# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| A F                            | or the                                | 2023 calendar year, or tax year beginning and   | ending        |  |                               |  |  |  |  |  |
|--------------------------------|---------------------------------------|---|---------------|--|-------------------------------|--|--|--|--|--|
| <b>B</b> c                     | heck if<br>oplicable                  | C Name of organization  | _             | D Employer identification number           |                               |  |  |  |  |  |
|                                | Addres                                | TREES FOR THE FUTURE, INC.  |               |  |                               |  |  |  |  |  |
|                                | Name<br>change                        | Doing business as   |               | 52-16448                                   | 69                            |  |  |  |  |  |
|                                | Initial<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not delivered to street address) 10770 COLUMBIA PIKE, SUITE 300                               | Room/suite    | E Telephone number (301) 56                |                               |  |  |  |  |  |
|                                | termin-<br>ated                       |   |               | G Gross receipts \$ 13,025,433.            |                               |  |  |  |  |  |
|                                | Amend                                 | , , , , , , , , , , , , , , , , , , ,   |               | H(a) Is this a group return                |                               |  |  |  |  |  |
|                                | Applica                               |   |               | for subordinates                           |                               |  |  |  |  |  |
|                                | pendin                                | SAME AS C ABOVE   |               | H(b) Are all subordinates included? Yes No |                               |  |  |  |  |  |
| ΙT                             | ax-exe                                | mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c  | or 527        | 1  | list. See instructions        |  |  |  |  |  |
|                                | Vebsit                                |   |               | H(c) Group exemption                       |                               |  |  |  |  |  |
| K F                            | orm of                                | organization: X Corporation Trust Association Other   | <b>L</b> Year |  | 1 State of legal domicile: MD |  |  |  |  |  |
|                                | rt I                                  | Summary   |               |  |                               |  |  |  |  |  |
| •                              | 1                                     | Briefly describe the organization's mission or most significant activities: OUR 1   | 4ISSIO        | N IS TO IMPE                               | ROVE THE                      |  |  |  |  |  |
| Governance                     |                                       | LIVELIHOODS OF IMPOVERISHED FARMERS BY RE   | VITALI        | ZING DEGRAD                                | ED LANDS.                     |  |  |  |  |  |
| rna                            | 2                                     | Check this box if the organization discontinued its operations or dispos  | ed of more    | than 25% of its net ass                    | ets.                          |  |  |  |  |  |
| ove                            | 3                                     | Number of voting members of the governing body (Part VI, line 1a)   |               | 3  | 14                            |  |  |  |  |  |
|                                | 4                                     | Number of independent voting members of the governing body (Part VI, line 1b)   |               |  | 13                            |  |  |  |  |  |
| es &                           | 5                                     | Total number of individuals employed in calendar year 2023 (Part V, line 2a)  |               | 5  | 26                            |  |  |  |  |  |
| viţi.                          | 6                                     | Total number of volunteers (estimate if necessary)  |               | 6  | 300                           |  |  |  |  |  |
| Activities                     | 7 a `                                 | Total unrelated business revenue from Part VIII, column (C), line 12  |               | 7a   | 0.                            |  |  |  |  |  |
| _                              | b                                     | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <u></u>       |  | 0.                            |  |  |  |  |  |
|                                |                                       |   |               | Prior Year                                 | Current Year                  |  |  |  |  |  |
| Revenue                        |                                       | Contributions and grants (Part VIII, line 1h)   |               | 14,058,667.                                | 12,890,586.                   |  |  |  |  |  |
|                                |                                       | Program service revenue (Part VIII, line 2g)  |               | 0.   | 100 (55                       |  |  |  |  |  |
| Rev                            |                                       | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |               | 47,574.                                    | 129,655.                      |  |  |  |  |  |
| _                              |                                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |               | 2,680.                                     | -4,420.                       |  |  |  |  |  |
|                                |                                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |               | 14,108,921.                                | 13,015,821.                   |  |  |  |  |  |
|                                |                                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |               | 678,530.                                   | 158,773.                      |  |  |  |  |  |
|                                |                                       | Benefits paid to or for members (Part IX, column (A), line 4)   |               | 0.<br>2,315,936.                           | <u> </u>                      |  |  |  |  |  |
| ses                            |                                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |               | 0.   | 5,556,217.                    |  |  |  |  |  |
| Expenses                       |                                       | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  759,62        |               | 0.   | 0.                            |  |  |  |  |  |
| Exp                            |                                       |   |               | 9,068,831.                                 | 5,360,457.                    |  |  |  |  |  |
| _                              |                                       | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) |               | 12,063,297.                                | 11,075,447.                   |  |  |  |  |  |
|                                |                                       | Revenue less expenses. Subtract line 18 from line 12  |               | 2,045,624.                                 | 1,940,374.                    |  |  |  |  |  |
|                                | -                                     | nevertue less experises. Subtract line to nont line 12  | Be            | ginning of Current Year                    | End of Year                   |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 20                                    | Fotal assets (Part X, line 16)  |               | 7,465,918.                                 | 7,970,633.                    |  |  |  |  |  |
| Asse<br>Bal                    | 21                                    | Total liabilities (Part X, line 16)   |               | 2,372,988.                                 | 937,329.                      |  |  |  |  |  |
| Net,<br>und                    | 22                                    | Net assets or fund balances. Subtract line 21 from line 20  |               | 5,092,930.                                 | 7,033,304.                    |  |  |  |  |  |
| Pa                             | rt II                                 | Signature Block   |               | , ,  | , ,                           |  |  |  |  |  |
| Unde                           | er pena                               | ties of perjury, I declare that I have examined this return, including accompanying schedules   | and stateme   | ents, and to the best of my                | knowledge and belief, it is   |  |  |  |  |  |
|                                |                                       | , and complete. Declaration of preparer (other than officer) is based on all information of wh  |               | · · ·                                      |                               |  |  |  |  |  |
|                                |                                       |   |               |  |                               |  |  |  |  |  |
| Sigr                           | , [                                   | Signature of officer  |               | Date 11/13/20                              | 724                           |  |  |  |  |  |
| Her                            |                                       | JABEZ OJOWA, CFO  |               | 1,7,0,2                                    |                               |  |  |  |  |  |
|                                |                                       | Type or print name and title  |               |  |                               |  |  |  |  |  |
|                                |                                       | Print/Type preparer's name Preparer's signature   | -             | Date Check                                 | PTIN                          |  |  |  |  |  |
| Paid                           |                                       | RICHARD J. LOCASTRO, CPA   Keehand for holast   | 10 1          | 1/13/24 self-employ                        |                               |  |  |  |  |  |
| Prep                           | arer                                  | Firm's name GELMAN, ROSENBERG & FREEDMAN  | *             | Firm's EIN 5                               | 2-1392008                     |  |  |  |  |  |
| Use                            | Only                                  | Firm's address 4550 MONTGOMERY AVE SUITE 800N   |               |  |                               |  |  |  |  |  |
|                                |                                       | BETHESDA, MD 20814-2930   |               | Phone no. 30                               | 1-951-9090                    |  |  |  |  |  |
| Мау                            | the IF                                | S discuss this return with the preparer shown above? See instructions   |               |  | X Yes No                      |  |  |  |  |  |

| Pal    | 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 IMPROVE THE LIVELIHOODS OF IMPOVERISHED FARMERS BY                           |
|        | REVITALIZING DEGRADED LANDS.   |
|        | KEVIIABIZING DEGRADED DANDS:   |
|        |  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                                 |
| 2      |  |
|        | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                        |
| 3      | If "Yes," describe these changes on Schedule O.  |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
| 7      | 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.  |
| <br>4а | (Code:) (Expenses \$ 8,299,907. including grants of \$) (Revenue \$)   |
| Ta     | TREES FOREST GARDEN SYSTEMS ARE DESIGNED TO BE LOCALLY APPROPRIATE TO  |
|        | FODDER IN A CLIMATE-SMART SYSTEM THAT BUILDS THE HEALTH OF SOILS AND   |
|        | ENDS FARMERS' RELIANCE ON COSTLY AND DIRTY FOSSIL FUEL-BASED INPUTS.   |
|        | THEY ARE IMPLEMENTED OVER FOUR YEARS IN IMPOVERISHED FARMING   |
|        | COMMUNITIES ALONG ESTABLISHED TRADE ROUTES TO TAKE ADVANTAGE OF THE  |
|        | RELATIVELY EASY ACCESS TO LOCAL MARKETS.   |
|        |  |
|        | ALL PROJECTS ARE LED BY LOCAL LEADERS AND LEAVE A LEGACY OF CAPACITY   |
|        | YEARS AFTER PROJECTS END. AT THE ONSET OF EACH PROJECT, TREES STAFF  |
|        | MEMBERS IDENTIFY OR TRAIN LOCAL TECHNICIANS WHO WORK DIRECTLY WITH   |
|        | FARMERS TO DESIGN TAILORED FOREST GARDENS THAT MEET THE DISTINCT NEEDS   |
|        | OF THE FAMILY, COMMUNITY, AND CLIMATIC CONDITIONS WHERE THE FARMERS ARE  |
| 4b     | (Code:) (Expenses \$   |
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| 4c     | (Code:) (Expenses \$   |
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|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses 8,299,907.  |
|        | Form <b>990</b> (2023)   |

# Form 990 (2023) TREES FOR THE FUTURE, INC. Part IV Checklist of Required Schedules

|     |  |           | Yes  | No          |
|-----|--|-----------|------|-------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |           |      |             |
|     | If "Yes," complete Schedule A  | 1         | X    |             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2         | Х    |             |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            |           |      |             |
|     | public office? If "Yes," complete Schedule C, Part I   | 3         |      | X           |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect           |           |      |             |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4         |      | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5         |      | Х           |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  | <u> </u>  |      |             |
| •   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6         |      | Х           |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  | Ť         |      | <del></del> |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7         |      | X           |
|     | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | <b>-</b>  |      | 1           |
| 8   | , ,  |           |      | x           |
| •   | Schedule D, Part III   | 8         |      |             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for              |           |      |             |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                  |           |      | 3,7         |
|     | If "Yes," complete Schedule D, Part IV   | 9         |      | <u> </u>    |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                               |           |      |             |
|     | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10        |      | <u> </u>    |
| 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.   |           |      |             |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                |           |      |             |
|     | Part VI  | 11a       | Х    |             |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total               |           |      |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       |      | X           |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                |           |      |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c       |      | Х           |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in              |           |      |             |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d       |      | Х           |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                      | 11e       | Х    |             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                    |           |      |             |
| •   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                     | 11f       |      | x           |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                        | <b></b> - |      | <del></del> |
| 120 | , ,  | 12a       | Х    |             |
| h   | Schedule D, Parts XI and XII   | IZa       | - 21 |             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  | 401-      |      | x           |
| 40  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b       |      | X           |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13        | v    |             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a       | X    | $\vdash$    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                    |           |      |             |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                 |           | 37   |             |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       | X    | _           |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  |           | 77   |             |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        | _X_  |             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   |           |      |             |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16        |      | <u> X</u>   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    |           |      |             |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17        |      | X           |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               |           |      |             |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        |      | X           |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |           |      |             |
|     | complete Schedule G, Part III  | 19        |      | X           |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       |      | Х           |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                               | 20b       |      |             |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                |           |      |             |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        | Х    |             |
|     |  | _         |      | _           |

332003 12-21-23

| Form           | 1 990 (2023) TREES FOR THE FUTURE, INC. 52-1644   | 1869 | P   | age <b>4</b>                                     |
|----------------|---|------|-----|--|
| Pa             | rt IV Checklist of Required Schedules (continued)   |      |     | ugo -  |
|                | i (conunaca)  |      | Yes | No   |
| 22             | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22   | 100 | Х  |
| 23             | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |      |     | <del></del>                                      |
| 20             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  Schedule J  | 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   | 20   |     |  |
| 270            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | 045  |     | X  |
|                | Schedule K. If "No," go to line 25a   | 24a  |     |  |
|                | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     | <del>                                     </del> |
|                | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c  |     |  |
| d              | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |  |
| 25a            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |      |     |  |
|                | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | X  |
| b              | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |      |     |  |
|                | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I  | 25b  |     | X  |
| 26             | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |      |     |  |
|                | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |  |
|                | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | x  |
| 27             | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |      |     |  |
|                | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |     |  |
|                | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     | x  |
| 28             | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,   |      |     |  |
|                | instructions for applicable filing thresholds, conditions, and exceptions):   |      |     |  |
| a              | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>   |      |     |  |
| u              | "Yes," complete Schedule L, Part IV   | 28a  |     | x  |
| h              | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b  |     | X  |
|                | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  | 200  |     |  |
| ·              | "Yes," complete Schedule L, Part IV   | 28c  |     | x  |
| 29             | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29   | Х   | <del></del>                                      |
| 30             | Did the organization receive more than \$25,000 in norcast continuations: If Yes, complete schedule in  | 23   |     |  |
| 30             |   | 30   |     | X  |
| 31             | contributions? If "Yes," complete Schedule M  | 31   |     | X  |
| 32             | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  | 31   |     | <del></del>                                      |
| 32             | , ,   | 32   |     | x  |
| 33             | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 32   |     | <del></del>                                      |
| 33             |   | 33   |     | x  |
| 24             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | 1  |
| 34             | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 24   |     | X  |
| 25.0           | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 34   |     | X  |
|                |   | 35a  |     | 1  |
| D              | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 256  |     |  |
| 20             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     | <del>                                     </del> |
| 36             | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 000  |     | v  |
| o <del>-</del> | If "Yes," complete Schedule R, Part V, line 2   | 36   |     | X  |
| 37             | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     |  |
| 00             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |     | X  |
| 38             | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |      | v   |  |
| Par            | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance  | 38   | X   | Ь  |
| ı al           | otatements negarating other indirings and rax compliance  |      |     | 77   |

|    | officer if deficidate of contains a response of flote to any life in this rare v                                     |    |   |  |     | 22 |  |
|----|--|----|---|--|-----|----|--|
|    |  |    |   |  | Yes | No |  |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 1a | 7 |  |     |    |  |
| b  | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                      | 1b | 0 |  |     |    |  |
| С  | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming |    |   |  |     |    |  |
|    | (gambling) winnings to prize winners?  |    |   |  |     |    |  |

332004 12-21-23

023) TREES FOR THE FUTURE, INC.

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 2a 26  |     |     |      |  |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |      |  |  |  |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За  |     | X    |  |  |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b  |     |      |  |  |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |     |     |      |  |  |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  | Х   |      |  |  |  |  |  |
| b   | If "Yes," enter the name of the foreign country SEE SCHEDULE O   |     |     |      |  |  |  |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |      |  |  |  |  |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | X    |  |  |  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | X    |  |  |  |  |  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |      |  |  |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  | 6a  |     | Х    |  |  |  |  |  |
|     | any contributions that were not tax deductible as charitable contributions?  |     |     |      |  |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |     |     |      |  |  |  |  |  |
| -   | were not tax deductible?   | 6b  |     |      |  |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  | 7-  |     | Х    |  |  |  |  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a_ |     |      |  |  |  |  |  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7b  |     |      |  |  |  |  |  |
| С   | to file Form 8282?   | 7c  |     | Х    |  |  |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 70  |     | - 21 |  |  |  |  |  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | х    |  |  |  |  |  |
| _   | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |     |      |  |  |  |  |  |
|     | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |     |      |  |  |  |  |  |
| h   | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |     |      |  |  |  |  |  |
| 8   | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |      |  |  |  |  |  |
|     | sponsoring organization have excess business holdings at any time during the year? N/A   | 8   |     |      |  |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |      |  |  |  |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966? N/A   | 9a  |     |      |  |  |  |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A  | 9b  |     |      |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  |     |     |      |  |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a   |     |     |      |  |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |      |  |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   |     |     |      |  |  |  |  |  |
| a   | Gross income from members or shareholders N/A 11a  |     |     |      |  |  |  |  |  |
| D   | Gross income from other sources. (Do not net amounts due or paid to other sources against  |     |     |      |  |  |  |  |  |
| 120 | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |      |  |  |  |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | IZa |     |      |  |  |  |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |      |  |  |  |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?  N/A  | 13a |     |      |  |  |  |  |  |
|     | Note: See the instructions for additional information the organization must report on Schedule O.  |     |     |      |  |  |  |  |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the   |     |     |      |  |  |  |  |  |
|     | organization is licensed to issue qualified health plans   |     |     |      |  |  |  |  |  |
| С   | Enter the amount of reserves on hand   |     |     |      |  |  |  |  |  |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х    |  |  |  |  |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.   |     |     |      |  |  |  |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | X    |  |  |  |  |  |
|     | If "Yes," complete Form 4720, Schedule O.  |     |     |      |  |  |  |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |     |     |      |  |  |  |  |  |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A  | 17  |     |      |  |  |  |  |  |
|     | If "Yes," complete Form 6069.  |     |     |      |  |  |  |  |  |

332005 12-21-23

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

| <u>C</u> |  |           |                                       |            |         | X               |  |  |  |  |  |
|----------|--|-----------|---------------------------------------|------------|---------|-----------------|--|--|--|--|--|
| Sec      | tion A. Governing Body and Management  |           |                                       |            |         |                 |  |  |  |  |  |
|          |  | ı         | 1 14                                  |            | Yes     | No              |  |  |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | <u>1a</u> | 14                                    |            |         |                 |  |  |  |  |  |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |           |                                       |            |         |                 |  |  |  |  |  |
|          | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |           |                                       |            |         |                 |  |  |  |  |  |
| b        | Enter the number of voting members included on line 1a, above, who are independent   | 1b        | 13                                    |            |         |                 |  |  |  |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | with      | any other                             |            |         |                 |  |  |  |  |  |
|          | officer, director, trustee, or key employee?   |           |                                       | 2          |         | Х               |  |  |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   | direc     | t supervision                         |            |         |                 |  |  |  |  |  |
|          | of officers, directors, trustees, or key employees to a management company or other person?  |           |                                       | 3          |         | Х               |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 9  |           |                                       | 4          |         | Х               |  |  |  |  |  |
| 5        | 5 Did the organization become aware during the year of a significant diversion of the organization's assets?   |           |                                       |            |         |                 |  |  |  |  |  |
| 6        |  |           |                                       |            |         |                 |  |  |  |  |  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or ap   |           |                                       | 6          |         | Х               |  |  |  |  |  |
| , ,      | more members of the governing body?  |           |                                       | 7a         |         | х               |  |  |  |  |  |
| h        | Are any governance decisions of the organization reserved to (or subject to approval by) members, st   |           |                                       | <u> ۲۳</u> |         |                 |  |  |  |  |  |
|          |  |           |                                       | 7b         |         | х               |  |  |  |  |  |
| 0        | persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the yea |           |                                       | 7.0        |         | -22             |  |  |  |  |  |
| 8        |  | -         | =                                     | 0-         | Х       |                 |  |  |  |  |  |
| _        | The governing body?  |           |                                       | 8a         | X       |                 |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  |           |                                       | 8b         | Λ       |                 |  |  |  |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read   |           |                                       |            |         | ₩.              |  |  |  |  |  |
| 800      | organization's mailing address? If "Yes." provide the names and addresses on Schedule O  |           |                                       | 9          |         | X               |  |  |  |  |  |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | venue     | Code.)                                |            |         |                 |  |  |  |  |  |
|          |  |           |                                       |            | Yes     | No              |  |  |  |  |  |
|          | Did the organization have local chapters, branches, or affiliates?   |           |                                       | 10a        |         | X               |  |  |  |  |  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such ch  | apters    | s, affiliates,                        |            |         |                 |  |  |  |  |  |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           |                                       | 10b        |         |                 |  |  |  |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body  | / befo    | re filing the form?                   | 11a        | X       |                 |  |  |  |  |  |
| b        | <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |           |                                       |            |         |                 |  |  |  |  |  |
| 12a      | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13   |           |                                       |            |         |                 |  |  |  |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                  | to cor    | flicts?                               | 12b        | Х       |                 |  |  |  |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y  | es," c    | lescribe                              |            |         |                 |  |  |  |  |  |
|          | on Schedule O how this was done  |           |                                       | 12c        | Х       |                 |  |  |  |  |  |
| 13       | Did the organization have a written whistleblower policy?  |           |                                       | 13         | Х       |                 |  |  |  |  |  |
| 14       | Did the organization have a written document retention and destruction policy?   |           |                                       | 14         | X       |                 |  |  |  |  |  |
| 15       | Did the process for determining compensation of the following persons include a review and approva   |           |                                       |            |         |                 |  |  |  |  |  |
|          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | ,         |                                       |            |         |                 |  |  |  |  |  |
| а        | The organization's CEO, Executive Director, or top management official   |           |                                       | 15a        | Х       |                 |  |  |  |  |  |
|          | Other officers or key employees of the organization  |           |                                       | 15b        | Х       |                 |  |  |  |  |  |
|          | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |           |                                       |            |         |                 |  |  |  |  |  |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem  | nent v    | vith a                                |            |         |                 |  |  |  |  |  |
|          | taxable entity during the year?  |           |                                       | 16a        |         | х               |  |  |  |  |  |
| h        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat  |           |                                       | - 54       |         |                 |  |  |  |  |  |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ  | -         | · · · · · · · · · · · · · · · · · · · |            |         |                 |  |  |  |  |  |
|          | exempt status with respect to such arrangements?   |           |                                       | 16b        |         |                 |  |  |  |  |  |
| Sec      | tion C. Disclosure   |           |                                       | IOD        |         |                 |  |  |  |  |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE  | 0         |                                       |            |         |                 |  |  |  |  |  |
|          | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar  |           | )-T (section 501/a)/2)a               | only       | availal |                 |  |  |  |  |  |
| 18       |  | iu 99(    | 7-1 (SECTION SOLIC)(S)S               | Orny)      | avallal | JI <del>C</del> |  |  |  |  |  |
|          | for public inspection. Indicate how you made these available. Check all that apply.  | -         |                                       |            |         |                 |  |  |  |  |  |
| 40       | X Own website X Another's website X Upon request Other (explain  |           | •                                     |            |         |                 |  |  |  |  |  |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co  | ntlict    | ot interest policy, and               | tinano     | cial    |                 |  |  |  |  |  |
|          | statements available to the public during the tax year.  |           |                                       |            |         |                 |  |  |  |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's boo   | ks an     | d records                             |            |         |                 |  |  |  |  |  |
|          | ADAOBI OKAFOR - (301) 565-0630   | 0.0       | 201                                   |            |         |                 |  |  |  |  |  |
|          | 10770 COLUMBIA PIKE, SUITE 300, SILVER SPRING, MD  | 209       | <i></i> 01                            |            |         |                 |  |  |  |  |  |

# 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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A)   | (B)                    | (C)                            |  |         |                     |                              | (D)    | (E)                          | (F)             |                             |  |  |
|---|------------------------|--------------------------------|--|---------|---------------------|------------------------------|--------|------------------------------|-----------------|-----------------------------|--|--|
| Name and title                                      | Average                | (do                            | Position<br>(do not check more than on |         |                     |                              | nne    | Reportable                   | Reportable      | Estimated                   |  |  |
|   | hours per              | box                            | box, unless p                          |         | s person is both an |                              |        | compensation                 | compensation    | amount of                   |  |  |
|   | week                   |                                |  |         | irecto              | r/trus                       | tee)   | from                         | from related    | other                       |  |  |
|   | (list any              | rector                         |  |         |                     |                              |        | the                          | organizations   | compensation                |  |  |
|   | hours for              | or di                          | ee<br>ee                               |         |                     | ated                         |        | organization                 | (W-2/1099-MISC/ | from the                    |  |  |
|   | related                | ustee                          | trust                                  |         | 96                  | suedu                        |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |  |  |
|   | organizations<br>below | ual tr                         | tional                                 |         | yoldı               | t con                        | _      | 1099-NEC)                    |                 | organizations               |  |  |
|   | line)                  | Individual trustee or director | Institutional trustee                  | Officer | Key employee        | Highest compensated employee | Former |                              |                 | organizations               |  |  |
| (1) TIMOTHY MCLELLAN                                | 40.00                  | -                              | _                                      |         | <u> </u>            | 1 0                          | -      |                              |                 |                             |  |  |
| CEO   |                        | 1                              |  | х       |                     |                              |        | 231,179.                     | 0.              | 8,753.                      |  |  |
| (2) BRANDY LELLOU                                   | 40.00                  |                                |  |         |                     |                              |        |                              |                 |                             |  |  |
| VP PROGRAMS   |                        |                                |  |         |                     | Х                            |        | 140,491.                     | 0.              | 26,115.                     |  |  |
| (3) JENNIFER GROVES                                 | 40.00                  |                                |  |         |                     |                              |        |                              |                 |                             |  |  |
| SENIOR DIRECTOR GLOBAL HR                           |                        |                                |  |         |                     | Х                            |        | 134,970.                     | 0.              | 27,391.                     |  |  |
| (4) GABE BUTTRAM                                    | 40.00                  |                                |  |         |                     |                              |        |                              |                 |                             |  |  |
| TECHNICAL DIRECTOR                                  |                        |                                |  |         |                     | Х                            |        | 108,219.                     | 0.              | 10,506.                     |  |  |
| (5) BRIAN MACNAIR                                   | 40.00                  | <u> </u>                       |  |         |                     |                              |        |                              |                 |                             |  |  |
| SENIOR DIRECTOR BUSINESS DEVEL.                     |                        |                                |  |         |                     | X                            |        | 103,305.                     | 0.              | 14,266.                     |  |  |
| (6) ADAOBI OKAFOR                                   | 40.00                  | ]                              |  |         |                     |                              |        |                              | _               |                             |  |  |
| DIRECTOR OF FINANCE                                 |                        |                                |  |         |                     | X                            |        | 103,473.                     | 0.              | 11,789.                     |  |  |
| (7) MICHAEL GUMBLEY, FIN. & PROC.                   | 2.00                   | 1                              |  |         |                     |                              |        |                              | _               |                             |  |  |
| CNSLT. TIL 10/2023; MEM., FIN. CMTE                 | 10.00                  | Х                              |  |         |                     |                              |        | 78,750.                      | 0.              | 0.                          |  |  |
| (8) JABEZ OJOWA                                     | 40.00                  | 1                              |  | l       |                     |                              |        |                              |                 | 0.1.0                       |  |  |
| CFO - AS OF 11/2023                                 |                        |                                |  | Х       |                     |                              |        | 20,833.                      | 0.              | 213.                        |  |  |
| (9) MARK BROWN                                      | 2.00                   | ļ                              |  | l       |                     |                              |        |                              |                 |                             |  |  |
| BOARD CHAIR/EXEC. CMTE                              | 0.00                   | Х                              |  | Х       |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (10) KAYLIN B. NICKOL, VICE CHAIR/                  | 2.00                   | ٠,,                            |  | ,,      |                     |                              |        |                              | 0               | 0                           |  |  |
| SEC.,/MEM., GOV. CMTE/EXEC. CMTE                    | 2 00                   | Х                              |  | Х       |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (11) HOLLY LAU                                      | 2.00                   | ·                              |  | ٠,      |                     |                              |        |                              | _               | 0                           |  |  |
| FIN. CMTE CHAIR/TREAS./EXEC. CMTE                   | 2 00                   | X                              |  | Х       |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (12) MARK ADAMS                                     | 2.00                   | Х                              |  |         |                     |                              |        | 0.                           | 0.              | 0                           |  |  |
| DEVEL. CMTE CHAIR/EXEC. CMTE (13) WALTER BARNES III | 2.00                   | Α                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| MEMBER, FIN. CMTE                                   | 2.00                   | Х                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (14) ARIANA CONSTANT                                | 2.00                   | ^                              |  |         |                     |                              |        | 0.                           | 0.              | <u></u>                     |  |  |
| MEMBER, DEVEL. CMTE                                 | 2.00                   | х                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (15) JON DRIMMER                                    | 2.00                   | 25                             |  |         |                     |                              |        |                              | 0.              | <u></u>                     |  |  |
| MEMBER, FIN. CMTE                                   | 2.00                   | х                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (16) MARC GEFFROY                                   | 2.00                   |                                |  |         |                     |                              |        | •                            | •               |                             |  |  |
| MEMBER, DEVEL. CMTE                                 |                        | х                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| (17) STEVEN HANSCH                                  | 2.00                   | 1                              |  |         |                     |                              |        |                              | 3.              |                             |  |  |
| MEMBER, GOV. CMTE                                   |                        | Х                              |  |         |                     |                              |        | 0.                           | 0.              | 0.                          |  |  |
| 332007 12-21-23                                     |                        | •                              |  | •       |                     |                              | •      |                              | ·               | Form <b>990</b> (2023)      |  |  |

332007 12-21-23

| Form 990 (2023) TREES FOR  | R THE FU          | JTU                   | JRE   | ١,        | IN           | C.                           |          |                           | 52-164                        | 4869      | ) F            | age 8    |
|--|-------------------|-----------------------|---|-----------|--------------|------------------------------|----------|---------------------------|-------------------------------|-----------|----------------|----------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Em      | oloy                  | ees,  |           |              | ghes                         | t C      | ompensated Employee       | s (continued)                 |           |                |          |
| (A)  | (B)               |                       |   |           | C)           |                              |          | (D)                       | (E)                           |           | (F)            |          |
| Name and title   | Average           |                       | not c   | heck      |              | than c                       |          | Reportable                | Reportable                    | Estimated |                |          |
|  | hours per<br>week |                       | ox, unless person is both an fficer and a director/trustee) |           |              |                              |          | compensation              | compensation                  | a         | mount          |          |
|  | (list any         | tor                   |   |           |              |                              | Ĺ        | from<br>the               | from related<br>organizations |           | othei<br>mpens |          |
|  | hours for         | director              |   |           |              | p                            |          | organization              | (W-2/1099-MISC/               |           | from th        |          |
|  | related           | ee or                 | stee  |           |              | nsate                        |          | (W-2/1099-MISC/           | 1099-NEC)                     |           | ganiza         | ition    |
|  | organizations     | Itrus                 | nal tru   |           | oyee         | om pe                        |          | 1099-NEC)                 |                               | a         | nd rela        | ted      |
|  | below             | Individual trustee or | Institutional trustee                                       | cer       | Key employee | Highest compensated employee | Former   |                           |                               | or        | ganizat        | tions    |
|  | line)             | lnd                   | lus   | Officer   | Key          | Hig                          | For      |                           |                               |           |                |          |
| (18) SHANNON HERRINGTON  | 2.00              |                       |   |           |              |                              |          |                           |                               |           |                | ^        |
| MEMBER, GOV. CMTE  | 2 00              | Х                     |   |           |              |                              |          | 0.                        | 0                             | •         |                | 0.       |
| (19) VEERENDRA LINGAM  | 2.00              | 3,7                   |   |           |              |                              |          |                           | _                             |           |                | ^        |
| MEMBER, FIN. CMTE  | 2 00              | Х                     |   |           |              |                              |          | 0.                        | 0                             | •         |                | 0.       |
| (20) RUBY SANDHU-ROJON   | 2.00              | <b>.</b> ,            |   |           |              |                              |          |                           | _                             |           |                | ^        |
| MEMBER, DEVEL. CMTE  | 2 00              | Х                     |   |           |              |                              |          | 0.                        | 0                             | •         |                | 0.       |
| (21) KARL SCHWENKMEYER   | 2.00              | v                     |   |           |              |                              |          | 0.                        | 0                             |           |                | ^        |
| GOV. CMTE CHAIR/EXEC. CMTE   |                   | Х                     |   |           |              |                              |          | 1                         | 0                             | +         |                | 0.       |
|  |                   | 1                     |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               | +         |                |          |
|  |                   | 1                     |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               | +         |                |          |
|  |                   | 1                     |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               | _         |                |          |
|  |                   | 1                     |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |
| 1b Subtotal  |                   |                       |   |           |              |                              |          | 921,220.                  | 0                             |           | 99,0           |          |
| c Total from continuation sheets to Part VI  |                   |                       |   |           |              |                              |          | 0.                        | 0                             |           |                | 0.       |
| d Total (add lines 1b and 1c)  |                   |                       |   |           |              |                              |          | 921,220.                  | 0                             | • 5       | 9,0            | 133.     |
| 2 Total number of individuals (including but n   | ot limited to th  | ose                   | liste   | d ab      | oove         | ) wh                         | o re     | eceived more than \$100,  | 000 of reportable             |           |                | _        |
| compensation from the organization   |                   |                       |   |           |              |                              |          |                           |                               |           | Tv             | <u>6</u> |
|  |                   |                       |   |           |              |                              |          |                           |                               |           | Yes            | No       |
| 3 Did the organization list any <b>former</b> officer,   | •                 |                       | •   | •         | •            |                              | •        | •                         | •                             |           |                | ₩.       |
| line 1a? If "Yes," complete Schedule J for s   |                   |                       |   |           |              |                              |          |                           |                               | 3         |                | X        |
| 4 For any individual listed on line 1a, is the su  | · ·               |                       | -   |           |              |                              |          | •                         | -                             | 4         | Х              |          |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> | ,                 |                       | •   |           |              |                              |          |                           |                               | 4         | 125            |          |
| rendered to the organization? If "Yes." com  | •                 |                       |   |           | •            |                              |          | -                         |                               | 5         |                | x        |
| Section B. Independent Contractors   | piete Scrieduit   | <del>.</del> J 10     | OI SL   | ICIT Į    | oers         | 011 .                        |          |                           |                               |           |                |          |
| Complete this table for your five highest co   | mpensated inc     | lepe                  | nde   | nt co     | ontra        | actor                        | rs th    | nat received more than \$ | 3100.000 of compen            | sation f  | rom            |          |
| the organization. Report compensation for  | •                 | •                     |   |           |              |                              |          |                           | •                             |           |                |          |
| (A)  |                   |                       |   |           |              |                              |          | (B)                       |                               |           | (C)            |          |
| Name and business  | address           |                       |   |           |              |                              |          | Description of s          | services                      |           | ensatio        | on       |
| VERA SOLUTIONS, BENEFIT I  |                   |                       |   |           | D            |                              |          | CONSULTANT -              |                               |           |                |          |
| AVENUE, SUITE 2041, NEW Y  | ORK, NY           | 1                     | 00  | <u>35</u> |              |                              |          | IMPACT/MEL I              | MPL.                          | <u> </u>  | 33,9           | 18.      |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              | _        |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              | $\dashv$ |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |
|  |                   |                       |   |           |              |                              |          |                           |                               |           |                |          |

Form **990** (2023)

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

\$100,000 of compensation from the organization

|  | Check if Schedule O contains a response or note to any line in this Part VIII |   |           |               |               |                                    |                            |                                 |  |  |
|--|---|---|-----------|---------------|---------------|------------------------------------|----------------------------|---------------------------------|--|--|
|  |   |   |           |               | (A)           | (B)                                | (C)                        | (D)                             |  |  |
|  |   |   |           |               | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |  |  |
|  |   |   |           |               |               | iunction revenue                   | business revenue           | sections 512 - 514              |  |  |
| SΩ   | 1 a   | Federated campaigns 1                       | а         |               |               |                                    |                            |                                 |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | . u   | Membership dues 1                           |           |               |               |                                    |                            |                                 |  |  |
| 2 5  | ~   | Fundraising events 1                        | -         |               |               |                                    |                            |                                 |  |  |
| fts,   | 4   | Related organizations 1                     |           |               |               |                                    |                            |                                 |  |  |
| ig je  | •   |   | e         |               |               |                                    |                            |                                 |  |  |
| Sir  | e   |   | =         |               |               |                                    |                            |                                 |  |  |
| utio   | т   | All other contributions, gifts, grants, and |           | 12,890,586.   |               |                                    |                            |                                 |  |  |
| 들<br>된   |   | similar amounts not included above 1        |           |               |               |                                    |                            |                                 |  |  |
| out  | 9   | <del>-</del>                                | g  \$     | 214,999.      | 12 000 506    |                                    |                            |                                 |  |  |
| <u>0</u> <u>8</u>                                      | h   | Total. Add lines 1a-1f                      | <u></u>   |               | 12,890,586.   |                                    |                            |                                 |  |  |
|  |   |   |           | Business Code |               |                                    |                            |                                 |  |  |
| Se   | 2 a   | ı   |           |               |               |                                    |                            |                                 |  |  |
| Program Service<br>Revenue                             | b   |   |           |               |               |                                    |                            |                                 |  |  |
|  | c   | :   |           |               |               |                                    |                            |                                 |  |  |
| eve  | d   | d   |           |               |               |                                    |                            |                                 |  |  |
| Б  | е   | <b>.</b>                                    |           |               |               |                                    |                            |                                 |  |  |
| ᇫ  | f   | All other program service revenue           |           |               |               |                                    |                            |                                 |  |  |
|  | g   | Total. Add lines 2a-2f                      | <u></u> . |               |               |                                    |                            |                                 |  |  |
|  | 3   | Investment income (including dividend       | s, intere | st, and       |               |                                    |                            |                                 |  |  |
|  |   | other similar amounts)                      |           |               | 139,267.      |                                    |                            | 139,267.                        |  |  |
|  | 4   | Income from investment of tax-exempt        |           |               |               |                                    |                            |                                 |  |  |
|  | 5   | Royalties                                   |           |               |               |                                    |                            |                                 |  |  |
|  |   | (i) F                                       | eal       | (ii) Personal |               |                                    |                            |                                 |  |  |
|  | 6 a   | Gross rents 6a                              |           |               |               |                                    |                            |                                 |  |  |
|  |   | Less: rental expenses 6b                    |           |               |               |                                    |                            |                                 |  |  |
|  |   | Rental income or (loss) 6c                  |           |               |               |                                    |                            |                                 |  |  |
|  |   | Net rental income or (loss)                 |           |               |               |                                    |                            |                                 |  |  |
|  |   | a Gross amount from sales of (i) Sec        | urities   | (ii) Other    |               |                                    |                            |                                 |  |  |
|  | , ,   | assets other than inventory <b>7a</b>       |           | ()            |               |                                    |                            |                                 |  |  |
|  | h   | Less: cost or other basis                   |           |               |               |                                    |                            |                                 |  |  |
| ø.   | N.  |   |           | 9,612.        |               |                                    |                            |                                 |  |  |
| Ž  | _   | and sales expenses 7b                       |           | -9,612.       |               |                                    |                            |                                 |  |  |
| ther Revenue   |   | Gain or (loss) 7c                           |           |               | -9,612.       |                                    |                            | -9,612.                         |  |  |
| Æ  |   | d Net gain or (loss)                        |           | T             | -9,012.       |                                    |                            | -9,012.                         |  |  |
| ‡  | 8 a   | a Gross income from fundraising events (not | .         |               |               |                                    |                            |                                 |  |  |
| 0  |   | including \$ o                              | - 1       |               |               |                                    |                            |                                 |  |  |
|  |   | contributions reported on line 1c). See     |           |               |               |                                    |                            |                                 |  |  |
|  |   | Part IV, line 18                            | - 1       |               |               |                                    |                            |                                 |  |  |
|  |   | Less: direct expenses                       |           |               |               |                                    |                            |                                 |  |  |
|  |   | Net income or (loss) from fundraising e     |           | I             |               |                                    |                            |                                 |  |  |
|  | 9 a   | Gross income from gaming activities. S      |           |               |               |                                    |                            |                                 |  |  |
|  |   | Part IV, line 19                            |           |               |               |                                    |                            |                                 |  |  |
|  |   | Less: direct expenses                       |           |               |               |                                    |                            |                                 |  |  |
|  | c   | Net income or (loss) from gaming active     | ties      |               |               |                                    |                            |                                 |  |  |
|  | 10 a  | a Gross sales of inventory, less returns    |           |               |               |                                    |                            |                                 |  |  |
|  |   | and allowances                              | 10a       | 1             |               |                                    |                            |                                 |  |  |
|  | b   | Less: cost of goods sold                    | 10b       |               |               |                                    |                            |                                 |  |  |
|  | С   | Net income or (loss) from sales of inver    | itory     |               |               |                                    |                            |                                 |  |  |
| ,,   |   |   |           | Business Code |               |                                    |                            |                                 |  |  |
| Miscellaneous<br>Revenue                               | 11 a  | OTHER REVENUE                               |           | 900099        | 8,695.        |                                    |                            | 8,695.                          |  |  |
| ane<br>Dug   | b   | LOSS ON FOREIGN CURRENCY EXCH               | ANGE      | 900099        | -13,115.      |                                    |                            | -13,115.                        |  |  |
| eve  | c   |   |           |               |               |                                    |                            |                                 |  |  |
| <u>iš</u>  | d   | All other revenue                           |           |               |               |                                    |                            |                                 |  |  |
| 2  |   | Total. Add lines 11a-11d                    |           |               | -4,420.       |                                    |                            |                                 |  |  |
|  | 12  | Total revenue. See instructions             |           |               | 13,015,821.   | 0.                                 | 0.                         | 125,235.                        |  |  |

332009 12-21-23

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 103,644. 103,644. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 55,129. 55,129. Benefits paid to or for members ..... Compensation of current officers, directors, 339,728. 104,392. 183,139. 52,197. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,461,579. 3,195,613. 783,415. 482,551. Other salaries and wages 7 Pension plan accruals and contributions (include 51,586. 264,796. 49,590. 1,996. section 401(k) and 403(b) employer contributions) 115,739. 149,057. Other employee benefits 9 438,528. 301,909. 127,179. 9,440. 10 Payroll taxes 11 Fees for services (nonemployees): Management 110,013. 60,542. 49,471. Legal 170,748. 61,663. 109,085. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 316,755. 70,960. 394,429. 6,714. column (A), amount, list line 11g expenses on Sch O.) 124,421. 16,661. 80,271. 27,489. Advertising and promotion 12 409,975. 404,269. 4,340. 1,366. Office expenses 13 261,285. 77,758. 98,637. 84,890. Information technology 14 15 Royalties 169,606. 99,281. 70,325. 16 Occupancy 630,219. 557,617. 67,798. 4,804. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 393. 2,039. 1,646. Conferences, conventions, and meetings 19 151. 151. 20 Payments to affiliates 21 49,987. 52,805. 102,792. Depreciation, depletion, and amortization 22 12,910. 1,450. 11,460. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,927,620. 1,927,620. PROGRAM EXPENSES PAYROLL PROCESSING FEES 177,277. 85,589. 91,688. 152,635. 150,827. 1,808. TRAINING 137,096. 136,492. d MEALS AND ENTERTAINMENT 604. 577,241.24,277.441,656. 111,308. e All other expenses 11,075,447. 8,299,907. 2,015,920. 759,620. Total functional expenses. Add lines 1 through 24e 25 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)

| Pal                         | rt X     | Balance Sneet                                       |            |                       |                                 |                     |                           |
|-----------------------------|----------|---|------------|-----------------------|---------------------------------|---------------------|---------------------------|
|                             |          | Check if Schedule O contains a response or no       | ote to any | / line in this Part X |                                 |                     |                           |
|                             |          |   |            |                       | <b>(A)</b><br>Beginning of year |                     | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing                         | 1,263,033. | 1                     | 3,670,683.                      |                     |                           |
|                             | 2        | Savings and temporary cash investments              |            |                       | 4,395,607.                      | 2                   | 1,639,175.                |
|                             | 3        | Pledges and grants receivable, net                  |            | 1,223,502.            | 3                               | 2,157,134.          |                           |
|                             | 4        | Accounts receivable, net                            |            |                       | 4                               |                     |                           |
|                             | 5        | Loans and other receivables from any current        |            |                       |                                 |                     |                           |
|                             |          | trustee, key employee, creator or founder, sub      |            |                       |                                 |                     |                           |
|                             |          | controlled entity or family member of any of the    |            | 5                     |                                 |                     |                           |
|                             | 6        | Loans and other receivables from other disqua       |            |                       |                                 |                     |                           |
|                             |          | under section 4958(f)(1)), and persons describe     |            | 6                     |                                 |                     |                           |
| şţ                          | 7        | Notes and loans receivable, net                     |            |                       |                                 | 7                   |                           |
| Assets                      | 8        | Inventories for sale or use                         |            |                       | 000 400                         | 8                   | 266.664                   |
| ⋖                           | 9        |   |            |                       | 282,423.                        | 9                   | 266,664.                  |
|                             | 10a      | Land, buildings, and equipment: cost or other       |            | 200 220               |                                 |                     |                           |
|                             |          | basis. Complete Part VI of Schedule D               |            | 302,330.              | 00 201                          |                     | 00 000                    |
|                             |          |   | 214,310.   | 92,321.               | 10c                             | 88,020.             |                           |
|                             | 11       | Investments - publicly traded securities            |            |                       |                                 | 11                  |                           |
|                             | 12       | Investments - other securities. See Part IV, line   |            | 12                    |                                 |                     |                           |
|                             | 13       | Investments - program-related. See Part IV, line    | 189,515.   | 13                    | 120 440                         |                     |                           |
|                             | 14       | Intangible assets                                   |            | 19,517.               | 14                              | 129,440.<br>19,517. |                           |
|                             | 15       | Other assets. See Part IV, line 11                  |            | 7,465,918.            | 15                              | 7,970,633.          |                           |
|                             | 16<br>17 | Total assets. Add lines 1 through 15 (must eq       | 400,220.   | 16<br>17              | 106,348                         |                     |                           |
|                             | 18       | Accounts payable and accrued expenses               | 400,2201   | 18                    | 100,540                         |                     |                           |
|                             | 19       | Grants payable  Deferred revenue                    |            | 19                    |                                 |                     |                           |
|                             | 20       | Tax-exempt bond liabilities                         |            |                       | 20                              |                     |                           |
|                             | 21       | Escrow or custodial account liability. Complete     |            |                       |                                 | 21                  |                           |
|                             | 22       | Loans and other payables to any current or for      |            |                       |                                 |                     |                           |
| Liabilities                 |          | trustee, key employee, creator or founder, sub      |            |                       |                                 |                     |                           |
| ig                          |          | controlled entity or family member of any of the    |            |                       |                                 | 22                  |                           |
| Ë                           | 23       | Secured mortgages and notes payable to unre         |            |                       |                                 | 23                  |                           |
|                             | 24       | Unsecured notes and loans payable to unrelate       |            |                       |                                 | 24                  |                           |
|                             | 25       | Other liabilities (including federal income tax, p  |            |                       |                                 |                     |                           |
|                             |          | parties, and other liabilities not included on line |            |                       |                                 |                     |                           |
|                             |          | of Schedule D                                       |            |                       | 1,972,768.                      | 25                  | 830,981.                  |
|                             | 26       | Total liabilities. Add lines 17 through 25          |            |                       | 2,372,988.                      | 26                  | 937,329.                  |
|                             |          | Organizations that follow FASB ASC 958, ch          | eck here   | X                     |                                 |                     |                           |
| ces                         |          | and complete lines 27, 28, 32, and 33.              |            |                       |                                 |                     |                           |
| <u>la</u> n                 | 27       |   |            |                       | 5,038,591.                      | 27                  | 6,978,965.                |
| Ba                          | 28       | Net assets with donor restrictions                  | 54,339.    | 28                    | 54,339.                         |                     |                           |
| ů                           |          | Organizations that do not follow FASB ASC           | 958, che   | ck here               |                                 |                     |                           |
| F                           |          | and complete lines 29 through 33.                   |            |                       |                                 |                     |                           |
| ţs                          | 29       | Capital stock or trust principal, or current fund   |            |                       | 29                              |                     |                           |
| sse                         | 30       | Paid-in or capital surplus, or land, building, or   |            |                       |                                 | 30                  |                           |
| Net Assets or Fund Balances | 31       | Retained earnings, endowment, accumulated i         |            |                       | E 000 000                       | 31                  | 7 022 204                 |
| Š                           | 32       | Total net assets or fund balances                   |            |                       | 5,092,930.                      | 32                  | 7,033,304.                |
|                             | 33       | Total liabilities and net assets/fund balances      |            |                       | 7,465,918.                      | 33                  | 7,970,633.                |

| Pa | T XI Reconciliation of Net Assets   |          |       |     |            |  |  |
|----|---|----------|-------|-----|------------|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |       |     |            |  |  |
|    |   |          |       |     |            |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 13,01 |     |            |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 11,07 |     |            |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | 1,94  |     |            |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        | 5,09  | 2,9 | <u>30.</u> |  |  |
| 5  | Net unrealized gains (losses) on investments  | 5        |       |     |            |  |  |
| 6  | Donated services and use of facilities  | 6        |       |     |            |  |  |
| 7  | Investment expenses   | 7        |       |     |            |  |  |
| 8  | Prior period adjustments  | 8        |       |     |            |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |       |     | 0.         |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |       |     |            |  |  |
|    | column (B))   | 10       | 7,03  | 3,3 | 04.        |  |  |
| Pa | 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  |          | _     |     |            |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.     |          |       |     |            |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a    |     | X          |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |       |     |            |  |  |
|    | separate basis, consolidated basis, or both:  |          |       |     |            |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |       |     |            |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b    | X   |            |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,   |       |     |            |  |  |
|    | consolidated basis, or both:  |          |       |     |            |  |  |
|    | 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   |            |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O. |       |     |            |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |          |       |     |            |  |  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | 3a    |     | X          |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |          |       |     |            |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3b    |     |            |  |  |
|    |   |          | Form  | 990 | (2023)     |  |  |

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

**2023** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

TREES FOR THE FUTURE, 52-1644869 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

| Part II   Support Schedule  | for Organizations        | Described in        | Sections 170( | b)(1)(A)(iv) and      | 170(b)(1)(A)(v         | i)           |
|---|--------------------------|---------------------|---------------|-----------------------|------------------------|--------------|
| (Complete only if you ch  |                          |                     | -             | n failed to qualify ι | ınder Part III. If the | organization |
| fails to qualify under the  | tests listed below, plea | ase complete Part I | II.)          |                       |                        |              |
| Section A. Public Support   |                          |                     |               |                       |                        |              |
| Calendar year (or fiscal year beginning i   | n) <b>(a)</b> 2019       | <b>(b)</b> 2020     | (c) 2021      | (d) 2022              | (e) 2023               | (f) Total    |
| 1 Gifts, grants, contributions, and membership fees received. (Do   | not                      | 11338239.           | 0275700       | 14058667.             | 12000506               | E10267E0     |
| <ul><li>include any "unusual grants.")</li><li>Tax revenues levied for the orga ization's benefit and either paid or expended on its behalf</li></ul> | n-                       | 11330239.           | 8373780.      | 14038667.             | 12890380.              | 51920756     |
| 3 The value of services or facilities<br>furnished by a governmental uni  |                          |                     |               |                       |                        |              |

8375780.14058667.12890586.51926758. 4 Total. Add lines 1 through 3 ...... 5263486.11338239. 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,

the organization without charge

column (f) 7560453. 6 Public support. Subtract line 5 from line 4.

### Section B. Total Support

| Cale | endar year (or fiscal year beginning in)     | (a) 2019              | <b>(b)</b> 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total        |
|------|--|-----------------------|-----------------|----------|-----------|-----------|------------------|
| 7    | Amounts from line 4                          | 5263486.              | 11338239.       | 8375780. | 14058667. | 12890586. | 51926758.        |
| 8    | Gross income from interest,                  |                       |                 |          |           |           |                  |
|      | dividends, payments received on              |                       |                 |          |           |           |                  |
|      | securities loans, rents, royalties,          |                       |                 |          |           |           |                  |
|      | and income from similar sources              | 10,407.               | 1,193.          | 817.     | 47,574.   | 139,267.  | 199,258.         |
| 9    | Net income from unrelated business           |                       |                 |          |           |           |                  |
|      | activities, whether or not the               |                       |                 |          |           |           |                  |
|      | business is regularly carried on             |                       |                 |          |           |           |                  |
| 10   | Other income. Do not include gain            |                       |                 |          |           |           |                  |
|      | or loss from the sale of capital             |                       |                 |          |           |           |                  |
|      | assets (Explain in Part VI.)                 |                       |                 |          |           | -4,420.   |                  |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                       |                 |          |           |           | <u>52121596.</u> |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ons)            |          |           | 12        |                  |

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

| Section C | Computation | of Public Suppor | t Percentage |
|-----------|-------------|------------------|--------------|

| Se | ction C. Computation of Public Support Percentage  |             |                 |
|----|--|-------------|-----------------|
| 14 | Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))                              | 14          | 85.12 %         |
| 15 | Public support percentage from 2022 Schedule A, Part II, line 14   | 15          | 83.51 %         |
| 16 | a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m     | ore, check  | this box and    |
|    | stop here. The organization qualifies as a publicly supported organization   |             | X               |
| ı  | 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%       | or more, c  | heck this box   |
|    | and stop here. The organization qualifies as a publicly supported organization                                       |             |                 |
| 17 | a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, a       | nd line 14  | is 10% or more, |
|    | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part        | VI how the  | organization    |
|    | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization              |             |                 |
| ı  | o 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 1       | 7a, and lin | e 15 is 10% or  |
|    | more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in       | n Part VI h | ow the          |
|    | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | ation       |                 |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and    | nd see inst | ructions        |
|    |  |             |                 |

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

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

| Se       | ction A. Public Support  | elow, please comp  | Diete Fait II.)           |                       |                     |                     |           |
|----------|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| Cale     | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020           | (c) 2021              | (d) 2022            | (e) 2023            | (f) Total |
|          | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | (1)                | (12) = = =                | (2) = = 1             | (-7                 | (5) = 5 = 5         | χ,        |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                           |                       |                     |                     |           |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                    |                           |                       |                     |                     |           |
| 4        | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                    |                           |                       |                     |                     |           |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                           |                       |                     |                     |           |
| 6        | Total. Add lines 1 through 5   |                    |                           |                       |                     |                     |           |
| 78       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                           |                       |                     |                     |           |
| ŀ        | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                    |                           |                       |                     |                     |           |
| (        | Add lines 7a and 7b  |                    |                           |                       |                     |                     |           |
|          | Public support. (Subtract line 7c from line 6.)  |                    |                           |                       |                     |                     |           |
| Cale     | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020           | (c) 2021              | (d) 2022            | (e) 2023            | (f) Total |
|          | Amounts from line 6  | (-, : -            | (-,                       | (-)                   | (-,                 | (-,                 | (-,       |
|          | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 |                    |                           |                       |                     |                     |           |
| k        | Unrelated business taxable income (less section 511 taxes) from businesses   |                    |                           |                       |                     |                     |           |
|          | acquired after June 30, 1975   |                    |                           |                       |                     | +                   |           |
|          | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                       |                    |                           |                       |                     |                     |           |
|          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                           |                       |                     |                     |           |
|          | Total support. (Add lines 9, 10c, 11, and 12.)   |                    | <u> </u>                  |                       | 1                   | 1                   | <u> </u>  |
| 14       | First 5 years. If the Form 990 is for the  | · ·                |                           | •                     | •                   | . , . ,             | · —       |
| <u> </u> | check this box and stop here   | a Cummant Da       |                           |                       |                     |                     |           |
|          | ction C. Computation of Publi  |                    |                           |                       |                     | T .= T              |           |
|          | Public support percentage for 2023 (I  | , ,,,              | •                         | column (f))           |                     | 15                  | <u>%</u>  |
|          | Public support percentage from 2022 ction D. Computation of Inves  |                    |                           |                       |                     | 16                  | %         |
|          | •  |                    |                           | ing 10 galuma (f)     |                     | 17                  | 0/        |
|          | Investment income percentage for 20  |                    |                           |                       |                     | 17                  | %         |
|          | Investment income percentage from  |                    |                           |                       |                     |                     | 7 is not  |
| 198      | a 33 1/3% support tests - 2023. If the   |                    |                           |                       |                     | - 4.5               |           |
| k        | more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the  | organization did r | not check a box or        | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | nd        |
|          | line 18 is not more than 33 1/3%, che  | ck this box and st | <b>top here.</b> The orga | anization qualifies   | as a publicly supp  | orted organization  |           |
| 20       | Private foundation. If the organization  | n did not check a  | hox on line 14 19         | a or 19h check th     | nis hox and see in  | structions          | 1 7       |

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     |      | Yes | No |
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| Pai | rt IV   Supporting Organizations (continued)  |           |     |     |
|-----|---|-----------|-----|-----|
|     |   |           | Yes | No  |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |           |     |     |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |           |     |     |
|     | 11c below, the governing body of a supported organization?  | 11a       |     |     |
| b   | A family member of a person described on line 11a above?  | 11b       |     |     |
| С   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |     |     |
|     | detail in Part VI.  | 11c       |     |     |
| Sec | tion B. Type I Supporting Organizations   |           |     |     |
|     |   |           | Yes | No  |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |           |     |     |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |           |     |     |
|     | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |           |     |     |
|     | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |           |     |     |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |     |     |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |           |     |     |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |     |     |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |     |     |
|     | supervised, or controlled the supporting organization.  | 2         |     |     |
| Sec | tion C. Type II Supporting Organizations  |           |     |     |
|     |   |           | Yes | No  |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |           |     | 110 |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |           |     |     |
|     | or management of the supporting organization was vested in the same persons that controlled or managed  |           |     |     |
|     | the supported organization(s).  | 1         |     |     |
| Sec | tion D. All Type III Supporting Organizations   |           |     |     |
|     |   |           | Yes | No  |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |           | 163 | 140 |
| •   | 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  |           |     |     |
|     |   | 1         |     |     |
| •   | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | •         |     |     |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |     |     |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |           |     |     |
| _   | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2         |     |     |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   |           |     |     |
|     | significant voice in the organization's investment policies and in directing the use of the organization's  |           |     |     |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  | 3         |     |     |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations  | <u> </u>  |     |     |
|     | · · · · · · · · · · · · · · · · · · ·   |           |     |     |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  | ).        |     |     |
| a   | The organization satisfied the Activities Test. Complete line 2 below.  |           |     |     |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |     |
| C   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | struction |     | N   |
| 2   | Activities Test. Answer lines 2a and 2b below.  |           | Yes | No  |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |           |     |     |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>   |           |     |     |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,  |           |     |     |
|     | how the organization was responsive to those supported organizations, and how the organization determined   |           |     |     |
|     | that these activities constituted substantially all of its activities.  | 2a        |     |     |
| b   | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |           |     |     |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |           |     |     |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |           |     |     |
| _   | these activities but for the organization's involvement.  | 2b        |     |     |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |           |     |     |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   | _         |     |     |
|     | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a        |     |     |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |           |     |     |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b        |     |     |

| Pa   | t V Type III Non-Functionally Integrated 509(a)(3) Supporti   | ng Organi      | zations                    |                                |  |  |
|------|---|----------------|----------------------------|--------------------------------|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. |                |                            |                                |  |  |
|      | All other Type III non-functionally integrated supporting organizations mu  | st complete s  | Sections A through E.      |                                |  |  |
| Sect | ion A - Adjusted Net Income   |                | (A) Prior Year             | (B) Current Year<br>(optional) |  |  |
| 1    | Net short-term capital gain   | 1              |                            |                                |  |  |
| 2    | Recoveries of prior-year distributions  | 2              |                            |                                |  |  |
| _3   | Other gross income (see instructions)   | 3              |                            |                                |  |  |
| _4   | Add lines 1 through 3.  | 4              |                            |                                |  |  |
| 5    | Depreciation and depletion  | 5              |                            |                                |  |  |
| 6    | Portion of operating expenses paid or incurred for production or  |                |                            |                                |  |  |
|      | collection of gross income or for management, conservation, or  |                |                            |                                |  |  |
|      | maintenance of property held for production of income (see instructions)  | 6              |                            |                                |  |  |
| 7    | Other expenses (see instructions)   | 7              |                            |                                |  |  |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8              |                            |                                |  |  |
| Sect | ion B - Minimum Asset Amount  |                | (A) Prior Year             | (B) Current Year<br>(optional) |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |                |                            |                                |  |  |
|      | instructions for short tax year or assets held for part of year):   |                |                            |                                |  |  |
| а    | Average monthly value of securities   | 1a             |                            |                                |  |  |
| b    | Average monthly cash balances   | 1b             |                            |                                |  |  |
| С    | Fair market value of other non-exempt-use assets  | 1c             |                            |                                |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d             |                            |                                |  |  |
| е    | Discount claimed for blockage or other factors  |                |                            |                                |  |  |
|      | (explain in detail in Part VI):   |                |                            |                                |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                            |                                |  |  |
| 3    | Subtract line 2 from line 1d.   | 3              |                            |                                |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |                |                            |                                |  |  |
|      | see instructions).  | 4              |                            |                                |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                            |                                |  |  |
| 6    | Multiply line 5 by 0.035.   | 6              |                            |                                |  |  |
| 7    | Recoveries of prior-year distributions  | 7              |                            |                                |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8              |                            |                                |  |  |
| Sect | ion C - Distributable Amount  |                |                            | Current Year                   |  |  |
| _1   | Adjusted net income for prior year (from Section A, line 8, column A)   | 1              |                            |                                |  |  |
| 2    | Enter 0.85 of line 1.   | 2              |                            |                                |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3              |                            |                                |  |  |
| 4    | Enter greater of line 2 or line 3.  | 4              |                            |                                |  |  |
| 5    | Income tax imposed in prior year  | 5              |                            |                                |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |                |                            |                                |  |  |
|      | emergency temporary reduction (see instructions).   | 6              |                            |                                |  |  |
| 7    | Check here if the current year is the organization's first as a non-function  | ally integrate | d Type III supporting orga | nization (see                  |  |  |
|      | instructions).  |                |                            | ·                              |  |  |

|           | t V Type III Non-Functionally Integrated 509(                   | (a)(3) Supporting Orga                  | nizations (continu            | red) | 2 1044000 Page 7                 |
|-----------|---|---|-------------------------------|------|----------------------------------|
| Sect      | ion D - Distributions   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Continu                       | 100/ | Current Year                     |
| 1         | Amounts paid to supported organizations to accomplish exer      | mpt purposes                            |                               | 1    |                                  |
| 2         | Amounts paid to perform activity that directly furthers exemp   |   |                               |      |                                  |
|           | organizations, in excess of income from activity                |   |                               | 2    |                                  |
| 3         | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations           | 3                             | 3    |                                  |
| 4         | Amounts paid to acquire exempt-use assets                       | ., .                                    |                               | 4    |                                  |
| 5         | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)               |                               | 5    |                                  |
| 6         | Other distributions (describe in Part VI). See instructions.    |   |                               | 6    |                                  |
| 7         | Total annual distributions. Add lines 1 through 6.              |   |                               | 7    |                                  |
| 8         | Distributions to attentive supported organizations to which the | ne organization is responsive           |                               |      |                                  |
|           | (provide details in Part VI). See instructions.                 | -                                       |                               | 8    |                                  |
| 9         | Distributable amount for 2023 from Section C, line 6            |   |                               | 9    |                                  |
| 10        | Line 8 amount divided by line 9 amount                          |   |                               | 10   |                                  |
|           |   | (i)                                     | (ii)                          |      | (iii)                            |
| Sect      | ion E - Distribution Allocations (see instructions)             | Excess Distributions                    | Underdistribution<br>Pre-2023 | าร   | Distributable<br>Amount for 2023 |
| _1_       | Distributable amount for 2023 from Section C, line 6            |   |                               |      |                                  |
| 2         | Underdistributions, if any, for years prior to 2023 (reason-    |   |                               |      |                                  |
|           | able cause required - explain in Part VI). See instructions.    |   |                               |      |                                  |
| _3_       | Excess distributions carryover, if any, to 2023                 |   |                               |      |                                  |
| a         | From 2018   |   |                               |      |                                  |
| b         | From 2019   |   |                               |      |                                  |
| c         | From 2020   |   |                               |      |                                  |
| d         | From 2021   |   |                               |      |                                  |
| е         | From 2022   |   |                               |      |                                  |
| f         | Total of lines 3a through 3e                                    |   |                               |      |                                  |
| g         | Applied to underdistributions of prior years                    |   |                               |      |                                  |
| <u>h</u>  | Applied to 2023 distributable amount                            |   |                               |      |                                  |
| i_        | Carryover from 2018 not applied (see instructions)              |   |                               |      |                                  |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |   |                               |      |                                  |
| 4         | Distributions for 2023 from Section D,                          |   |                               |      |                                  |
|           | line 7: \$  |   |                               |      |                                  |
| <u>a</u>  | Applied to underdistributions of prior years                    |   |                               |      |                                  |
| b         | Applied to 2023 distributable amount                            |   |                               |      |                                  |
| <u>C</u>  | Remainder. Subtract lines 4a and 4b from line 4.                |   |                               |      |                                  |
| 5         | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h        |   |                               |      |                                  |
|           | and 4b from line 1. For result greater than zero, explain in    |   |                               |      |                                  |
|           | Part VI. See instructions.                                      |   |                               |      |                                  |
| 7         | Excess distributions carryover to 2024. Add lines 3j and 4c.    |   |                               |      |                                  |
| 8         | Breakdown of line 7:  |   |                               |      |                                  |
| а         | Excess from 2019  |   |                               |      |                                  |
| b         | Excess from 2020  |   |                               |      |                                  |
| С         | Excess from 2021  |   |                               |      |                                  |
| d         | Excess from 2022  |   |                               |      |                                  |
| е         | Excess from 2023  |   |                               |      |                                  |

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

**Employer identification number** Name of the organization TREES FOR THE FUTURE 52-1644869 INC Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

| TREES | FOR | THE | FUTURE, | INC. |
|-------|-----|-----|---------|------|
|-------|-----|-----|---------|------|

52-1644869

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                 |  |
|------------|---|----------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| 1          |   | \$ 1,849,426.                    | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| 2          |   | \$ 1,001,530.                    | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d) Type of contribution   |
| 3          |   | \$ 597,432.                      | Person X Payroll   |
| (a)        | (b)   | (c)                              | (d)  |
| No4_       | Name, address, and ZIP + 4  | Total contributions  \$ 525,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d) Type of contribution   |
| 5          |   | \$\$                             | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| 6          |   | \$375,000.                       | Person X Payroll   |

Schedule B (Form 990) (2023) Page

Name of organization

Employer identification number

TREES FOR THE FUTURE, INC.

52-1644869

| TREES              | FOR THE FUTURE, INC.  |                            | 52-1644869   |
|--------------------|---|----------------------------|--|
| Part I             | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |  |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 7                  |   | \$344,643                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br><u>No</u> . | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 8                  |   | \$331,442                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 9                  |   | \$\$                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|                    |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|                    |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No.         | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|                    |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization Employer identification number

## TREES FOR THE FUTURE, INC.

52-1644869

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed.         |                              |
|------------------------------|---|---|------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | <br>  \$                                  |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   |   |                              |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | <br>                                      | Schedule R (Form 990) (2023) |

**Employer identification number** 

Name of organization

TREES FOR THE FUTURE, INC. 52-1644869 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number** 

|     | TREES FOR THE FUTURE  |   | 52-1644869                             |      |
|-----|---|---|--|------|
| Pai |   |   | or Accounts. Complete if the           |      |
|     | organization answered "Yes" on Form 990, Part IV, line 6              | 5.  |  |      |
|     | <u>_</u>  | (a) Donor advised funds                   | (b) Funds and other accounts           |      |
| 1   | Total number at end of year   |   |  |      |
| 2   | Aggregate value of contributions to (during year)                     |   |  |      |
| 3   | Aggregate value of grants from (during year)                          |   |  |      |
| 4   | Aggregate value at end of year  |   |  |      |
| 5   | Did the organization inform all donors and donor advisors in wri      | ting that the assets held in donor advis  | sed funds                              |      |
|     | are the organization's property, subject to the organization's ex     | clusive legal control?                    | Yes                                    | No   |
| 6   | Did the organization inform all grantees, donors, and donor adv       | isors in writing that grant funds can be  | used only                              |      |
|     | for charitable purposes and not for the benefit of the donor or d     | lonor advisor, or for any other purpose   | conferring                             |      |
|     | impermissible private benefit?  |   | Yes                                    | No   |
| Pai |   | nization answered "Yes" on Form 990,      | Part IV, line 7.                       |      |
| 1   | Purpose(s) of conservation easements held by the organization         | (check all that apply).                   |  |      |
|     | Preservation of land for public use (for example, recreation          | n or education) Preservation of           | f a historically important land area   |      |
|     | Protection of natural habitat   | Preservation o                            | f a certified historic structure       |      |
|     | Preservation of open space  |   |  |      |
| 2   | Complete lines 2a through 2d if the organization held a qualified     | d conservation contribution in the form   | of a conservation easement on the last |      |
|     | day of the tax year.  |   | Held at the End of the Tax             |      |
| а   | Total number of conservation easements                                |   | 2a                                     |      |
| b   |   |   |  |      |
| С   | Number of conservation easements on a certified historic struct       |   | 0-                                     |      |
| d   | Number of conservation easements included on line 2c acquire          |   |  |      |
|     | on a historic structure listed in the National Register               | • • •                                     | 2d                                     |      |
| 3   | Number of conservation easements modified, transferred, relea         |   |  |      |
|     | year  | , 3                                       | 3                                      |      |
| 4   | Number of states where property subject to conservation easer         | ment is located                           |  |      |
| 5   | Does the organization have a written policy regarding the period      |   |  |      |
|     | violations, and enforcement of the conservation easements it he       |   |  | No   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, ha       |   |  |      |
|     |   |   | Ç                                      |      |
| 7   | Amount of expenses incurred in monitoring, inspecting, handlin        | g of violations, and enforcing conserva   | ation easements during the year        |      |
|     |   |   | Ç ,                                    |      |
| 8   | Does each conservation easement reported on line 2d above sa          | atisfy the requirements of section 170(h  | n)(4)(B)(i)                            |      |
|     | and section 170(h)(4)(B)(ii)?   |   | Yes                                    | No   |
| 9   | In Part XIII, describe how the organization reports conservation      |   |  |      |
|     | balance sheet, and include, if applicable, the text of the footnot    | e to the organization's financial statem  | ents that describes the                |      |
|     | organization's accounting for conservation easements.                 | •   |  |      |
| Pai | t III Organizations Maintaining Collections of A                      | rt, Historical Treasures, or O            | ther Similar Assets.                   |      |
|     | Complete if the organization answered "Yes" on Form 99                | 90, Part IV, line 8.                      |  |      |
| 1a  | If the organization elected, as permitted under FASB ASC 958,         | not to report in its revenue statement    | and balance sheet works                |      |
|     | of art, historical treasures, or other similar assets held for public | exhibition, education, or research in for | urtherance of public                   |      |
|     | service, provide in Part XIII the text of the footnote to its financi | al statements that describes these iten   | ns.                                    |      |
| b   | If the organization elected, as permitted under FASB ASC 958,         | to report in its revenue statement and    | balance sheet works of                 |      |
|     | art, historical treasures, or other similar assets held for public ex | xhibition, education, or research in furt | herance of public service,             |      |
|     | provide the following amounts relating to these items.                | •   |  |      |
|     | (i) Revenue included on Form 990, Part VIII, line 1                   |   | \$                                     |      |
|     | (m) A   |   | •                                      |      |
| 2   | If the organization received or held works of art, historical treasu  |   |  |      |
| -   | the following amounts required to be reported under FASB ASC          |   |  |      |
| а   | Revenue included on Form 990, Part VIII, line 1                       | _   | \$                                     |      |
|     |   |   | <u> </u>                               |      |
|     | For Paperwork Reduction Act Notice, see the Instructions for          |   | Schedule D (Form 990)                  | 2023 |

332051 09-28-23

|     | dule D (Form 990) 2023 TREES FO                       | R THE FUTU            | RE,     | INC.           |               |               |                         | 16448          |         | ⊃ <sub>age</sub> <b>2</b> |
|-----|---|-----------------------|---------|----------------|---------------|---------------|-------------------------|----------------|---------|---------------------------|
| Pai | t III Organizations Maintaining Co                    | llections of Art      | , Hist  | orical Tre     | asures, o     | r Other       | Similar Ass             | ets (con       | tinued  | )                         |
| 3   | Using the organization's acquisition, accession       | , and other records   | , checl | k any of the f | ollowing that | t make sig    | nificant use of         | its            |         |                           |
|     | collection items (check all that apply).              |                       |         |                |               |               |                         |                |         |                           |
| а   | Public exhibition                                     | d                     |         | Loan or excl   | hange progra  | am            |                         |                |         |                           |
| b   | Scholarly research                                    | е                     |         | Other          |               |               |                         |                |         |                           |
| С   | Preservation for future generations                   |                       |         |                |               |               |                         |                |         |                           |
| 4   | Provide a description of the organization's colle     | ections and explain   | how th  | ney further th | e organizatio | on's exem     | pt purpose in F         | Part XIII.     |         |                           |
| 5   | During the year, did the organization solicit or i    | · ·                   |         | •              | -             |               |                         |                |         |                           |
|     | to be sold to raise funds rather than to be mair      | tained as part of the | e orga  | nization's col | lection?      |               |                         | Yes            |         | ☐ No                      |
| Par | t IV Escrow and Custodial Arrange                     |                       |         |                |               |               |                         | IV, line 9, c  | r       |                           |
|     | reported an amount on Form 990, Part                  |                       |         |                |               |               |                         |                |         |                           |
| 1a  | Is the organization an agent, trustee, custodiar      | , or other intermedi  | ary for | contribution   | s or other as | sets not in   | ncluded                 |                |         |                           |
|     | on Form 990, Part X?                                  |                       |         |                |               |               |                         | Yes            |         | ☐ No                      |
| b   | If "Yes," explain the arrangement in Part XIII ar     |                       |         |                |               |               |                         |                |         |                           |
|     |   | ·                     |         |                |               |               |                         | Amou           | ınt     |                           |
| С   | Beginning balance                                     |                       |         |                |               |               | 1c                      |                |         |                           |
| d   | Additions during the year                             |                       |         |                |               |               | 1d                      |                |         |                           |
| е   | Distributions during the year                         |                       |         |                |               |               | 1e                      |                |         |                           |
| f   | Ending balance  |                       |         |                |               |               | 1f                      |                |         |                           |
| 2a  | Did the organization include an amount on For         |                       |         |                |               |               | y?                      | Yes            |         | No                        |
|     | If "Yes," explain the arrangement in Part XIII. C     |                       |         |                |               |               |                         |                | [       |                           |
| Par |   |                       |         |                |               |               | •                       |                |         |                           |
|     |   | (a) Current year      | (b) F   | Prior year     | (c) Two yea   | rs back (     | <b>d)</b> Three years b | ack (e) Fo     | ur year | s back                    |
| 1a  | Beginning of year balance                             |                       |         |                |               |               |                         |                |         |                           |
| b   | Contributions   |                       |         |                |               |               |                         |                |         |                           |
| С   | Net investment earnings, gains, and losses            |                       |         |                |               |               |                         |                |         |                           |
| d   | Grants or scholarships                                |                       |         |                |               |               |                         |                |         |                           |
| е   | Other expenditures for facilities                     |                       |         |                |               |               |                         |                |         |                           |
|     | and programs  |                       |         |                |               |               |                         |                |         |                           |
| f   | Administrative expenses                               |                       |         |                |               |               |                         |                |         |                           |
| g   | End of year balance                                   |                       |         |                |               |               |                         |                |         |                           |
| 2   | Provide the estimated percentage of the currer        | nt year end balance   | (line 1 | g, column (a)  | ) held as:    | •             |                         | •              |         |                           |
| а   | Board designated or quasi-endowment                   | ·                     | %       |                | ,             |               |                         |                |         |                           |
| b   | Permanent endowment                                   | %                     | _       |                |               |               |                         |                |         |                           |
| С   | Term endowment %                                      |                       |         |                |               |               |                         |                |         |                           |
|     | The percentages on lines 2a, 2b, and 2c should        | d equal 100%.         |         |                |               |               |                         |                |         |                           |
| За  | Are there endowment funds not in the possess          | ion of the organizat  | ion tha | at are held an | d administer  | ed for the    |                         |                |         |                           |
|     | organization by:                                      | •                     |         |                |               |               |                         |                | Yes     | No                        |
|     | (i) Unrelated organizations?                          |                       |         |                |               |               |                         | 3a(            | )       |                           |
|     | (m) = 1 · · · · · · · · · · ·                         |                       |         |                |               |               |                         |                |         |                           |
| b   | If "Yes" on line 3a(ii), are the related organization |                       |         |                |               |               |                         |                |         |                           |
| 4   | Describe in Part XIII the intended uses of the o      |                       |         |                |               |               |                         |                |         |                           |
| Par | t VI Land, Buildings, and Equipme                     | nt                    |         |                |               |               |                         |                |         |                           |
|     | Complete if the organization answered                 | 'Yes" on Form 990,    | Part I  | V, line 11a. S | ee Form 990   | , Part X, li  | ne 10.                  |                |         |                           |
|     | Description of property                               | (a) Cost or ot        | her     | (b) Cost       | or other      | <b>(c)</b> Ac | cumulated               | ( <b>d)</b> Bo | ok val  | ue                        |
|     | ,   | basis (investm        |         | basis          |               |               | reciation               | , ,            |         |                           |
| 1a  | Land  |                       |         |                |               |               |                         |                |         |                           |
|     | Buildings   |                       |         |                |               |               |                         |                |         |                           |
|     | Leasehold improvements                                |                       |         |                |               |               |                         |                |         |                           |
|     | Equipment   |                       |         | 30             | 2,330.        | 2             | 14,310.                 |                | 88,0    | 20.                       |
|     | Other   |                       |         |                |               |               |                         |                |         |                           |

Schedule D (Form 990) 2023

88,020.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

|   | HE FUTURE, IN              | C. 52                                      | -1644869 Page         |
|---|----------------------------|--|-----------------------|
| Part VII Investments - Other Securities   | E 000 B 1 N/ I             | 441.0.5.000.5.17.17.40                     |                       |
| Complete if the organization answered "Yes"  (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end       | of year market value  |
| (4) Ebenedal deducation   | (b) Book value             | (c) Method of Valuation. Cost of end       | -or-year market value |
| (1) Financial derivatives   |                            | +  |                       |
| (2) Closely held equity interests   |                            |  |                       |
| (3) Other   |                            |  |                       |
| (A)   |                            | +  |                       |
| (B)<br>(C)  |                            | +  |                       |
| (D)   |                            |  |                       |
| (E)   |                            |  |                       |
| (F)   |                            |  |                       |
| (G)   |                            |  |                       |
| (H)   |                            |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  |                            |  |                       |
| Part VIII Investments - Program Related.  |                            |  |                       |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.        |                       |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or end       | -of-year market value |
| (1)   |                            |  | •                     |
| (2)   |                            |  |                       |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |
| (6)   |                            |  |                       |
| (7)   |                            |  |                       |
| (8)   |                            |  |                       |
| (9)   |                            |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  |                            |  |                       |
| Part IX Other Assets  |                            |  |                       |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.        |                       |
| (a)   | Description                |  | (b) Book value        |
| (1)   |                            |  |                       |
| (2)   |                            |  |                       |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |
| (6)   |                            |  |                       |
| (7)   |                            |  |                       |
| (8)   |                            |  |                       |
| (9)   |                            |  |                       |
| Total. (Column (b) must equal Form 990, Part X, line 15, col  | . (B))                     |  |                       |
| Part X Other Liabilities  |                            |  |                       |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. |                       |
| 1. (a) Description of liability   |                            |  | (b) Book value        |
| (1) Federal income taxes  |                            |  |                       |
| (2) REFUNDABLE ADVANCES   |                            |  | 830,981               |
| (3)   |                            |  |                       |
| (4)   |                            |  |                       |
| (5)   |                            |  |                       |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

830,981.

(6) (7) (8)

|          | edule D (Form 990) 2023 TREES FOR THE FUTURE, INC  |                 |                        | 1644869 Page 4      |
|----------|--|-----------------|------------------------|---------------------|
| Pai      | rt XI Reconciliation of Revenue per Audited Financial Staten   |                 | ue per Return          |                     |
| _        | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   |                 | 1                      | 13,015,821.         |
| 1        |  |                 |                        | 13,013,021.         |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | ا ما            |                        |                     |
| _        | Net unrealized gains (losses) on investments   |                 |                        |                     |
| b        |  |                 |                        |                     |
| _        | Recoveries of prior year grants  | 1 4.1           |                        |                     |
| d        | ,  |                 | 0.                     | 0                   |
| _        | Add lines 2a through 2d  |                 |                        | 0.<br>13,015,821.   |
| 3        | Subtract line 2e from line 1   |                 | 3                      | 13,013,621.         |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1.1             |                        |                     |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b   |                 |                        |                     |
| b        | Other (Describe in Part XIII.)   |                 |                        | 0                   |
| _        | Add lines 4a and 4b  |                 |                        | 0.<br>13,015,821.   |
| 5<br>Da  | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State                                 | mente With Evne | 5                      |                     |
| ıa       |  | -               | nses per meturi        | •                   |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   |                 |                        | 11,075,447.         |
| 1        | Total expenses and losses per audited financial statements   |                 | 1                      | 11,075,447.         |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 11              |                        |                     |
| a        | Donated services and use of facilities   | I I             |                        |                     |
| b        |  |                 |                        |                     |
| С        | = 311-1 7-2-2-2  |                 |                        |                     |
| d        | ,  | 2d              |                        | 0                   |
| _        | Add lines 2a through 2d  |                 |                        | 11 075 447          |
| 3        | Subtract line 2e from line 1   |                 | 3                      | 11,075,447.         |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1             |                        |                     |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b   |                 |                        |                     |
|          | Other (Describe in Part XIII.)   |                 |                        | 0                   |
| С        | Add lines 4a and 4b  |                 |                        | 0.                  |
| <u>5</u> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information  |                 | 5                      | 11,075,447.         |
|          | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a |                 | Part V, line 4; Part ) | X, line 2; Part XI, |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  |                 |                        |                     |
|          |  | ·               |                        |                     |

# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

Inspection

| Nam  | e of the organization                  |                         |                                     |   |                  | Employer identif                   | ication number          |
|------|--|-------------------------|-------------------------------------|---|------------------|------------------------------------|-------------------------|
| TRI  | EES FOR THE F                          | UTURE. IN               | NC.                                 |   |                  | 52-164486                          | 9                       |
| Pa   | rt I General Infor                     | mation on A             |                                     | side the United States. Comple  | ete if the organ | ization answered "                 | es" on                  |
|      | Form 990, Part IV                      |                         |                                     |   |                  |                                    |                         |
| 1    | For grantmakers. Does                  | the organization        | maintain record                     | ls to substantiate the amount of its gra                                | nts and other a  | assistance,                        |                         |
|      | the grantees' eligibility for          | or the grants or a      | ssistance, and t                    | he selection criteria used to award the                                 | grants or assis  | tance? L                           | Yes X No                |
| _    | Fau amanton alcana Dasa                | uile e ine Deut V/4le e |                                     |   |                  |                                    | : -   -   4             |
| 2    | United States.                         | ribe in Part v the      | organization's p                    | procedures for monitoring the use of its                                | grants and oti   | ner assistance outs                | ide the                 |
| 3    |  | ne following Part       | I. line 3 table ca                  | n be duplicated if additional space is n                                | eeded.)          |                                    |                         |
|      | (a) Region                             | (b) Number of           | (c) Number of                       | (d) Activities conducted in the region                                  |                  | vity listed in (d)                 | (f) Total               |
|      |  | offices                 | employees, agents, and              | (by type) (such as, fundraising, pro-                                   |                  | gram service,                      | expenditures<br>for and |
|      |  | in the region           | agents, and independent contractors | gram services, investments, grants to recipients located in the region) |                  | specific type<br>(s) in the region | investments             |
|      |  |                         | in the region                       | redipleme located in the region,  | 01 301 1100      | (a) in the region                  | in the region           |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   | FOREST GARD      | ENS; CARBON                        |                         |
| SUB- | -SAHARAN AFRICA                        | 15                      | 288                                 |   | PROJECTS         | END; CIMBON                        | 7,457,022.              |
|      |  |                         |                                     |   |                  |                                    | ' '                     |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
| SUB- | -SAHARAN AFRICA                        | 0                       | 0                                   | GRANTMAKING   |                  |                                    | 55,129.                 |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      |  |                         |                                     |   |                  |                                    |                         |
|      | Subtotal                               | 15                      | 288                                 |   |                  |                                    | 7,512,151.              |
| b    | Total from continuation                | 0                       | 0                                   |   |                  |                                    |                         |
| _    | sheets to Part I  Totals (add lines 3a | 0                       | 0                                   |   |                  |                                    | 0.                      |
| C    | and 3b)                                | 15                      | 288                                 |   |                  |                                    | 7,512,151.              |
|      |  |                         |                                     |   |                  |                                    | , , ,                   |

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

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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region  | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|--|-------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  | AFRICA      | TREE PLANTING        | 10,000.                  | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  |             | TREE PLANTING        | 10,000.                  | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      | ,                        |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  | AFRICA      | TREE PLANTING        | 10,000.                  | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  | AFRICA      | TREE PLANTING        | 10,000.                  | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  |             | TREE PLANTING        | 10,000.                  | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      |                          |                                 | -                                |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  | SUB-SAHARAN |                      |                          |                                 |                                  |                                       |  |
|                               |  | AFRICA      | TREE PLANTING        | 5,129.                   | WIRE                            | 0.                               |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |
|                               |  |             |                      |                          |                                 |                                  |                                       |  |

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

|                        |                       |                          | tes. Complete            | f the organization answered "Yes" | on Form 990, Part                | IV, line 16.                          |  |
|------------------------|-----------------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|---------------------------------------|--|
| Part III can be duplic | pace is needed Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement   | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |
|                        |                       |                          |                          |                                   |                                  |                                       |  |

Page 4

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

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| TREES FOR                                      | THE FUTU             | RE, INC.                           |                          |                                  |  |                                       | 52-1644869                                       |
|--|----------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|--|
| Part I General Information on Grants a         | and Assistance       |                                    |                          |                                  |  |                                       |  |
| 1 Does the organization maintain records       | to substantiate the  | amount of the grants               | or assistance, the       | grantees' eligibility            | for the grants or assis  | stance, and the selection             |  |
| criteria used to award the grants or assi      | stance?              |                                    |                          |                                  |  |                                       | X Yes No   |
| 2 Describe in Part IV the organization's pr    | ocedures for monit   | oring the use of grant             | funds in the United      | States.                          |  |                                       |  |
| Part II Grants and Other Assistance to         |                      |                                    |                          |                                  | anization answered "Y  | 'es" on Form 990, Part                | IV, line 21, for any                             |
| recipient that received more than              | \$5,000. Part II can | be duplicated if addit             | ional space is need      | ed.                              |  |                                       |  |
| Name and address of organization or government | <b>(b)</b> EIN       | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance               |
| BILL, HILLARY, AND CHELSEA CLINTON             |                      |                                    |                          |                                  |  |                                       |  |
| FOUNDATION - 1200 PRESIDENT                    |                      |                                    |                          |                                  |  |                                       |  |
| CLINTON AVENUE - LITTLE ROCK, AR               |                      |                                    |                          |                                  |  |                                       | TREE PLANTING IN IRINGA,                         |
| 72201  | 31-1580204           | 501(C)(3)                          | 103,644.                 | 0.                               |  |                                       | TANZANIA   |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       | <u> </u>   |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    | 1                        |                                  |  |                                       | <del>                                     </del> |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       |  |
|  |                      |                                    |                          |                                  |  |                                       | <u> </u>   |
| 2 Enter total number of section 501(c)(3) a    | •                    | -                                  | e line 1 table           |                                  |  |                                       | <u>1.</u>  |
| 3 Enter total number of other organization     |                      |                                    |                          |                                  |  |                                       |  |
| For Paperwork Reduction Act Notice, see t      | he Instructions foi  | r Form 990.                        |                          |                                  |  |                                       | Schedule I (Form 990) 2023                       |

| (a) Type of grant or assistance                           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information | required in Part I, line | e 2; Part III, columr    | l<br>n (b); and any other ad          | ditional information.                                 |                                       |
| ART I, LINE 2:  |                          |                          |                                       |   |                                       |
| HEY ARE REQUIRED TO SUBMIT STANI                          | DARDIZED ME              | TRIC AND 1               | NARRATIVE D                           | ATA ON THE  |                                       |
| ROGRESS OF THEIR PROGRAMS OVER                            |                          |                          |                                       |   |                                       |
|   |                          |                          |                                       |   |                                       |
| EQUEST FOR FUNDING FOR THE NEXT                           | PERIOD, BR               | OKEN DOWN                | INTO FUNCT                            | IONAL   |                                       |
| ATEGORIES (WORKSHOPS, EQUIPMENT                           | , SEEDS, ET              | C). EXPEN                | SE REPORTS                            | FOR THE   |                                       |
| REVIOUS PERIOD AND ITEMIZED FUNI                          | DING REQUES              | T FOR THE                | NEXT PERIO                            | D MUST BE   |                                       |
| PPROVED BY MANAGEMENT BEFORE ADI                          |                          |                          |                                       |   |                                       |

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

TREES FOR THE FUTURE, INC.

 $Employer\ identification\ number \\ 52-1644869$ 

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

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

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

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

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

|                           |                          | <b>(B)</b> Breakdown of W           | /-2 and/or 1099-MIS/<br>compensation | C and/or 1099-NEC | other deferred benefi | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D)           | in column (B)   |  |
|---------------------------|--------------------------|-------------------------------------|--------------------------------------|-------------------|-----------------------|-------------------------|---|-----------------|--|
| (A) Name and Title        | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation  | compensation      |                       |                         | reported as deferred<br>on prior Form 990 |                 |  |
| (1) TIMOTHY MCLELLAN      | (i)                      | 231,179.                            | 0.                                   | 0.                | 6,934.                | 1,819.                  | 239,932.                                  | 0.              |  |
| CEO                       | (ii)                     | 0.                                  | 0.                                   | 0.                | 0.                    | 0.                      | 0.  | 0.              |  |
| (2) BRANDY LELLOU         | (i)                      | 140,491.                            | 0.                                   | 0.                | 1,549.                | 24,566.                 | 166,606.                                  | 0.              |  |
| VP PROGRAMS               | (ii)                     | 0.                                  | 0.                                   | 0.                | 0.                    | 0.                      | 0.  | 0.              |  |
| (3) JENNIFER GROVES       | (i)                      | 134,970.                            | 0.                                   | 0.                | 4,523.                | 22,868.                 | 162,361.                                  | 0.              |  |
| SENIOR DIRECTOR GLOBAL HR | (ii)                     | 0.                                  | 0.                                   | 0.                | 0.                    | 0.                      | 0.  | 0.              |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (i)                      |                                     |                                      |                   |                       |                         |   |                 |  |
|                           | (ii)                     |                                     |                                      |                   |                       |                         |   | 1 1/5 000) 0000 |  |

| Part III   Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

|     | TREES FOR THE FUTURE, INC. 52-164   |                               |   |   |   |           |      |
|-----|---|-------------------------------|---|---|---|-----------|------|
| Pai | t I Types of Property   |                               |   |   |   |           |      |
|     |   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | termining | nts  |
| 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                             | 4   | 4,923.  | FAIR MARKET                             | VALUI     | 3    |
| 10  | Securities - Closely held stock   |                               |   |   |   |           |      |
| 11  | Securities - Partnership, LLC, or   |                               |   |   |   |           |      |
|     | trust interests   |                               |   |   |   |           |      |
| 12  | Securities - Miscellaneous  |                               |   |   |   |           |      |
| 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   |                               |   |   |   |           |      |
| 22  | Historical artifacts  |                               |   |   |   |           |      |
| 23  | Scientific specimens  |                               |   |   |   |           |      |
| 24  | Archeological artifacts   |                               |   |   |   |           |      |
| 25  | Other ( <u>CRYPTOCURRENCY</u> )   | X                             | 12  | 210,076.  | FAIR MARKET                             | VALUI     | 3    |
| 26  | Other ()  |                               |   |   |   |           |      |
| 27  | Other ()  |                               |   |   |   |           |      |
| 28  | Other ( )   |                               |   |   |   |           |      |
| 29  | Number of Forms 8283 received by the organiz  | zation during                 | the tax year for c  | ontributions  |   |           |      |
|     | for which the organization completed Form 828   | 83, Part V, D                 | onee Acknowledg   | ement <b>29</b>   |   |           | 0    |
|     |   |                               |   |   |   | Ye        | s No |
| 30a | During the year, did the organization receive by  | y contributio                 | n any property rep  | orted in Part I, lines 1 throug   | h 28, that it                           |           |      |
|     | must hold for at least 3 years from the date of   | the initial co                | ntribution, and whi                                       | ich isn't required to be used f   | or                                      |           |      |
|     | exempt purposes for the entire holding period?  | ?                             |   |   |   | 30a       | X    |
| b   | If "Yes," describe the arrangement in Part II.  |                               |   |   |   |           |      |
| 31  | Does the organization have a gift acceptance p  | policy that re                | equires the review  | of any nonstandard contribut  | ions?                                   | 31 X      |      |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash |                               |   |   |   |           |      |
|     | contributions?  |                               |   |   |   | 32a       | X    |
| b   | If "Yes," describe in Part II.  |                               |   |   |   |           |      |
| 33  | If the organization didn't report an amount in c  | olumn (c) foi                 | a type of property  | for which column (a) is chec  | ked,                                    |           |      |
|     | describe in Part II.  |                               |   |   |   |           |      |

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

| 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 M, PART I, COLUMN (B):   |
| THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS.  |
|   |
| SCHEDULE M, PART I, LINE 31:  |
| THE GIFT ACCEPTANCE POLICY DETAILS THE BOARD APPROVED PROCESS FOR   |
| REVIEW OF NON-STANDARD CONTRIBUTIONS. THE GIFT ACCEPTANCE COMMITTEE   |
| (GAC) CONSISTING OF THE CEO, CFO, VICE PRESIDENT OF DEVELOPMENT AND   |
| COMMUNICATIONS, VICE PRESIDENT OF PROGRAMS AND GENERAL COUNSEL REVIEWS  |
| AS NEEDED ANY UNUSUAL GIFT ARRANGEMENTS OR PROPOSED GIFTS THAT ARE  |
| OUTSIDE THE PARAMETERS SET IN THE GIFT ACCEPTANCE POLICY. THEY ENSURE   |
| ALL RELEVANT FACTS HAVE BEEN DEVELOPED AND CAREFULLY CONSIDERED,  |
| INCLUDING THE LONGER-TERM IMPLICATIONS ENTAILED BY ACCEPTING THE GIFT.  |
| DEPENDING ON THE ISSUE, OTHERS MAY BE BROUGHT INTO DISCUSSIONS TO   |
| PROVIDE CERTAIN EXPERTISE (I.E. PLANNED GIVING CONSULTANT). IF AN ISSUE   |
| IS PERCEIVED AS CONTROVERSIAL, THE GAC WILL CONSULT WITH THE CHAIRS OF  |
| THE DEVELOPMENT AND FINANCE COMMITTEES AND THE CHAIR OF THE BOARD OF  |
| DIRECTORS. ON AN ANNUAL BASIS, THE GAC WILL REPORT TO THE DEVELOPMENT   |
| AND FINANCE COMMITTEE ON ANY UNUSUAL GIFT AGREEMENTS THAT HAVE BEEN   |
| ACCEPTED.   |
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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

LOCATED.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

PROGRAM SERVICE ACCOMPLISHMENTS:

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

III,

TREES FOR THE FUTURE, INC.

LINE 4A,

Employer identification number 52-1644869

CROP AND TREE VARIETIES ARE SELECTED BY THE FARMERS, WITH TREES'

TECHNICIANS GUIDING FARMER GROUPS THROUGH A METHODOLOGY THAT MAXIMIZES

YIELDS WHILE ALSO SIGNIFICANTLY IMPROVING THE QUALITY OF THE LAND BEING

FARMED. THE FOREST GARDEN ENGAGES THE ENTREPRENEURIAL SPIRIT AND SKILL

OF LOCAL FARMERS, ALLOWING THEM TO DRAMATICALLY AND PERMANENTLY

INCREASE THEIR INCOME, REVITALIZE THEIR DEGRADED LANDS, AND BENEFIT

GENERATIONS TO COME.

ALL FOREST GARDEN PROJECTS ARE DEVELOPED WITH AN EMPHASIS ON

SUSTAINABILITY AT BOTH THE FARM AND LANDSCAPE LEVELS. AT THE FARM

LEVEL, THE FOREST GARDEN IS ENVIRONMENTALLY SUSTAINABLE BECAUSE IT

CONTAINS MANY TREES SOLELY DEDICATED TOWARD SERVING ECOSYSTEM PURPOSES:

FAST-GROWING, NITROGEN-FIXING TREES BUILD SOILS BY ADDING ORGANIC

MATTER TO THE TOPSOIL AND BY FIXING NITROGEN INTO THE SOIL VIA THEIR

ROOTS. THESE "GREEN FERTILIZER" TREES ELIMINATE THE NEED FOR FARMERS TO

PURCHASE ENVIRONMENTALLY HARMFUL CHEMICAL FERTILIZERS. THE FOREST

GARDEN DESIGN ALSO CONSIDERS INTEGRATED PEST MANAGEMENT, USING TREES

AND VEGETATION TO SERVE AS BARRIERS FOR PESTS AND SOURCES OF NATURAL

PESTICIDES (SUCH AS NEEM TREES), REDUCING THE NEED FOR FARMERS TO

PURCHASE HARMFUL CHEMICAL PESTICIDES.

AT THE LANDSCAPE LEVEL, FOREST GARDENS ARE ESSENTIAL TOOLS FOR REDUCING

PRESSURE ON FORESTS, HELPING TO END THE BATTLE BETWEEN FARMS AND

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

Schedule O (Form 990) 2023 Page 2

FORESTS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, MALI, SENEGAL, TANZANIA,

UGANDA

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

THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE ORGANIZATION'S CEO AND CFO
AND BOARD FINANCE COMMITTEE BEFORE BEING APPROVED FOR FILING, AS WELL AS
SENT TO THE FULL BOARD FOR ANY COMMENTS.

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

BESIDES THE GENERAL REQUIREMENT THAT CONFLICTS OF INTEREST BE BROUGHT TO

THE BOARD'S ATTENTION IMMEDIATELY UPON DISCOVERY, BOARD MEMBERS AND

OFFICERS ARE ASKED ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICTS

OF INTEREST.

BESIDES HAVING SIGNED THE CONFLICT-OF-INTEREST POLICY IN THE EMPLOYEE

HANDBOOK, WHICH REQUIRES ALL EMPLOYEES TO BRING ANY POTENTIAL CONFLICT OF

INTEREST TO THE ATTENTION OF MANAGEMENT IMMEDIATELY UPON DISCOVERY, ALL

EMPLOYEES ARE ASKED ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICTS

OF INTEREST.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS IS REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.

THIS LAST HAPPENED IN MARCH 2023.

| Schedule O (Form 990) 2023  | Page 2                                    |
|---|---|
| Name of the organization TREES FOR THE FUTURE, INC.                           | Employer identification number 52-1644869 |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY                     | OF FORM 990:                              |
| AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, O | R, PA, RI, SC, TN, UT                     |
| VA,WI,WV  |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:  |   |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT-OF-INTERE                    | ST POLICY, AND                            |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.                              |   |
|   |   |
| FORM 990, PART VII, SECTION A, LINE 1A:                                       |   |
| COMPENSATION RECEIVED BY BOARD MEMBER MICHAEL GUMBLEY WAS                     | FOR SERVICES                              |
| PERFORMED AS AN INDEPENDENT CONTRACTOR AND WAS NOT RELATED                    | TO HIS BOARD                              |
| SERVICE. MR. GUMBLEY DID NOT SERVE AS CONSULTANT AND BOARD                    | MEMBER                                    |
| CONCURRENTLY.   |   |
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