Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	Fo	r the	2023 calend	lar year, or	tax year begir	nning			, 2023, a	nd end	ling		, 20		
В ∏		ck if a	pplicable:	C Name of or Doing busin		orld Forest 1	ID Associat	ion				D Empl	oyer identification number 86–2654210		
Ħ		ne cha	-	T T		ox if mail is not delivered	to atract addrsss)			Room/su	uito	E Tolon	hone number		
Ĭ		ne cna al retur	•		omas Circl		to street address)			Room/st	700	E Telep	(612) 770-7679		
	Fina	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code							G Gross receipts						
П	Ame	ended	return		ington, DO							\$ 5,667,195			
Ħ			n pending		address of principa		Saunders				H(a) Is this a d		for subordinates? Yes X No		
_	, , , ,		. ponumg		as C abox						''	subordinates included? Yes No			
_	Tay	ovemi	ot status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	П	27		1 ''		st. See instructions		
÷		osite:			orestid.o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		H(c) Group e				
<u>-</u>				Corporation		sociation Other		т.	. Year of formation	20			gal domicile: CO		
	art	_	Summar		Hust Ass	SOCIATION OTHER			. Teal of formation	JII. ZU	Z1 IVI 3	state of leg	gai domicile. CO		
	1			,	nization'e mice	sion or most signific	ant activities:	T 0		- i			mlant shamistor		
		•	•	•		-							plant chemistry,		
ce	environmental data and cutting edge technology to enable traceal supply chains.										able and accountable global				
Governance			suppry c	nains.											
ver		2	Chook this b	ov Diftho	organization	discontinued its ope	rations or dispos	and of a	mara than 25	0/ of its	not acceta				
Ô				_	J	erning body (Part V	•					3			
				_	_							4	7		
Activities &					-	rs of the governing						5	7		
Ξ̈́		5				n calendar year 202	•	,				_	6		
Ac					ers (estimate if	• ,	0) line 40					6	7		
						Part VIII, column (, .					7a	0		
	-	D	Net unrelate	a business t	axable income	from Form 990-T,	Parti, line ii •	• • •				7b	0		
			O =4il4: =		/D+\/!!! !:	46)					Prior Year		Current Year		
ø						: 1h)						505	1,422,040		
Ď			-			e 2g)					2,468	,302	4,236,365		
Revenue		10				A), lines 3, 4, and 7							7,142		
ď						nes 5, 6d, 8c, 9c, 1							1,648		
	-	12				(must equal Part V	` '				2,468	,807	5,667,195		
						IX, column (A), line							0		
						X, column (A), line							0		
S						ee benefits (Part IX					451,522		836,686		
Expenses				_		column (A), line 11							0		
e e	-		b Total fundraising expenses (Part IX, column (D), line 25) 191,070												
Ш						nes 11a-11d, 11f-2					1,093		3,159,603		
			•		,	equal Part IX, colu	, ,,				1,544		3,996,289		
	-	19	Revenue les	s expenses.	Subtract line	18 from line 12 .					924	,041	1,670,906		
ō	Ses									Beg	inning of Curre		End of Year		
sets	Salaı	20			,						1,213	•	2,736,359		
t As	ĕ	21		•	,						182	,972	55,819		
	_				ces. Subtract l	ine 21 from line 20					1,030	,212	2,680,540		
	art			re Block					11.11.1						
						urn, including accompan fficer) is based on all info	, ,		,	t of my kn	lowledge and be	eller, it is			
Sig	nr	-		Saunder	rs								h-		
			Signature of office	cer								Da	te		
He	re	-			s, Execut	ive Director	•								
			Type or print na			15			l 5 .				DTIN		
Г.	:		Print/Type pre	eparer's name		Preparer's signature			Date		Check	if	PTIN		
Pa			John Mu	ıllins		John Mullins	3		06-06-20	24	self-em	ployed	P01429307		
	-	arer	Firm's name		Mullins,	PC					Firm's EIN				
Us	e C	Only	Firm's addres	ss	7625 Wis	sconsin Avenu	1e				Phone no.				
					Bethesda	MD 20814						202-	770-6371		
Mav	v the	e IRS	discuss this	return with t	the preparer sh	nown above? See i	nstructions .						Yes X No		

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

3) World Forest ID Association Checklist of Required Schedules Part IV

		Yes	No
zation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
nedule A	1	х	
zation required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
nization engage in direct or indirect political campaign activities on behalf of or in opposition to			
or public office? If "Yes," complete Schedule C, Part I · · · · · · · · · · · · · · · · · ·	3		Х
(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
fect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
zation a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
s, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
nization maintain any donor advised funds or any similar funds or accounts for which donors			
t to provide advice on the distribution or investment of amounts in such funds or accounts? If			
ete Schedule D, Part I	6		Х
nization receive or hold a conservation easement, including easements to preserve open space,	_		
ent, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
nization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> the dule D, Part III	8		.,
nization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		Х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
ion services? If "Yes," complete Schedule D, Part IV	9		v
nization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
ndowments? If "Yes," complete Schedule D, Part V	10		х
ation's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
or X, as applicable.			
nization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
hedule D, Part VI	11a		x
nization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
nization report an amount for investments - program related in Part X, line 13, that is 5% or more			
sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
nization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
art X, line 16? If "Yes," complete Schedule D, Part IX · · · · · · · · · · · · · · · · · ·	11d	х	
nization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
nization's separate or consolidated financial statements for the tax year include a footnote that addresses			
ion's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
nization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Parts XI and XII	12a	х	
nization included in consolidated, independent audited financial statements for the tax year? If			
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
zation a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		х
nization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		х
nization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
pusiness, investment, and program service activities outside the United States, or aggregate			
tments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
nization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
n organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
nization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
nization report a total of more than \$15,000 of expenses for professional fundraising services on			
nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
nization report more than \$15,000 total of fundraising event gross income and contributions on	40		
s 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	40		
·			X
· ·			Х
· · · · · · · · · · · · · · · · · · ·	200		
· · · · · · · · · · · · · · · · · · ·	21		х
	ization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? plete Schedule G, Part III	nization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? plete Schedule G, Part III	nization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? plete Schedule G, Part III

3) World Forest ID Association Checklist of Required Schedules (continued) Part IV

			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	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		v
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			X
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
55	19? Note : All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	x	
Par				<u> </u>
<u>. aı</u>	Check if Schedule O contains a response or note to any line in this Part V			П
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to 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 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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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? • • • • • • • • • • • • • • • • • • •	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
•	Enter the amount of reserves on hand	_		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
_		14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
. •	If "Yes," complete Form 4720, Schedule O.			Α
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?	17		
	If "Yes," complete Form 6069.			

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> </u>	Clion A. Governing Body and Management			
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	_		
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		
	one or more members of the governing body?	7a		_ X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • •	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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 arrangement			
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (612)770-7679, 1 Thomas Circle NW, Washington, DC 20005			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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.
- 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.

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

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

								· · · · · · · · · · · · · · · · · · ·	1	
		(C)								
(A)	(B)	Position (do not check more than one box, unless person is both an				(D)	(E)	(F)		
Name and title	Average					Reportable	Reportable	Estimated amount		
	hours					/trustee		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	악교	Ins	Officer	⊼ e	Hic	Fo	1099-MISC/	1099-MISC/	organization and
	related	direc	tituti	icer	y em	ghes: iploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	for tr	onal		Key employee	t cor ee				
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)	0	tee			Highest compensated employee				
						ă				
(1)Jade Saunders	40.00									
Executive Director		х		х				173,970	0	7,302
(2)David Stewart	40.00									
Director of Finance						х		129,033	0	12,778
(3)Marigold Walkins	40.00									
Director of Research						X		103,200	0	10,713
(4)Rupert Oliver	10.00									
Member		х						0	0	0
(5) Paul Wilkins	10.00									
Member		х						0	0	0
(6)Art Blundell	10.00									
Secretary		х		Х				0	0	0
(7)Scot McQueen	10.00									
President		х		Х				0	0	0
(8)Alexandra Banks	10.00									
Vice President		х		Х				0	0	0
(9)Catalina Romero Nocua	10.00									
Treasurer		х		х				0	0	0
<u>(10)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form 990 (2023) World Forest ID Association 86-2654210 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual trustee or director 1099-MISC/ 1099-MISC/ organization and Institutional trustee Key employee Highest compensated hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) <u>(15)</u> (18) <u>(19)</u> (20)(21) (22) (23) (24)(25)Subtotal Total (add lines 1b and 1c) 406,203 30.793 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Х **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Stratum Reservoir Isotech LLC, 5200 N Sam Houston Pkwy	Lab Analysis	402,500
	1	
2 Total number of independent contractors (including but not limited to thos		
received more than \$100,000 of compensation from the organization	1	

Form 990 (2023)
Part VIII

		Check if Schedule O contains a respon	ise or note to any	line in this Part \	√III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	1,422,040	1,422,040			
Program Service Revenue	2a b c d e f	Government Contracts Private Sector Projects NGO Partnerships	Business Code 900099 900099 900099	4,138,015 28,200 70,150 4,236,365	4,138,015 28,200 70,150		
Other Revenue	4 5 6a b c	Investment income (including dividends, interest other similar amounts)	(ii) Personal	7,142			7,142
	c d 8a b c 9a	Less: direct expenses	a a a a a a a a a a a a a a a a a a a				
	c 10a b)b				
Miscellanous Revenue	b c d	All other revenue		1,648	1,648		
	•	Total. Add lines 11a-11d		1,648			
	14	Total revenue. See instructions		5,667,195	4,238,013	0	7,142

86-2654210

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 (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, (C) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 173,970 49,778 85,866 38,326 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 125,601 570,144 163,137 281,406 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,863 4,539 7,829 3,495 9 40,727 11,653 20,102 8,972 10 10,296 17,760 35,982 7,926 11 Fees for services (nonemployees): а Legal 5,378 5,378 49,285 49,285 d Lobbying Professional fundraising services. See Part IV, line 17 . . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 177,136 172,269 4,867 12 8,555 8,555 13 1,784 46,363 44,579 14 15 16 1,698 1,698 17 56,246 27,671 21,825 6,750 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 11,434 11,434 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,513,217 Collections & Expiditions 1,513,217 b Data Analysis 1,141,304 1,141,304 126,109 126,109 C Kits & Supplies Equipment 12,043 12,043 e All other expenses 10 10,835 10,825 Total functional expenses. Add lines 1 through 24e . . 25 3,996,289 3,233,810 571,409 191,070 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
_			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	951,337	1	346,598
	2	Savings and temporary cash investments	150,317	2	599,217
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,500	4	817,908
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	30	9	247,122
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	725,514
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,213,184	16	2,736,359
	17	Accounts payable and accrued expenses	181,756	17	38,235
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
iii		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1 016	25	17 504
	26	Total liabilities. Add lines 17 through 25	1,216	25 26	17,584
	20	Organizations that follow FASB ASC 958, check here	182,972	20	55,819
Ø		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,030,212	27	29,182
ala	28	Net assets with donor restrictions	1,030,212	28	2,651,358
В В	20	Organizations that do not follow FASB ASC 958, check here		20	2,031,336
ڃ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,030,212	32	2,680,540
ž	33	Total liabilities and net assets/fund balances	1,213,184	33	2,736,359
EEA	•		, -,		Form 990 (2023)

2c

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Х

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the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

World Forest ID Association 86-2654210								
Pai	tΙ	Reason for Public Cha	rity Status. (Al	ll organizations mus	st comple	ete this p	oart.) See instructi	ons.
The c	orgai	nization is not a private foundation be	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)		
1		A church, convention of churches, of	or association of ch	urches described in sect	tion 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)			
3		A hospital or a cooperative hospital	service organization	on described in section 1	170(b)(1)(<i>A</i>	A)(iii).		
4		A medical research organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Complete	e Part II.)					
6		A federal, state, or local governmen	it or governmental	unit described in section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	es a substantial pa	art of its support from a g	jovernmen	tal unit or f	from the general public	
		described in section 170(b)(1)(A)(v	i). (Complete Part	II.)				
8		A community trust described in sec	tion 170(b)(1)(A)(v	/i). (Complete Part II.)				
9		An agricultural research organization	n described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colleg	e
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	state of the college or	
		university:						
10		An organization that normally receiv receipts from activities related to its support from gross investment inco acquired by the organization after J	exempt functions, me and unrelated bune 30, 1975. See	subject to certain except business taxable income section 509(a)(2). (Com	tions; and (less sect plete Part	(2) no mor on 511 tax III.)	e than 33 1/3% of its c) from businesses	ss
11	님	An organization organized and ope	•	•				
12	Ш	An organization organized and ope						
		one or more publicly supported orga						Check
_		the box on lines 12a through 12d th	•				-	
а		Type I. A supporting organization (a) the supported organization	•	· · · · · · · · · · · · · · · · · · ·			. ,	ıg
		the supported organization(s) the supporting organization. You m			only of the	unectors (or trustees of the	
b		Type II. A supporting organizati			ith ite eun	orted oraș	anization(s) by baying	
	,	control or management of the s	•				. , .	ad
		organization(s). You must con			persons in	at control (or manage the support	Su
С		Type III functionally integrate	· .		nnection w	ith and fu	nctionally integrated wit	th
·		its supported organization(s) (s		•				,
d		Type III non-functionally integ		· · · · · · · · · · · · · · · · · · ·				n(s)
_		that is not functionally integrate						` '
		requirement (see instructions).	-	• •		•		
е		Check this box if the organization	on received a writte	en determination from the	e IRS that i	t is a Type	I, Type II, Type III	
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization			
f	Е	nter the number of supported organi	izations					
g	Р	rovide the following information abo	ut the supported or	ganization(s).				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
'E\								
(E)								
Tatal								i

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			106,786	2,467,531	5,658,405	8,232,722
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			106,786	2,467,531	5,658,405	8,232,722
5	The portion of total contributions by						_
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,157,211
6	Public support. Subtract line 5 from line 4 .						7,075,511
Secti	on B. Total Support				•		, ,
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			106,786	2,467,531	5,658,405	8,232,722
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					7,142	7,142
9	Net income from unrelated business						<u> </u>
	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.)					1,648	1,648
11	Total support. Add lines 7 through 10						8,241,512
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	· · · · · · · · · · · · · · · · · · ·
13	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop her	re					<u>x</u>
	on C. Computation of Public Suppo	rt Percentaç	je				
14	Public support percentage for 2023 (line 6	6, column (f), c	livided by line	11, column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ	ization did not	check the box	on line 13, an	id line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3% or r	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	rted organizati	on		
17a	10%-facts-and-circumstances test - 202	•					
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check	this box and s t	t op here. Expla	ain in
	Part VI how the organization meets the fa	cts-and-circun	nstances test. •	The organizati	on qualifies as	a publicly supp	oorted
	organization						
b	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	check a box o	on line 13, 16a	, 16b, or 17a, a	
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	stances test, c	heck this box a	and stop here.	Explain
	in Part VI how the organization meets the					•	•
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						

86-2654210

World Forest ID Association Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	` '	, ,	, ,			.,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
c	-						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sacti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(I) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)				-		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					1: 504/	\(0)
14	First 5 years. If the Form 990 is for the or						
Saati	organization, check this box and stop her						· · · · · · <u> </u>
<u> </u>	on C. Computation of Public Suppo Public support percentage for 2023 (line 8)			12 column (f)		15	%
	Public support percentage from 2022 Sch	. , , .	•	. , ,		16	%
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2023 (l			ov line 12 colu	ımn (f))	17	%
						18	%
18 192	Investment income percentage from 2022						
19a	33 1/3% support tests - 2023. If the orga						
h	17 is not more than 33 1/3%, check this b	-	-				janization
b	33 1/3% support tests - 2022. If the organization						
20	line 18 is not more than 33 1/3%, check this box		-			-	
20	Private foundation. If the organization di	u not check a	DUX UIT IIITE 14,	, 19a, 01 190, 0	PURCH HIIS DOX	and see msiful	, GIIOII

Schedule A (Form 990) 2023

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 Organizati	ons
--------------------------------------	-----

	9		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
•	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	00		
L	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Oh		
•	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	9с		
10-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
	determine whether the organization had excess business holdings.)	10b		

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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.

3a

3b

(see instructions).

	HOZZG ZOZOG ID INDOCERCION		00 20312	<u> </u>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
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	-		
U	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		
<u> </u>	Adjusted Net Income (Subtract lines 5, 6, and 7 from line 4)	0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	1 1
	Aggregate fair market value of all non-exempt-use assets (see			(optional)
1				
	instructions for short tax year or assets held for part of year):	10		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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-functional	ally i	ntegrated Type III supporti	ng organization

EEA Schedule A (Form 990) 2023

	e A (Form 990) 2023 World Forest ID Associati	on			4210 Page 7
Part	The management of the second o	3) Supporting Organ	izations (continue	ea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	-	t 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	n the organization is res	oonsive		
	(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)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable
			Pre-2023		Amount for 2023
	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable 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				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
<u>D</u>	Applied to 2023 distributable amount				
	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. Breakdown of line 7:				
8	F (0040				
a	Tyrana from 2000				
	F				
d	Evene from 2000				
u	Excess from 2022				

Schedule A (Form 990) 2023 EEA

Schedule A (Form 990) 2023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 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.

2022

Employer identification number

2023

Open to Public Inspection

86-2654210 World Forest ID Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	rt III Organizations Mainta	ining Collections	of Art, His	torical	Treasures, c	or Oth	ner Similar As	ssets (d	:ontir	nued
3	Using the organization's acquisition,	accession, and other red	cords, check a	ny of the f	ollowing that ma	ake sigi	nificant use of its			
	collection items (check all that apply)):								
а	Public exhibition		d	Loan o	r exchange prog	gram				
b	Scholarly research		е	Other						
С	Preservation for future generation	ns								_
4	Provide a description of the organiza		plain how the	/ further th	e organization's	exemp	ot purpose in Part			
	XIII.	'		,	3					
5	During the year, did the organization	solicit or receive donation	ons of art. hist	orical treas	sures, or other s	imilar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IV Escrow and Custodial Arrangements									
	Complete if the organiz		es" on Forr	n 990. F	art IV. line 9	. or re	eported an am	ount or	ı For	m
	990, Part X, line 21.			,	,	,	•			
1a	Is the organization an agent, trustee	custodian or other inter	mediary for co	ntributions	or other assets	not				
	included on Form 990, Part X?							. ∏ Ye:	, F	No
b									· _	
	ii 100, explain the arrangement iii i	art 7tm and complete th	o lollowing tal	5.0.			Am	ount		
С	Beginning balance					1c	7			
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amo						/?	. Tye	s T	No
b										i
Par			o oxpranation		p. 01.1202 0 u					
	Complete if the organiz	zation answered "Ye	es" on Forr	n 990. F	art IV. line 1	0.				
	- 1	(a) Current year	(b) Pri		(c) Two years ba		(d) Three years back	(e) Fou	r vears	hack
1a	Beginning of year balance	<u> </u>	(2) 111	or your	(c) Two yours but	OK ,	(a) Three years back	(6) 1 00	youro	DUOIL
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d								1		
e	Other expenditures for facilities and									
·	programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of		ance (line 1a	column (a	I held as:					
a	Board designated or quasi-endowme		ance (into 19	column (e	i)) ficia as.					
u h	Permanent endowment	%								
C	Term endowment 9									
·	The percentages on lines 2a, 2b, and	•								
3a				are held ar	nd administered	for the				
Ja	organization by:	e possession of the orga	inization that	are neid ar	ia administered	ioi tiic			Yes	No
	(i) Unrelated organizations?							3a(i)	103	110
	(ii) Related organizations?									
b										
4	Describe in Part XIII the intended us	· ·	•					30		
	rt VI Land, Buildings, and		ildowillelit id	ilus.						
ı uı	Complete if the organiz		es" on For	n 990 F	art IV line 1	1a S	ee Form 990	Part X	line	10
	Description of property		other basis		r other basis		ccumulated	(d) Boo		
	Description of property	''	stment)	` '	other)		preciation	(u) Boo	k value	
1a	Land	`	,	,	, <u> </u>					
_										
b	Buildings									
C C	Leasehold improvements						+			
d	Equipment									
E Total	Other		art Y line 10a	column (<u> </u>					
ı olal.	Add into ta tillough 18. (Column (a)	musi equal Fulli 990, Pi	art 🔿 , III 🖯 1 U C	, colullii (E	<i>.,</i>					

Schedule D (For	m 990) 2023 World Forest ID Association		86-2654210	Page
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	ne 11b. See Form 990, Part X,	line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Other Assets Part IX

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

(b) Book value
725,514
725,514
· · · · · ·

Other Liabilities Part X

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	
(2payroll Liabilities	17,584
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	17,584

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

rait	Complete if the organization answered "Yes" on Form 990, F		•	Return	ı
1	Total revenue, gains, and other support per audited financial statements		iiile 12a.	1	E 646 610
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	5,646,618
a	Net unrealized gains (losses) on investments	2a	(20 E70)		
b	Donated services and use of facilities	2b	(20,578)		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	(20 E70)
3	Subtract line 2e from line 1			3	(20,578) 5,667,196
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		-	5,667,196
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b	/1)		
C	Add lines 4a and 4b		(1)	4c	/1 \
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)-			5	(1) 5 667 105
Part				-	5,667,195 I rn
ı uı t	Complete if the organization answered "Yes" on Form 990, F		•	0	
1	Total expenses and losses per audited financial statements			1	3,996,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,000,200
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,996,289
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,996,289
Part					-,,
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b a	and 2b; Part V, line 4; F	Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additio	nal information.		
01.	Other revenues included on Form 990 (Part XI, line 4b)				
Misc	Rounding				

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

World Forest ID Association 86-2654210 **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the 3 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. ☐ Written employment contract Compensation committee Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4a Х Participate in or receive payment from a supplemental nonqualified retirement plan? 4b х 4c X 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: 5a х х If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a х 6b X 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 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 8 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9

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.

(A) Name and Title		(B)Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	173,970	0	0	4,569	2,733	181,272	0
1 Executive Director	(ii)	0	0	0	0	0	0	0_
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

World Forest ID Association

Employer identification number 86-2654210

01. Committee meeting documentation (Part VI, line 8b)
WFIDA has a Board of Directors, but no committees or subcommittees.
02. Form 990 governing body review (Part VI, line 11)
The draft of the 990 was emailed to all members of The Board of Directors.
03. Conflict of interest policy compliance (Part VI, line 12c)
Board members signed an agreement upon joining The Board, stating that conflicts of
interest would be reported if they arose.
04. CEO, executive director, top management comp (Part VI, line 15a)
The Board of Directors reviewed and approved the compensation for the Executive Director.
The Board of Directors reviewed and approved the Compensation for the Executive Director.
OF Other officer as her analysis constant (Doub VII line 15)
05. Other officer or key employee compensation (Part VI, line 15b
The Board of Directors reviewed and approved the compensation for other employees through
the budgeting process.
06. Governing documents, etc, available to public (Part VI, line 19)
Available upon request