Form 990-T							
	(and proxy tax under section 6033(e))	2 2020					
	For calendar year 2020 or other tax year beginning OCT 1, 2020 , and ending SEP 30, 202	<u>1</u> 2020					
Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEmployer identification number					
B Exempt under section	Print or Type American Forests 0r Type Number, street, and room or suite no. If a P.O. box, see instructions. 1220 L Street, NW, No. 750 City or town, state or province, country, and ZIP or foreign postal code	53-0196544 EGroup exemption number (see instructions)					
529(a) 529S	Washington, DC 20005-4079 C Book value of all assets at end of year 15,499,643.						
G Check organization		an amended return. pplicable reinsurance entity					
H Check if filing only to		pplicable remoundince entity					
	organization filing a consolidated return with a 501(c)(2) titleholding corporation						
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
		Yes X No					
	ame and identifying number of the parent corporation.						
		202) 737-1944					
	elated Business Taxable Income						
	business taxable income computed from all unrelated trades or businesses (see						
		1 0.					
– .		2					
3 Add lines 1 and 2		3					
-	utions (see instructions for limitation rules)	4 0.					
	utions (see instructions for limitation rules) isiness taxable income before net operating losses. Subtract line 4 from line 3	5					
		6 0.					
	operating loss. See instructions						
7 Total of unrelated Subtract line 6 fro	•	7					
	m line 5 n (generally \$1,000, but see instructions for exceptions)	8 1,000.					
		9					
—	09A deduction. See instructions . Add lines 8 and 9	10 1,000.					
	Add lines 8 and 9						
••	ss taxable income. Subtract line to from line 7. If line to is greater than line 7,	11 0.					
Part II Tax Com	nutation						
	kable as corporations. Multiply Part I, line 11 by 21% (0.21)	1 0.					
-	trust rates. See instructions for tax computation. Income tax on the amount on						
2 Trusts taxable at Part I. line 11 from		2					
, , , , , , , , , , , , , , , , , , ,		3					
•	• · · ·	4					
		5					
		6					
		7 0.					
	through 6 to line 1 or 2, whichever applies	Form 990-T (2020)					

LHA For Paperwork Reduction Act Notice, see instructions.

Form S	990-T (2020)			F	age 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions) 1b				
С	General business credit. Attach Form 3800 (see instructions) 1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		<u></u>		<u> </u>
	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4			Ο.
5	2020 net 965 tax liability paid from Form 065 A or Form 065 D. Datt II. askers (I). II.	5			0.
6a	Payments: A 2019 overpayment credited to 2020				0.
b	2020 estimated tax payments. Check if section 643(g) election applies 66				
с	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	8			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total > 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		_	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
	Enter the amount of line 10 you want: Credited to 2021 estimated tax	11			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2020 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		T.		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?		-	-	х
	If "Yes," see instructions for other forms the organization may have to file.	•••••			
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
4a	Did the organization change its method of accounting? (see instructions)				х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V			201	
Part	V Supplemental Information		<u></u>		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Jad Daley Signature of officer	(other than taxpayer) is based on all information of 2/11/2022	thedules and statements, and f which preparer has any know cesident & C	ledge.	May t the pr	edge and belief, it is true, the IRS discuss this return reparer shown below (see uctions)? X Yes	
Paid Preparer	Print/Type preparer's name Lori A. Collingsworth	Preparer's signature	Date Date	Check self- employe		PTIN P00639819)
Use Only	Firm's name ► Rogers & 8300 Be Firm's address ► Vienna	oone Boulevard, Sui	te 600	Firm's EIN Phone no.		58-267626 03) 893-03	51
						- 000 T	10000

Form 990-T (2020)

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

 $\begin{array}{c} \text{B} \quad \text{Employer identification number} \\ 53-0196544 \end{array}$

D Sequence:

1

of

Α	Name of the organization American Forests

C Unrelated business activity code (see instructions) ► 541800

uctions) **541800**

E Describe the unrelated trade or business Advertising

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	9,383.	3,510.	5,873.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	9,383.	3,510.	5,873.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)				
6	Taxes and licenses				
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13					5,873.
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				5,873.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Parl	t I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss (see instructions)		0.		
18	Unrelated business taxable income. Subtract line 17 from line 16				
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	Ile A (Form 990-T) 2020		

Entity 1

OMB No. 1545-0047

2020

1

Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of rabor 3 4 Additional section 282A costs (attach statement) 5 5 Other costs (attach statement) 5 6 Total. Additionel function 7 from line 8. Enter ince and in Part I, line 2 7 8 Cost of goods add. Subtract line 7 from line 8. Enter ince and in Part I, line 2 1 Ves. No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) Ves. No No 9 Import of ancerty (increet v) stitest address, city, state, ZIP code). Check if a dualuas (see instructions) A B D 0 Import of ancerty (if the percentage of rent resonal property (if the percentage of rent for personal property (if the code by property. Add lines 2(a) and 2b, columns A through D Import of ancel and Add line 4c columns A through D Import of ancel and Add line 4c columns A through D Import of ancel and Add line 4c columns A through D Import of ancel ancel ancel ancel and Add line 4c columns A through D Import of an		ule A (Form 990-T) 2020				Page 2
2 Purchases 2 4 Additional section 23A costs (attach statement) 4 5 Other costs (attach statement) 4 6 Total. Add lines 1 through 5 6 7 B Cost of goods sold. Subtract line 7 from line 6. Enter bree and m Part I, line 2 6 8 Cost of goods sold. Subtract line 7 from line 6. Enter bree and m Part I, line 2 6 9 D bit breids of section 23A (whith respect to property or conjued for reask) apply to the cognition 7 Yes No 9 D be the rule of section 23A (whith respect to property or conjued for reask) apply to the cognition 7 Yes No 1 Description of property (into perty street address, city, state, ZIP code). Check if a dual-use (see instructions) A 8	Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion 🕨		
3 Cost of raihor 4 Additional actions 23A costs (attach statement) 5 4 Additional actions 23A costs (attach statement) 5 5 7 Iohard Additions through 5 7 1 Inventory at end of year 7	1	Inventory at beginning of year			1	
4 Additional section 233A costs (attach statement) 4 5 Other costs (attach statement) 5 7 Total. Add lines 1 through 5 6 7 Investory at end of year 7 8 Cost of goods auds. Subtrat line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resuld) apply to the organization? Ves No 7 Investory at end of year 7 Ves No 8 C D 8 C D 1 Description of property (property street address, city, date, ZIP code). Check if a dual-use (see instructions) A B C D 2 Rent received or accrued A B C D </td <td>2</td> <td>Purchases</td> <td></td> <td></td> <td></td> <td></td>	2	Purchases				
Colter costs (attach statement)	3	Cost of labor				
6 Total. Add lines 1 through 5 6 7 Inventory and of year 6 8 Cost of goods sold. Subtract line 7 tron line 6. Enter here and in Part I, line 2	4	Additional section 263A costs (attach statement)			4	
6 Total. Add lines 1 through 5 6 7 Inventory and of year 6 8 Cost of goods sold. Subtract line 7 tron line 6. Enter here and in Part I, line 2	5	Other costs (attach statement)				
7 Inventory at end of year 7 9 Do the rules of saction 283A (with respect to property moduced or acauled for reade) apply to the organization? Yes No 9 Do the rules of saction 283A (with respect to property moduced or acauled for reade) apply to the organization? Yes No 9 Do the rules of saction 283A (with respect to property mod Personal Property Leased with Real Property) Iterative Real Property Yes No 1 Description of property (property street address, city, state, ZIP code). Check if a dual use (see instructions) A B C D 2 Rent received or accrued A B C D D 1 Description of property (into personal property into more than 10% but not more than 50%	6	Total. Add lines 1 through 5				
9 Do the nulse of section 283A (with respect to property and Personal Property Leased with Real Property) Yes No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) Image: Comparison of property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property (property street address, city, state, ZP code). Check If a dual-use (see instructions) Image: Comparison of Property (property	7					
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property street address, city, state, ZIP code; Check if a dual-use (see instructions) A B C	8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2		
1 Description of property (property street address, city, state, ZIP code). Check if a dualuse (see instructions) A B C	_					Yes No
A B C D 2 Fent received or accrued A B C D a Fent received or accrued A B C D a Fent received or accrued property (if the percentage of rent for personal property acceds 50% or if the rent is based on profit or income) C Total rents received or accrued A through D Enter here and on Part I, line 6, column (A) 0. 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. 0. 4 Inless 2(a) and 2(b) (attach statement) 0. 0. 5 Total deductions, Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. 7 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) A 8	Part	IV Rent Income (From Real Property an	d Personal Prope	rty Leased with I	Real Property)	
B	1	Description of property (property street address, city,	state, ZIP code). Checł	< if a dual-use (see inst	ructions)	
C						
p						
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2 Rent received or accrued a From personal property (if the percentage of rent for personal property (if mean 10% but not more than 50%). b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Enter here and on Part I, line 6, column (A) 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 4 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)		D				
a From personal property (if the percentage of ment for personal property is more than 10% but not more than 50%)			A	В	C	D
rent for personal property is more than 10%	2	Rent received or accrued				
but not more than 50%) b b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c c Total rents received or accrued by property. d Add lines 2a and 2b, columns A through D. Enter here and on Part I, line 6, column (A) ● 0 Deductions directly connected with the income 4 1 Inlines 2(a) and 2(b) (attach statement) ● 0. 2 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	а	From personal property (if the percentage of				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)						
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50% or if the rent is based on profit or income)	b					
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D 0. 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. 9 Inines 2(a) and 2(b) (attach statement) 0. 9 Total eductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. 9 Ourseled Debt-Financed Income (see instructions) 0. 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) 0. 1 Description of allocable to debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) 0. 2 Gross income from or allocable to debt-financed property 0. 0. 3 Deductions (attach statement) 0. 0. 4 B C D 7 Orter deductions (attach statement) 0. 0. 6 Other deductions (attach statement) 0. 0. 6 Ourse adjusted basis of or allocable to debt-financed property (attach statement) 0. 0. 6 Other deductions (attach statement) 0. 0. 7 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
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B	1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (se	e instructions)	
C		A				
D A B C D 2 Gross income from or allocable to debt-financed property		В				
A B C D 2 Gross income from or allocable to debt financed property						
2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0 O.		D				
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 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0. 			%	%	%	%
 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)						0
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	8	I otal gross income (add line 7, columns A through D). ∟nter nere and on Pa	rτ ι, line /, column (A)	▶	0.
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	•	Allegable deductions, Multiply line On by line C	[]		I	
······································				d on Part L line 7, activ	mn (B)	0

Entity

1

	ule A (Form 990-T) 2020 VI Interest, Annu		ovaltion and D	anta fra	m Contro		raopizatio	20 (·		Page	3
Part	vi interest, Annu	illies, R			m Contro		-	-		-		_
 Name of controlled organization 		2. Employer identification number	3. Net unrelated 4. Tota		ments made that is inc controllin		rt of column 4 included in the		Deductions directly connected with income in column 5	y		
(1)									. · · · -			_
(2)												—
(3)												_
(4)												_
			No	nexempt (Controlled Or	rganizati	ions					
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded in	the tion's	с	eductions directly onnected with ome in column 10	_
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c		Part I,	Enter	columns 6 and 11. here and on Part I, le 8, column (B)	
Totals Part	VII Investment I	Incomo	of a Section 50	1(0)(7)	(0) or (17)		nizotion (-		÷ ·		0	•
1 urt		cription of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Amour incom	nt of	3. Deduction directly conn (attach state	ons ected (a	4. Set-attach st		5. Total deduction and set-asides (add cols 3 and 4	
(1)												—
(2)												—
(3)												—
(4)												-
Totals				►	Add amou column 2. here and or line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part line 9, column (B 0	I,)
Part	VIII Exploited E	xempt /	Activity Income	, Other	Than Adv	ertisir	ng Income ((see insti	ructions)			
1	Description of exploite	d activity:										
2	Gross unrelated busin									2		
3	Expenses directly con line 10, column (B)		th production of unr							3		
4	Net income (loss) from	unrelated	d trade or business.	Subtract li	ine 3 from lin	e 2. If a	gain, complete	e				-
_										4		
5	Gross income from ac									5		
6	Expenses attributable									6		_
7	Excess exempt expense 4 Enter here and on P			o, but do n	iot enter mor	re than t	ne amount on	line		7		

Schedule A (Form 990-T) 2020

Sched	lule A (Form 990-T) 2020				Entity 1 Page 4
Part					r ugo
1	Name(s) of periodical(s). Check box if reporting two or A A American Forests Magazi		nsolidated bas	sis.	
	B C				
Entor	amounts for each periodical listed above in the correspo	ndina column			
	amounts for each periodical listed above in the correspo		В	с	D
2	Gross advertising income	9,383.		v	
-	Add columns A through D. Enter here and on Part I, lin				9,383.
а	Add coldmins A through D. Enter here and on Parti, in				
3	Direct advertising costs by periodical	3,510.			
a	Add columns A through D. Enter here and on Part I, lin	e 11 column (B)			3,510.
u	Add coldmins A through D. Enter here and on Parti, in				
4	Advertising gain (loss). Subtract line 3 from line				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	5,873.			
5	Readership costs	122,855.			
6		4,429.			
7	Circulation income	4,4250			
'	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	118,426.			
•	than line 6, enter zero	110,420.			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on	5,873.			
_	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of t	ne ine oa, columns totai	or zero nere a		5,873.
Part	Part II, line 13 X Compensation of Officers, Directors	and Trustees (200	instructions)		5,075.
ιαιι			instructions)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	Z. Hue			unrelated business
(1)				to business %	
(1) (0)				%	
<u>(2)</u>					
<u>(3)</u>				%	
(4)				%	
Tatal	Enter have and an Dart II line 1				0.
Part	Enter here and on Part II, line 1	• \			
Part	XI Supplemental Information (see instruct	tions)			