------------|---------|
| Par | Organizations Maintaining Donor Adv | ised Funds or Ot | ner Similar Fur | nds or Accounts. | | - |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. | | | | | | |
| | | (a) Donor advised | funds | (b) Funds and o | ther accounts | s |
| 1 | Total number at end of year | <u> </u> | | | | |
| 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 advare the organization's property, subject to the organization | isors in writing that the | e assets held in do | onor advised funds | Yes | No |
| c | Did the annumentary inform all grantoes deports and | donor advisors in writ | ing that grant fund | ds can be used only | | - |
| 6 | Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit? | donor or donor adviso | r, or for any other | purpose conferring | Yes | No |
| Par | Conservation Easements. Complete if the organization answered | 'Yes' on Form 99 | 0, Part IV, <u>line</u> | 7 | | |
| 1 | Purpose(s) of conservation easements held by the or | ganization (check all t | hat apply). | | | |
| | Preservation of land for public use (e.g., recreati | on or education) | | of a historically importar | | |
| | Protection of natural habitat | | Preservation of | of a certified historic stru | ucture | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a q | ualified conservation co | ntribution in the form | n of a conservation easer | nent on the | |
| | last day of the tax year. | | | | End of the Ta | v Vaar |
| | | | | -111505 - 2019 | End of the Ta | ix rear |
| ā | Total number of conservation easements | | | 2a | | |
| Ł | Total acreage restricted by conservation easements. | | | 2 c | | |
| | Number of conservation easements on a certified his | | | | | |
| c | Number of conservation easements included in (c) ac structure listed in the National Register | | | Zu | | |
| 3 | Number of conservation easements modified, transferred tax year ► | | , or terminated by the | ne organization during the |) | |
| 4 | Number of states where property subject to conservation | easement is located > | | - | | |
| 5 | Does the organization have a written policy regarding and enforcement of the conservation easements it has | olds? | | | Yes [|] No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecti | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, h ▶\$ | andling of violations, ar | d enforcing conserv | vation easements during t | he year | - |
| 8 | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)? | (d) above satisfy the r | equirements of se | ction 170(h)(4)(B)(i) | Yes |] No |
| 9 | In Part XIII, describe how the organization reports conser include, if applicable, the text of the footnote to the conservation. | vation easements in its rganization's financial | revenue and expen statements that d | se statement, and balanc lescribes the organization | e sheet, and on's accountir | ng for |
| Name of the | conservation easements | | | | | |
| | Organizations Maintaining Collections Complete if the organization answered | | | | | |
| | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for p in Part XIII, the text of the footnote to its financial sta | ublic exhibition, education atements that describe | s these items. | urtherance of public service | se, provide, | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for public following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1.(ii) Assets included in Form 990, Part X | • | | ې | | |
| | (ii) Assets included in Form 990, Part X | | | چې د داد د د د د د د د د د د د د د د د د | | |
| 2 | If the organization received or held works of art, historica amounts required to be reported under SFAS 116 (A. | I treasures, or other sim SC 958) relating to the | iliar assets for finan ese items: | ciai gain, provide the folk ► ċ | willy | |
| | Revenue included on Form 990, Part VIII, line 1 | | | -\$− | | |
| L | A to the alterdard to be cape (30) Light Y | | | | | |

| Part III Organizations Mainta | ining Collections | of Art, Histor | ical Treasures, o | or Other Simila | ar Asse | ts (cont | inued) |
|--|--------------------------------|-----------------------------------|----------------------------|----------------------|---------------|-------------|-----------------------|
| 3 Using the organization's acquisition | n, accession, and other | records, check any | y of the following that | are a significant us | se of its co | ollection | |
| items (check all that apply): | | | | | | | |
| a Public exhibition d Loan or exchange programs | | | | | | | |
| b Scholarly research | | e Other | | <u> </u> | | | |
| c Preservation for future gener | | | | | _ :_ | | |
| 4 Provide a description of the organize Part XIII. | | | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather to | han to be maintained | as part of the org | ganization's collectio | n? | L | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | I Arrangements. amount on Form | Complete if th 990, Part X, li | e organization a ne 21. | nswered 'Yes' | on For | m 990, F | art IV, |
| 1 a Is the organization an agent, trus | stee, custodian or oth | er intermediary fo | or contributions or ot | her assets not inc | luded _ | 7 v | Пис |
| on Form 990, Part X? | | | | | · · · · · · L | Yes | ∐No |
| b If 'Yes,' explain the arrangement | in Part XIII and comp | piete the following | g table: | I | A | mount | - |
| c Beginning balance | | | | 1c | | iriouri | |
| d Additions during the year | | | | | | | |
| e Distributions during the year | | | | | | | |
| f Ending balance | | | | | | | |
| 2a Did the organization include an a | mount on Form 990. | Part X. line 21. fo | or escrow or custodia | al account liability | ? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. Check he | ere if the explana | tion has been provid | led on Part XIII | ∟ | | . H |
| 2 100, 0p.d | | , | · | | | | <u> </u> |
| Part V Endowment Funds. C | omplete if the ord | anization ans | wered 'Yes' on F | orm 990, Part | IV, line | e 10. | |
| | (a) Current year | (b) Prior year | (c) Two years ba | | irs back | (e) Four | years back |
| 1 a Beginning of year balance | 8,546,374. | 7,812,67 | 2. 7,811,4 | 73. 8,343 | ,058. | 8,47 | 5,882. |
| b Contributions | 600,000. | | | | | | |
| c Net investment earnings, gains, | | | ł | | | | |
| and losses | -233,642. | 1,178,25 | | | ,424. | | 0,228. |
| d Grants or scholarships | 437,425. | 444,55 | 0. 448,61 | 10. 439 | ,161. | 43 | 3,052. |
| e Other expenditures for facilities and programs | | | | | 0. | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | 8,475,307. | 8,546,37 | | | <u>,473.</u> | 8,34 | 3,05 <u>8.</u> |
| Provide the estimated percentage | e of the current year e | end balance (line | 1g, column (a)) held | d as: | | | |
| a Board designated or quasi-endowm | ent ► | % | | | | | |
| b Permanent endowment ► | <u>100.00</u> % | _ | | | | | |
| c Temporarily restricted endowmer | | _ % _ | | | | | |
| The percentages on lines 2a, 2b, ar | nd 2c should equal 1009 | %. | | | | | |
| 3a Are there endowment funds not in the organization by: | he possession of the or | ganization that are | held and administere | ed for the | | Yes | s No |
| | | | | | Г | 3a(i) X | |
| (i) unrelated organizations 3a(i) X (ii) related organizations X | | | | | | | |
| b If 'Yes' on line 3a(ii), are the rela | | | | | | 3b | |
| 4 Describe in Part XIII the intended | | | | | | | |
| Part VI Land, Buildings, and I | | | | _ | | | |
| Complete if the organi | | Yes' on Form | 990, Part IV, line | e 11a. See Fo | rm 990, | Part X, | line 10. |
| Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation | | | | | | | |
| 1a Land | | | | | | | |
| b Buildings | | | 7,656,683. | 5,326,4 | 144. | | 0,239. |
| c Leasehold improvements | | | 539,167. | 415,7 | | | 3,460. |
| d Equipment | | | 743,928. | 627,2 | | | .6,639. |
| e Other | | | 7,296,790. | 3,967,1 | | | 9,663. |
| Total. Add lines 1a through 1e. (Column | n (d) must equal Forn | n 990, Part X, col | umn (B), line 10c.). | | | | <u>2,548.</u> |
| BAA | | | | | Schedule | e D (Form ! | 1 90) 2018 |

| Part VII Investments — Other Securities. Complete if the organization answered | 'Voo' on Form 00/ | Dort IV line 11h See Form | 000 Part V line 12 |
|---|--|---|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | |
| (1) Financial derivatives | (b) book value | (c) Hieriba of Variation, cost of city | d of your market varia |
| (1) Financial derivatives | | | |
| · · · · · · · · · · · · · · · · · · · | 0 475 307 | End of Year Market Val | |
| (3) Other OCF Endowment | | End of Year Market Val | |
| (A) Vanguard funds | 2,033,332. | End of Teal Market var | ue |
| (B) | | | |
| (C) | | | <u> </u> |
| (D) (E) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) (H) | | | |
| (l) | . | - | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | 10,509,239. | | |
| Part VIII Investments - Program Related. | | N/A | 1. N. C. Stryck Branchin of Decthal Co. C. A. S. C. A. S. C. Strain Co. C. C. Strain Co. C. S. C. Strain Co. C. S. C. Strain Co. |
| 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 er | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | | |
| Part IX Other Assets. Complete if the organization answered | N/A 'Ves' on Form 990 |) Part IV line 11d See Form | 990 Part X line 15 |
| (a) Desc | | , rattiv, interrutecer offi | (b) Book value |
| (1) | | | , , |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) | line 15) | | <u> </u> |
| Part X Other Liabilities. | 1 mile 10.j | | |
| Complete if the organization answered 'Yes' on Fol | rm 990, Part IV, line 11 | e or 11f. See Form 990, Part X, line 2 | 5. |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8)(9) | | | |
| (10) | + | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | • | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footi | note to the organization's fin | ancial statements that reports the organization | 's liability for uncertain |
| tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has | | | |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. | |
|--|--------|------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| | 1 1 | 3,597,741. |
| | | 3,331,141. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | - | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| | | |
| e Add lines 2a through 2d | 2 e | <u>-242,510.</u> |
| 3 Subtract line 2e from line 1 | 3 | 3,840,251. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | . 1025 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 3,840,251. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Retur | n. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 2,628,886. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) See Part XIII 2d 531,811. | of te | |
| e Add lines 2a through 2d. | 2 e | 531,811. |
| 3 Subtract line 2e from line 1. | 3 | 2,097,075. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 22,904 | 2,031,013. |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) | - 2000 | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 2 007 075 |
| | 1 2 1 | 2,097,075. |

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The endowment funds are maintained to provide a permanent source of income for use by the organization. The principal is invested and kept intact in perpetuity.

Schedule D, Part XI, Line 2d Other Revenue Included in F/S But Not Included On Form 990

| Cost of Goods Sold | \$ 10,382. |
|--------------------|------------------|
| Rental expenses | 521,4 <u>29.</u> |
| Total | \$ 531,811. |

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 World Forestry Center
Part XIII Supplemental Information (continued)

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

| Cost of goods sold | \$ 10,382. |
|--------------------|----------------|
| Rental expenses | 521,429. |
| Total | \$ 531,811. |

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open to Public Inspection Employer identification number

| | rld Forestry Center | | | | -60347 | 5/ | | |
|-----|---|-------------------------------|---|---|----------------|------------------|-----------------------------------|-----------------|
| Pa | rt I Types of Property | | | | - | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Met noncasl | hod of an contri | d) determin bution a | ning amounts |
| 1 | Art – Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 1 | 997,274. | FMV a | t sa | le | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests . | | | | | | | |
| 12 | | | | | | | | |
| 13 | Qualified conservation contribution — Historic structures | | | | | | | |
| 14 | Qualified conservation contribution – Other | | | | | | | |
| 15 | Real estate – Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate – Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | _ | | <u> </u> | | | | |
| 22 | Historical artifacts | - | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other • () | | | | | | | |
| 27 | Other • () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization do organization completed Form 8283, Part IV, Dones | uring the tax e Acknowled | year for contributions for dgement | which the | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by contril it must hold for at least three years from the date for exempt purposes for the entire holding period? | of the initial | contribution, and whicl | h isn't required to be us | sed | 30 a | | X |
| | If 'Yes,' describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance police | cy that requi | res the review of any n | onstandard contribution | าร? | 31 | X | - |
| 32a | Does the organization hire or use third parties or r noncash contributions? | | | | | 32 a | | X |
| | If 'Yes,' describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in colur describe in Part II. | mn (c) for a | type of property for wh | ich column (a) is check | ked, | | | |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

93-6034757

World Forestry Center

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The board of directors meets quarterly. Pursuant to the by-laws, any organizational decisions that need to be made in-between board meetings are delegated to the Executive Committee.

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 was sent to current finance committee members of the organization for review. All committee members had the opportunity to ask questions of the preparer to gain an understanding of the 990. Subsequent to this process the Form 990 was filed by the extended due date.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The conflict of interest policy is designed to avoid any actual or perceived conflicts of interest between board members, officers, key employees and the World Forestry Center. Before board members are elected (or key employees hired) full written disclosures of interests, relationships and holdings that could potentially result in a conflict of interest are required. These are kept on file and updated as appropriate. During board meetings, disclosures are made of interests in transactions between family, employees or businesses that could result in real or perceived benefit or gain. These are discussed at the meeting to enable us to prepare accurate answers to the questions on the 990.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

At the appropriate meeting of the executive committee members, the board members meet in executive session to discuss next year's compensation of the Executive Director. Comparable compensation for qualified persons in similar positions in the local area are reviewed. A designated board member (usually the secretary) keeps notes of the discussion and decisions made.

| Schedule 5 (1 6111 355 61 355-EZ) (2576) | 1 ago = |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| World Forestry Center | 93-6034757 |

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All requests for governing documents, the conflict of interest policy, and financial statements or tax returns are promptly made available upon request.