TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

September 30, 2020

Prepared for	American Forests 1220 L Street, NW No. 750
	Washington, DC 20005-4079
Prepared by	Rogers & Company PLLC 8300 Boone Boulevard, Suite 600 Vienna, VA 22182
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	August 16, 2021
Special Instructions	The return should be signed and dated.
	To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service).

Form 990-T	E	Exempt Orga				ax Returr	า	OMB No. 1545-0047
			nd proxy tax und					2019
	For cal	lendar year 2019 or other tax ye					<u> 10</u> .	ZU 19
Department of the Treasury Internal Revenue Service	•	Go to www Do not enter SSN numbe			ons and the latest informa de public if your organiza			Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (L		DEmployer identification number (Employees' trust, see instructions.)				
B Exempt under section	Print	American Fo		53-0196544				
X 501(c)(3)	or	Number, street, and room		k. see in	structions.		E Unrela	ated business activity code
408(e) 220(e)	Туре	1220 L Stre		(See II	nstructions.)			
408A 530(a)		City or town, state or prov					1	
529(a)		Washington,	DC 20005-	407	9		541	800
C Book value of all assets		F Group exemption numb	per (See instructions.)	>				
C Book value of all assets at end of year 11,834,3	40.	G Check organization type	e ▼ X 501(c) corp	oration	501(c) trust	401(a)) trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or b	ousinesses.	1	Describe to	he only (or first) un	related	
trade or business here						complete Parts I-V.		
describe the first in the b	lank spa	ce at the end of the previou	us sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each additior	nal trade	or
business, then complete								[==]
		oration a subsidiary in an a		nt-subsi	diary controlled group?	> [Ye	s X No
		tifying number of the paren	<u> </u>		T		202) 737-1944
J The books are in care of Part I Unrelated				Ī	(A) Income	ne number ((C) Net
		de or Business Inc	one		(A) ilicollie	(B) Expense	8	(O) Net
1a Gross receipts or sale			• Dalanca	,				
b Less returns and allow		A line 7)	c Balance ▶	1c 2				
Cost of goods sold (SGross profit. Subtract		A, line 7)		3				
		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (a		5				
, ,	-	c. a c co.pc.a (a	,	6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7				
		and rents from a controlled		8				
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt acti	vity inco	me (Schedule I)		10				
11 Advertising income (S	Schedule	e J)		11	18,279.	5,6	17.	12,662.
12 Other income (See ins	struction	ns; attach schedule)		12				
13 Total. Combine lines	3 throu	gh 12		13	18,279.	5,6	17.	12,662.
		ot Taken Elsewher be directly connected w						
· ·		rectors, and trustees (Sche			•		14	
							15	
							16	
							17	
18 Interest (attach sche	dule) (s	ee instructions)					18	
		,					19	
		562)						
		n Schedule A and elsewher					21b	
22 Depletion							22	
23 Contributions to defe	erred co	mpensation plans					23	
24 Employee benefit pro	ograms						24	
25 Excess exempt expe	nses (So	chedule I)					25	1.4
26 Excess readership of	osts (Sc	hedule J)					26	12,662.
		nedule)					27	10 660
		14 through 27					28	12,662.
		ncome before net operating					29	0.
	-	loss arising in tax years be	-	-				^
(see instructions)		Outstand Hard OO for	1: 00				30	0.

31 Unrelated business taxable income. Subtract line 30 from line 29

31

Parl	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes		
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 1		0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	30	= 70001
09	enter the smaller of zero or line 37	39	0.
Darl	t IV Tax Computation	00	<u></u>
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	40	
41		44	
40	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions		
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	-	
b	Other credits (see instructions) 46b	-	
	General business credit. Attach Form 3800 46c	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d		
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
49	Total tax. Add lines 47 and 48 (see instructions)		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019 51a		
b	2019 estimated tax payments 51b		
C	Tax deposited with Form 8868 51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
е	Backup withholding (see instructions) 51e		
	Credit for small employer health insurance premiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments: Form 2439	7	
·	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax	56	
Parl			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here •		Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		_
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and beli	ief, it is true,
Sign			
Here	1 1 1/4 1/411/4	May the IRS disci the preparer show	uss this return with vn below (see
	A 5720 DA D8 C 5 4 4 0 A	instructions)?	
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
De:-	Tori A	1	
Paid	Collinggrowth (1) 1 000 00 00 00 00 11/21		539819
	parer 5 Company DIT Company		2676261
use	Only Firm's name Rogers & Company PLLC Firm's EIN 8300 Boone Boulevard, Suite 600		-
		(703) 8	393-0300

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		_
2 Purchases				Cost of goods sold. Su					_
3 Cost of labor	. 3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	. 4a		8	Yes N	lo				
b Other costs (attach schedule)	. 4b			property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty	r)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2/a\D_duation_diment		and could be able to a course to	
(a) From personal property (if the perce rent for personal property is more than 50%)	persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) and					
(1)									_
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(here and on page 1, Part I, line 6, column (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	C).
Schedule E - Unrelated Debt	:-Financed	I Income (see	instru	ıctions)					
			:	2. Gross income from or allocable to debt-		3. Deductions directly conr to debt-finance	ed prope	erty	
1. Description of debt-fina	nced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									_
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions blumn 6 x total of column 3(a) and 3(b))	
(1)				%					_
(2)				%					_
(2)				%					_
(4)				%					_
			•			nter here and on page 1, Part I, line 7, column (A).		nter here and on page 1, art I, line 7, column (B).	
Totals				•		0 .	.	C).
Total dividends-received deductions incl						>	1) .

Schedule F - Interest,	Amun	Toya	ities, ai		Controlled O			Latio	(see ins	struction	is)
1. Name of controlled organization		2. Employer identification number		3. Net un	related income e instructions)	4. Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations									•	
7. Taxable Income	8. Net	unrelated incor (see instruction		9. Total	of specified payi made	nents	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		eductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0.
Schedule G - Investm	ent Inco	ome of a	Section	1 501(c)	(7), (9), or	(17) Or	ganizatior	1			
	scription of in	come			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides	5. Total deductions and set-asides
(1)							(attach sched	uie)	,		(col. 3 plus col. 4)
(1)											
(2)											
(4)											
(4)					Enter here and	on page 1.					Enter here and on page 1,
				_	Part I, line 9, co	lumn (A).					Part I, line 9, column (B).
Schedule I - Exploited					r Than Ac	0 .∣ Ivertisi	ng Income				0.
(see inst	ructions)				1 4				ı		
1. Description of exploited activity	unrelate inco	Gross ed business me from or business	directly of with proof unit	penses connected oduction related ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross incommon activity is not unrelated business incommon activity.	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	page	nere and on 1, Part I, 0, col. (A).	page 1	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
Totals		0.		0.							0.
Schedule J - Advertis											
Part I Income From	Periodi	icals Rep	orted o	n a Cor	nsolidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (cocol. 3). If a g	ising gain ol. 2 minus ain, comput nrough 7.	5. Circula income		6. Reado		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
Totals (carry to Part II, line (5))			0.	C).						0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) American Forests						
(2) Magazine	18,279.	5,617.	12,662.	6,470.	103,909.	12,662.
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	18,279.	5,617.				12,662.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2019)

Form 990-T	Net	Operating Loss D	Statement 1	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/09 23,120.		0.	23,120.	23,120.
NOL Carryov	er Available This	Year	23,120.	23,120.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing o	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	non-profits.					
Auto	matic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).					
All corp	porations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
Type o	r Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	axpayer identification number (TIN)			
	American Forests		14					
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, so 1220 To Street. NW. No. 750	ee instruc	tions.					
instructio	ns. City, town or post office, state, and ZIP code. For a following ton, DC 20005-4079	oreign add	dress, see instructions.					
Enter t	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			. 0 7		
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			08		
	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11		
Tele	Peter Hutchins books are in the care of ▶ 1220 L Street, phone No. ▶ (202) 737-1944 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit of the composition of the group, check this box ▶	s in the Ur Group Exe	Fax No. ▶nited States, check this box	f this is for	r the whole group, c			
t J	1 I request an automatic 6-month extension of time until August 16, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ▼ tax year beginning OCT 1, 2019 , and ending SEP 30, 2020 .							
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720, any nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less	3a	\$	0.		
_	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and	00		_		
9	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa				Φ.	0.		
	Ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$ 0070 FO fo			
instruc	n: If you are going to make an electronic funds withdrawal tions.	direct de	soly with this form 8	400-EU ar	10 FUIII 08/9-EU 10	n payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)