Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 202	0 calendar year, or tax year begin	nning	, 2020), and endin	g			, 20)	
B c	heck if ap	pplicable:	C Name of organization EMERGENT FOREST FINANCE	CE ACCELERATOR,	INC.			D Employer ide	entification	on num	ber	
	Addre		Doing Business As	22 11002221111011,				84-3053	3724			
	chang	e change	Number and street (or P.O. box if mail is	not delivered to street address	3)	Room/suite		E Telephone n				
	+	return	156 5TH AVENUE, STE 80		,			(917) 54		6		
	+		City or town, state or province, country, a					()17, 31	1 317			
-	Termi		NEW YORK, NY 10010	and Zir or loroigh poolar oodo				G Gross receip	to ¢	2	755	,265.
	returr Applio	1	F Name and address of principal officer:	ERON BLOOMGAR	DEM			H(a) Is this a grou			Yes	X No
	pendi							subordinates	?	-		\vdash
_	_		156 5TH AVENUE, STE 80					H(b) Are all subord			Yes	No
		empt st		1) (insert no.)	4947(a)(1)	or 527	7	If "No," attac	•		tions)	
_			WWW.EMERGENTCLIMATE.COM			1.		H(c) Group exem				
-				Association Other		L Year of	format	ion: 2019 M	State of le	egal do	micile:	DE
P	art I		mmary									
•	1		y describe the organization's mission or EST RESTORATION, CLIMATE						ST PR	OTEC	TIOI:	Л,
Š			ELOPMENT.									
rus	_											
Governance			k this box if the organization di	•	•				1 1			5.
ტ ფ	1	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			<u>5.</u>
es	4		per of independent voting members of the						4			$\frac{3.}{4.}$
Activities &	5		number of individuals employed in cale						5			
ćţ	6	Total	number of volunteers (estimate if necess	sary)					6			5.
٩			unrelated business revenue from Part VI						7a			0
	b	Net ur	nrelated business taxable income from I	Form 990-T, line 34					7b			0
								Prior Year			rent Ye	
ē		Contri	ibutions and grants (Part VIII, line 1h)		COP	Y FOR		1,142,82		2	,755	, 265
ēn	9	Progra	am service revenue (Part VIII, line 2g)		PUBLICI	NSPECTION			0.			0
Revenue	10	invest	iment income (Part VIII, column (A), line	es 3, 4, and 7d)					0.			0
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)					0.			0
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) .			1,142,82	0.	2	<u>,</u> 755	,265
	13		s and similar amounts paid (Part IX, colu						0.			0
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)					0.			0
S	15		es, other compensation, employee bene					83,34	٠0.		310	,505
Expenses	16a	Profes	ssional fundraising fees (Part IX, column			0.			0			
ă			fundraising expenses (Part IX, column ([25,373	8.						
Ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				197,91		1	,309	,282
			expenses. Add lines 13-17 (must equal					281,25		1	,619	787
	19		nue less expenses. Subtract line 18 from					861,56	3.	1	,135	,478
Ses							Begin	ning of Current \	'ear	End	of Yea	ır
sets	20	Total	assets (Part X, line 16)					1,143,79	0.	2	,288	3,348
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)					282,22	7.		291	L,307
Fee	22		ssets or fund balances. Subtract line 21		 			861,56	3.	1	,997	7,041
	rt II		gnature Block									
Un	der per	nalties d	of perjury, I declare that I have examined thi	is return, including accompa	nying sched	ules and statem	nents, a	and to the best of	my knov	vledge	and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ich preparer has	s any kr	nowledge.				
Sig	ın		Signature of officer					Date				
He	re											
			Type or print name and title									
			Type preparer's name	Preparer's signature		Date		Check	if PTIN	I		
Paid	t	PAU:		\>	Airwa Numer A	10/7/20	021	self-employ	'	1384	1178	
Pre	parer	_	220 1103 112	<u> </u>		1			13-53			
Use	Only		s name BDO USA, LLP saddress 100 PARK AVENUE	NEW YORK NV 10	017-500)1			$\frac{13}{212-8}$			
May	/ the II		scuss this return with the preparer shown									AL.
			Reduction Act Notice, see the separate		<i>,</i>			<u> </u>				No (2020)
1 01	ı aµ€	WUIK	neudolion Act Nonce, See the Separat	& 1113U UUUUIS.						LOII	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	∌ (∠∪∠∪)

Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments

	Check if Schedule O c	contains a response or note to any lin	e in this Part III	
1	Briefly describe the organization			
	TO FOSTER AND PROMOTE	FOREST PROTECTION, FORES	T RESTORATION, CLIMATE	
	CHANGE MITIGATION, AND	SUSTAINABLE DEVELOPMENT	•	
2		any significant program services du		
				Yes 🗓 No
	If "Yes," describe these new ser			
3		conducting, or make significant ch		
		an Cabadula O		Yes X No
4	If "Yes," describe these changes	ogram service accomplishments fo	r each of its three largest progr	cam continue as mossured by
7	expenses. Section 501(c)(3) a	nd 501(c)(4) organizations are request, if any, for each program service rep	ired to report the amount of gra orted.	ants and allocations to others
4a	(Code:) (Expenses	\$ 1,310,483. including grants of	of \$	0.)
	TO FOSTER AND PROMOTE	FOREST PROTECTION, FOREST	T RESTORATION,	
	CLIMATE CHANGE MITIGAT	TION, AND SUSTAINABLE DEV	ELOPMENT. THIS IS	
	DONE THROUGH ACCELERA	TING DEMAND FOR AND PROMO	TING SUPPLY OF	
	HIGH-QUALITY, JURISDIC	CTIONAL-SCALE EMISSIONS R	EDUCTIONS FROM	
	REDUCING DEFORESTATION	N AND FOREST DEGRADATION .	AND THE ENHANCEMENT	
	OF FOREST CARBON STOCK	KS IN DEVELOPING COUNTRIE	S, IN ORDER TO HELP	
	PROTECT THE EARTH'S FO	DRESTS, AS WELL AS THE CA	RBON STOCKS,	
	BIODIVERSITY, AND ECOS	SYSTEM SERVICES THEY SUST.	AIN, WHILE	
	SAFEGUARDING THE RIGHT	TS OF INDIGENOUS PEOPLES .	AND LOCAL	
	COMMUNITIES.			
4b	(Code:) (Expenses	s\$ including grants o	of\$ 0.)(Revenue\$)
	· · · · · · · · · · · · · · · · · · ·		·	
4c	(Code:) (Expenses	s\$ including grants of	of \$ 0.)(Revenue \$)
44	Other program services (Descri	he on Schedule ()		
→u		cluding grants of \$) (Revenue \$)
40	Total program service expenses		, (πονοπαο ψ	1

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		- 21
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.4		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete scriedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		21
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		Х
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		Δ.
19		19		Х
20 2	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Part	Checklist of Required Schedules (continued)			
			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule 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? In			3.7
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? In	- 1		Х
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		- 21
32		32		Х
33	complete Schedule N, Part II	32		
33	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,	33		
0-1	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000		
	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>1</u>	_		
	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	X	

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Part	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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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,	_		3.7
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Δ.
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
h	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. 5	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	_						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		7.7				
	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct		v					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		^				
7a	, and the second of the second							
	one or more members of the governing body?							
b	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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:	0.0	Х					
a	The governing body?	8a 8b	X					
	Each committee with authority to act on behalf of the governing body?	80	21					
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		X				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	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		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a		12a	X					
	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 in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and 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		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v				
	with a taxable entity during the year?	16a		X				
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						
Secti	ion C. Disclosure	100		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{NY}$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	(01(c)				
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(000		01(0)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est p	olicy,				
	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 record ELIZABETH VANDERWOUDE, 156 5TH AVENUE, STE 804, NEW YORK, NY 10010 917-544-5496	ls ▶						

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

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ERON BLOOMGARDEN	40.00									
EXECUTIVE DIRECTOR	0.			Х				200,016.	0.	0.
(2)LORENZO BERNASCONI	5.00									
CHAIRPERSON	0.	Х		Х				0.	0.	0.
(3) PETER KNIGHT	1.00									
SECRETARY	0.	Х						0.	0.	0.
(4) MAHUA ACHARYA	1.00									
TREASURER	0.	Х						0.	0.	0.
(5) RICHARD KAUFFMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) NAT KEOHANE	1.00									
DIRECTOR	0.	X						0.	0.	0.
_(7)										
(8)										
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

Form 990 (2020)													age c
Part VII Section A. Officers, Directors,	<u>Trustees, Ke</u>	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	yees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than of	an	(D) Reportable compensation from the	Reporta compensati relate organiza	on from	am	(F) stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d related anization	d
		-											
		-											
1b Sub-total							>	200,016.		0.			0
c Total from continuation sheets to Part VII	, Section A						▶	0.		0.			0
d Total (add lines 1b and 1c)	ot limited to t						o re	200,016. eceived more than	\$100,000	0 . of			0
reportable compensation from the organiza	tion 🕨		1										
												Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch											3		Х
4 For any individual listed on line 1a, is th organization and related organizations individual.	greater than	\$15	50,0	00?	? It	"Yes	,"				4	Х	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	sati	on	fron	n any	un				5		Х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Report year.													
(A) (B)							(C) ompens	sation					

(A) Name and business address	(B) Description of services	(C) Compensation
JOSH MARGOLIS 156 5TH AVE., NEW YORK, NY 10010	CORP ENGAGEMENT CONS	111,197.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to ar	y line in this Part V	/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	Federated campaigns		2,755,265.			
	h	Total. Add lines 1a-1f	Business Code	2,733,203.			
e	22						
Program Service Revenue	2a b c d						
₫	f	All other program service revenue					
	<u>g</u> 3	Total. Add lines 2a-2f	interest, and	0.			
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
	6a b	Gross rents 6a Less: rental expenses Rental income or (loss) 6c	(ii) Personal				
	c d	Net rental income or (loss)	•	0.			
Revenue	7a b	Gross amount from sales of assets other than inventory Ta Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
e	d	Net gain or (loss)	<u> ▶</u>	0.			
Other	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
	С	Net income or (loss) from fundraising events.	<u></u>	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b	0.				
	b C	Less: direct expenses		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
<u> </u>		internal and the second	Business Code	3.			
Miscellaneous Revenue	11a		·				
lane	b						
cel ev	С						
≅ F	d	All other revenue					
	•	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	<u> ▶</u>	2,755,265.			

Form **990** (2020)

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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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,										
	trustees, and key employees	200,016.	200,016.								
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	99,488.	99,488.								
	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	3,816.	3,816.								
9	Other employee benefits	0.									
10	Payroll taxes	7,185.	7,185.								
11	Fees for services (nonemployees):										
а	Management	535,294.	388,515.	136,470.	10,309.						
	Legal	23,031.		23,031.							
c	Accounting	24,937.		24,937.							
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	0.									
1	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	0.									
12	Advertising and promotion	0.									
13	Office expenses	7,848.		7,848.							
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	35,118.	29,727.	4,949.	442.						
17	Travel	386.	386.								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	5,918.	3,078.	2,840.							
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
23	Insurance	1,516.		1,516.							
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.)										
_	CONTRACTOR & CONSULTANT FEES	659,495.	565,197.	79,870.	14,428.						
	LICENSES, MEMBERSHIPS, DUES	8,359.	7,076.	1,178.	105.						
_	NON-CAPITAL EQUIPMENT SUPPLI	7,087.	5,999.	999.	89.						
d	MISC. EXPENSES	293.		293.							
е	All other expenses										
	Total functional expenses. Add lines 1 through 24e	1,619,787.	1,310,483.	283,931.	25,373.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation. Check here if	2									
	following SOP 98-2 (ASC 958-720)	0.									

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	256,489.	1	477,817.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	886,301.	4	1,786,037.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
ts		controlled entity or family member of any of these persons	0.	5	0.
	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)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	1,000.	9	17,441.
•	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	7,053.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,143,790.	16	2,288,348.
	17	Accounts payable and accrued expenses	282,227.	17	291,307.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
g		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	282,227.	26	291,307.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	861,563.	27	1,947,041.
B	28	Net assets with donor restrictions	0.	28	50,000.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	861,563.	32	1,997,041.
Net	33	Total liabilities and net assets/fund balances	1,143,790.	33	2,288,348.
_		Total national of and not according balanced, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	_,_15,,00.	55	Form 990 (2020)

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OIIII 30	(2020)				. α	90
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,619,787.		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	35,4	178.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8	61,5	63.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,9	97,0)41.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in				
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasu

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

EMERGENT FOREST FIN	84-3053724					
Organization type (check or	ne):	01 3033721				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
Check if your organization is	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instruction contributions.	=				
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	or 990-EZ), Part II, line s of the greater of (1)				
contributor, durinę literary, or educat	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schoust answer "No" on Part IV, line 2, of its Form 990; or check the box on line I to certify that it doesn't meet the filing requirements of Schedule B (Form 990	H of its Form 990-EZ or on its				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 84-3053724

			84-3053724
Part I Con	tributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization EMERGENT FOREST FINANCE ACCELERATOR, INC.

Employer identification number 84-3053724

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization EMERGENT FOREST FINANC	E ACCELERATOR, INC.		Employer identification number 84-3053724
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any one co ions completing Part III, en e year. (Enter this informa	ontributor. Conter the total of	ed in section 501(c)(7), (8), or nplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	Transferee's name, address, ar	(e) Transfer of gif		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Rela			ip of transferor to transferee
	Transieree's name, address, at		Relationsii	ip of transferor to transferee
(-) N-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
	Transferee's name, address, ar	(e) Transfer of gif		ip of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
EM1	RGENT FOREST FINANCE ACCELERATOR, I	NC.	84-3053724
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5		advisors in writing that the assets	hold in donor advised
3	Did the organization inform all donors and donor	_	
•	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.	"Vas" on Form 000 Port IV line	7
	Complete if the organization answered		<i>I</i> .
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		ration of a historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributed	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified l		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not or	na
	historic structure listed in the National Register		
3	Number of conservation easements modified, train	nsferred, released, extinguished, or	terminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg	arding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enfo	orcing conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enfor	cing conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its re	evenue statement and balance sheet works
	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote	s held for public exhibition, educa	ation, or research in furtherance of public
h	-		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hel		
	provide the following amounts relating to these iter		research in farmerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		
_	following amounts required to be reported under FA		
а			
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2020

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Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan o	r exchange	e prograr	n		
b	Scholarly research		е _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expl	ain how t	hey furthe	r the org	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization								_
_	assets to be sold to raise funds rath		tained as pa	rt of the o	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A			000 5		•	, ,		
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	art IV, Ilne	9, or re	eported an amou	nt on Form	1
4-	990, Part X, line 21.	too ouotodion or a		andiam (fami		tiono or	ather coests not		
та	Is the organization an agent, trus							Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement i	n Part VIII and com	plote the fo	llowing tah				res	NO
b	ii res, explain the arrangement i	II Fait Aili ailu coili	ipiete trie io	llowing tac	ne.		Amount		
С	Beginning balance				1c		Alliouni	•	
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					ustodial	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	xplanation	has been p	orovided o	on Part XIII		
Pa	rt V Endowment Funds.							_	
	Complete if the organiza	ation answered "Y	es" on For	m 990, F					
		(a) Current year	(b) Prio	r year	(c) Two yea	ars back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								-
g	End of year balance		<u> </u>						
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)) held as:			
b	Permanent endowment								
c	Term endowment ▶								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in			ation that	are held ar	nd admin	istered for the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	u ipment. ation answered "Y	es" on Fo	rm 990 F	Part IV lin	e 11a S	See Form 990 Pa	art X line 1	10
	Description of property	(a) Cost of	or other basis		or other basis			d) Book value	
		(inve	stment)	(0	ther)		eciation		
_	Land								
b	Buildings								
q	Leasehold improvements								
d	Equipment								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. columi	n (B), line 1	0c.)	•		

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99) Part IV line 11h See Form 990 Par	t X line 12
-	(a) Description of security or category	(b) Book value	(c) Method of valuation:	17, 1110 12.
	(including name of security)	(b) Book value	Cost or end-of-year market value	ne
• •	al derivatives			
	held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	ie
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99) Part IV line 11d See Form 990 Par	t X line 15
		scription		b) Book value
(1)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B (1) 1 (B)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 99	0, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	norts 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

Page 4 Schedule D (Form 990) 2020

	(O III 000) 2020		r age -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,150,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c d	Recoveries of prior year grants	-	
e	Add lines 2a through 2d	2e	394,826.
3	Subtract line 2e from line 1	3	2,755,265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,755,265.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	2,014,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Denoted services and use of facilities 394,826.		
a	Donated services and use of facilities		
b C	Prior year adjustments		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	394,826.
3	Subtract line 2e from line 1	3	1,619,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,619,787.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. EMERGENT DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. EMERGENT IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2020, EMERGENT WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE J (Form 990)

Compensation InformationFor 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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

EMERGENT FOREST FINANCE ACCELERATOR, INC.

Employer identification number 84-3053724

			Yes	No
1a	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
	1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9	1	

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page **2**

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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERON BLOOMGARDEN	(i)	200,016.	0.	0.		0.	200,016.	0.
1EXECUTIVE 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)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020 Page 3

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

84-3053724

FORM 990, PART VI, SECTION A, LINE 3:

EMERGENT FOREST FINANCE ACCELERATOR, INC.

EMERGENT'S CONTRACTED EXECUTIVE DIRECTOR PERFORMS THE MANAGEMENT FUNCTIONS FOR EMERGENT, WITH SUPPORT FROM EMERGENT'S CONTRACTED MANAGEMENT SERVICES PROVIDER, GLOBAL DEVELOPMENT INCUBATOR.

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

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH EMERGENT'S SENIOR MANAGER, FINANCE AND OPERATIONS. THE DRAFT FORM 990 WAS THEN REVIEWED BY EMERGENT'S CONTRACTED EXECUTIVE DIRECTOR AND CONTRACTED MANAGEMENT SERVICES PROVIDER, GLOBAL DEVELOPMENT INCUBATOR, AND DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

PRIOR TO ELECTION TO THE BOARD OR EMPLOYMENT AT THE ORGANIZATION, AND FOR EACH YEAR OF SERVICE THEREAFTER, EACH DIRECTOR, OFFICER, AND CURRENTLY EMPLOYED KEY PERSON MUST DISCLOSE IN WRITING ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

THE ORGANIZATIONS EXECUTIVE DIRECTOR, ERON BLOOMGARDEN, WAS PAID AS A

Name of the organization Employer identification number EMERGENT FOREST FINANCE ACCELERATOR, INC. 84-3053724

CONTRACTOR.