Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

A	or th	e 2019	calendar year, or tax year beginning 07/24, 2019, at	nd ending		12/31	, 20 19
_			C Name of organization		D Employer ide	entification r	number
В	check if a	applicable:	EMERGENT FOREST FINANCE ACCELERATOR, INC.		84-305	3724	
	Addr		Doing business as				
	Nam	e change	Number and street (or P _a O _a box if mail is not delivered to street address)	oom/suite	E Telephone nu	ımber	
X	Initia	l return	156 5TH AVENUE	804	(917) 54	4-5496	
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code				
	Ame	nded	NEW YORK, NY 10010		G Gross receipt	s \$	1,142,820
		ication	F Name and address of principal officer: ERON BLOOMGARDEN		H(a) Is this a gro	oup return for	Yes X No
	_ pene	mig	156 5TH AVENUE, STE 804, NEW YORK, NY 10010		subordinate: H(b) Are all subor		\vdash
ī	Tax-ex	cempt sta		527		ttach a list. (se	
J	Webs	ite:	WWW.EMERGENTCLIMATE.COM	1 1021	H(c) Group exem		-
K	Form	of organ	ization: X Corporation Trust Association Other	1 Year of fo	ormation: 2019 M		
	art I		mmary	= Toda or it	omitation: = = = = III	Otate of log	ar dornicite.
	1		describe the organization's mission or most significant activities: TO FOST	ER AND	PROMOTE FORE	ST PRO	TECTION.
به			EST RESTORATION, CLIMATE CHANGE MITIGATION, AND				110110117
and			ELOPMENT.				
ern	2		this box lifthe organization discontinued its operations or disposed of	of more than	25% of its not assol	to.	
Governance	3		er of voting members of the governing body (Part VI, line 1a)			3	5.
∞5	4	Numb	er of independent voting members of the governing body (Part VI, line 1b).			4	5.
Activities &	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			5	0.
Ξ	6	Total	number of individuals employed in calendar year 2019 (Fart V, line 2a)				5.
Act		Total	number of volunteers (estimate if necessary)	*50* 18 18 18 18		6	0.
			unrelated business revenue from Part VIII, column (C), line 12			7a	0.
-	D	Mer ur	nrelated business taxable income from Form 990-T, line 39	• • • • • •		7b	
		Cambri	hutions and grants (Part VIII, line 1h)		Prior Year	0.	Current Year
ire	8		battone and grants (Fait VIII, IIIC III).				1,142,820.
Revenue	9			- I		0	0.
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d).			0.	0.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
_	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	1,142,820.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		its paid to or for members (Part IX, column (A), line 4)			0.	0.
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			0 .	83,340.
Expenses			sional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ä			undraising expenses (Part IX, column (D), line 25) ▶0.				
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	197,917.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	281,257.
- 0	19	Reven	ue less expenses. Subtract line 18 from line 12			0.	861,563.
Net Assets or Fund Balances				E	Beginning of Current	Year	End of Year
sse	20		assets (Part X, line 16)			0.	1,143,790.
A P	21		iabilities (Part X, line 26)			0.0	282,227.
			sets or fund balances. Subtract line 21 from line 20			0.0	861,563.
	rt II		nature Block				
Und	ler per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	and stateme	nts, and to the best o	f my knowle	dge and belief, it is
-	1		sompleter of property (ether than emeet) is based on an information of which	preparer nas a	i	.	
Sig	_	D =			Oct.	31, 202	<i>o</i>
Hei		S	ignature of officer		Date		
пе	e	-	Lorento Bernasconi, Board Chair				
_		(C)	ype or print name and title	,			
Paid		Print/1	Type preparer's name	Date	Check	if PTIN	
Paid	arer	PAUI	HAMMERSCHMIDT	10/6/20	020 self-employ	red PO	1384178
	Only	Firm's			Firm's EIN ▶ 1	3-5381	590
			address ▶100 PARK AVENUE NEW YORK, NY 10017-5001		Phone no. 2	212-885	
May	the	IRS di	scuss this return with the preparer shown above? (see instructions).			X	Yes No
			Reduction Act Notice, see the separate instructions.				Form 990 (2019)

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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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
	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,		-	
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				Х
7	"Yes," complete Schedule D, Part I	6		
,		_		3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
_	complete Schedule D, Part III	8		X
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,	127	wid	
	VII, VIII, IX, or X as applicable.	1500	10011	44
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		Χ
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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		Χ
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	-	- 11
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
10		18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		V
20 -	If "Yes," complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	21		Χ
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Part	Checklist of Required Schedules (continued)		V	
		-	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
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		- 21
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
270	\$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?			
	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?			
	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%			
	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? If	20-		X
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		- 11
С	"Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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		X
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			·L
	Y K	_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	722		
	reportable gaming (gambling) winnings to prize winners?	1c	1	1

Form **990** (2019)

Statements, filed for the cale b If at least one is reported Note: If the sum of lines 1a a 3a Did the organization have un b If "Yes," has it filed a Form 9 4a At any time during the calend a financial account in a foreign b If "Yes," enter the name of the See instructions for filing req 5a Was the organization a part b Did any taxable party notify c If "Yes" to line 5a or 5b, did the Does the organization have organization solicit any contrib If "Yes," did the organization gifts were not tax deductible 7 Organizations that may receive and services provided to the b If "Yes," did the organization	loyees reported on Form W-3, Transmittal of Wage and Tax endar year ending with or within the year covered by this return. 2a 0. on line 2a, did the organization file all required federal employment tax returns? and 2a is greater than 250, you may be required to e-file (see instructions)	2b 3a 3b 4a 5a 5b 5c 6a 6b	Yes	X X X X X
Statements, filed for the cale b If at least one is reported Note: If the sum of lines 1a a 3a Did the organization have un b If "Yes," has it filed a Form 9 4a At any time during the calend a financial account in a foreign b If "Yes," enter the name of the See instructions for filing req 5a Was the organization a part b Did any taxable party notify c If "Yes" to line 5a or 5b, did the Does the organization have organization solicit any contributed in the organization b If "Yes," did the organization gifts were not tax deductible 7 Organizations that may receive and services provided to the b If "Yes," did the organization	endar year ending with or within the year covered by this return. 2a 0. on line 2a, did the organization file all required federal employment tax returns? and 2a is greater than 250, you may be required to e-file (see instructions)	3a 3b 4a 5a 5b 5c 6a		X X X
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 Ja Did the organization have unbull "Yes," has it filed a Form 9 At any time during the calend a financial account in a foreign bull "Yes," enter the name of the See instructions for filing requestions. Was the organization a parture bull bull bull bull bull bull bull bul	prelated business gross income of \$1,000 or more during the year?	3b 4a 5a 5b 5c 6a 6b		X X X
 b If "Yes," has it filed a Form 9 4a At any time during the calend a financial account in a foreign b If "Yes," enter the name of the See instructions for filing requestions. 5a Was the organization a parthe b Did any taxable party notify considered in the Importance of th	dar year, did the organization have an interest in, or a signature or other authority over, gn country (such as a bank account, securities account, or other financial account)? he foreign country uirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). y to a prohibited tax shelter transaction at any time during the tax year? the organization that it was or is a party to a prohibited tax shelter transaction? the organization file Form 8886-T? e annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? In include with every solicitation an express statement that such contributions or reviewe deductible contributions under section 170(c). The a payment in excess of \$75 made partly as a contribution and partly for goods payor?	3b 4a 5a 5b 5c 6a 6b		X X X
 4a At any time during the calendary a financial account in a foreign a financial account in a foreign b. If "Yes," enter the name of the See instructions for filing requestions. 5a Was the organization a parther b. Did any taxable party notify c. If "Yes" to line 5a or 5b, did to a Does the organization have organization solicit any control b. If "Yes," did the organization gifts were not tax deductible. 7 Organizations that may receive and services provided to the b. If "Yes," did the organization. 	dar year, did the organization have an interest in, or a signature or other authority over, gn country (such as a bank account, securities account, or other financial account)? he foreign country uirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). y to a prohibited tax shelter transaction at any time during the tax year? the organization that it was or is a party to a prohibited tax shelter transaction? the organization file Form 8886-T? e annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? on include with every solicitation an express statement that such contributions or reviewe deductible contributions under section 170(c). The a payment in excess of \$75 made partly as a contribution and partly for goods payor?	4a 5a 5b 5c 6a		X
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 b If "Yes," enter the name of the See instructions for filing requested 5a. Was the organization a parthological by Did any taxable party notify confided and the organization have organization solicit any control by If "Yes," did the organization gifts were not tax deductible. 7 Organizations that may recapted and services provided to the bound of the organization. b If "Yes," did the organization received and services provided to the control of the organization. 	the foreign country uirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If to a prohibited tax shelter transaction at any time during the tax year? If the organization that it was or is a party to a prohibited tax shelter transaction? If the organization file Form 8886-T? If annual gross receipts that are normally greater than \$100,000, and did the Initialization shat were not tax deductible as charitable contributions? If include with every solicitation an express statement that such contributions or If it is a payment in excess of \$75 made partly as a contribution and partly for goods payor?	5a 5b 5c 6a		X
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 b Did any taxable party notify c If "Yes" to line 5a or 5b, did to 6a Does the organization have organization solicit any contribute b If "Yes," did the organization gifts were not tax deductible 7 Organizations that may recapite a Did the organization received and services provided to the b If "Yes," did the organization 	the organization that it was or is a party to a prohibited tax shelter transaction? the organization file Form 8886-T? e annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? on include with every solicitation an express statement that such contributions or? relive deductible contributions under section 170(c). The a payment in excess of \$75 made partly as a contribution and partly for goods payor?	5b 5c 6a		Х
 c If "Yes" to line 5a or 5b, did the organization have organization solicit any control of the organization solicit any control of the organization gifts were not tax deductible 7 Organizations that may recommend a Did the organization received and services provided to the organization. b If "Yes," did the organization. 	the organization file Form 8886-T? the annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? In include with every solicitation an express statement that such contributions or relieve deductible contributions under section 170(c). The a payment in excess of \$75 made partly as a contribution and partly for goods payor?	5c 6a 6b		
 6a Does the organization have organization solicit any control of the organization gifts were not tax deductible 7 Organizations that may recapt a Did the organization received and services provided to the b If "Yes," did the organization 	e annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? on include with every solicitation an express statement that such contributions or? every edeductible contributions under section 170(c). The a payment in excess of \$75 made partly as a contribution and partly for goods payor?	6a 6b		Х
organization solicit any contribility of the organization gifts were not tax deductible 7 Organizations that may recapite a Did the organization received and services provided to the bill "Yes," did the organization	ributions that were not tax deductible as charitable contributions? on include with every solicitation an express statement that such contributions or? eive deductible contributions under section 170(c). e a payment in excess of \$75 made partly as a contribution and partly for goods payor?	6b		X
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 7 Organizations that may rec a Did the organization received and services provided to the b If "Yes," did the organization 	eive deductible contributions under section 170(c). e a payment in excess of \$75 made partly as a contribution and partly for goods payor?			
a Did the organization receive and services provided to theb If "Yes," did the organization	e a payment in excess of \$75 made partly as a contribution and partly for goods payor?	7a		
and services provided to theb If "Yes," did the organization	payor?	7a		
b If "Yes," did the organization				
	thought to do not of the value of the goods of solvides provided.	7b		
	exchange, or otherwise dispose of tangible personal property for which it was			
_	**************************************	7c		
	r of Forms 8282 filed during the year			
	e any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	ontribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	ntribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	maintaining donor advised funds. Did a donor advised fund maintained by the			
	e excess business holdings at any time during the year?	8		
	maintaining donor advised funds.			
	tion make any taxable distributions under section 4966?	9a		
	tion make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizat	·			
a Initiation fees and capital co	ntributions 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) organiza	itions. Enter:			
	s or shareholders			
b Gross income from other	sources (Do not net amounts due or paid to other sources			
against amounts due or rece	ived from them.)			
12a Section 4947(a)(1) non-exe	empt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of	f tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified	nonprofit health insurance issuers.			
a Is the organization licensed t	o issue qualified health plans in more than one state?	13a		
Note: See the instructions fo	r additional information the organization must report on Schedule O.			
b Enter the amount of reserves	s the organization is required to maintain by the states in which			
	o issue qualified health plans			
	s on hand			
	any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 72	20 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
	o the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
) during the year?	15		X
If "Yes," see instructions and	file Form 4720, Schedule N.			
	ational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720	0, Schedule O.		990	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI 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 Section A. Governing Body and Management Yes No 5 1a 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. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ 8b Each committee with authority to act on behalf of the governing body?...... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c 13 X Did the organization have a written whistleblower policy?...... 13 Did the organization have a written document retention and destruction policy?..... 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? 15a The organization's CEO, Executive Director, or top management official 15b 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 Χ 16a 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?...... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ELIZABETH VANDERWOUDE, 156 5TH AVENUE, STE 804, NEW YORK, NY 10010 917-544-5496 20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 compensated any current officer, director, or trustee,

(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)				is both	an	(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-MJSC)	from the organization and related organizations
(1) ERON BLOOMGARDEN	40.00									
EXECUTIVE DIRECTOR	0.			Х				83,340.	0.	0,
(2) LORENZO BERNASCONI	1.00									
CHAIRPERSON EFF. 7/2019	0.	Х		Х				0.	0.	0
(3) PETER KNIGHT	1.00									
SECRETARY EFF. 7/2019	0.	Х		Х				0.	0.	0
(4) MAHUA ACHARYA	1.00									
TREASURER EFF. 7/2019	0.	Х		X				0.	0.	0
(5) RICHARD KAUFFMAN	1.00									
DIRECTOR EFF 12/2019	0.	X						0.,	0.	0
(6) NAT KEOHANE	1.00							_		
DIRECTOR EFF. 8/2019	0.	Х	_	_	_			0.	0.	0
(7) ELIZABETH VANDERWOUDE	6.00			١,,						
CHIEF FINANCIAL OFFICER - GDI	0.			X	_			0 :	0.	0
(8)										
(9)										
(10)										
(11)										<u> </u>
(12)										
-										
(13)										
(14)										

JSA

Form 990 (2019)

2000		-0
Jon	0	-

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and title A) A) A) A) A) A) A) A	
related organizations below dotted line) ndividual trustee ndividual	of ation
	ion ed
1b Sub-total 83,340. 0. c Total from continuation sheets to Part VII, Section A	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.	
Ye	s No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	X
Section B. Independent Contractors	
1 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	n
ATTACHMENT 1	

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

Pa	rt VI	Statement of Revenue			-		1 090
		Check if Schedule O contains a response or not	e to any li				
				(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 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 1,142 Noncash contributions included in lines 1a-1f	2,820.	1,142,820.			
Program Service Revenue	2a b c d	Business	Code				
	f g	All other program service revenue	, •	10			
	3 4 5	Investment income (including dividends, interest, other similar amounts)		O.,			
	6a b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	onal				
en	d 7a b	Net rental income or (loss)		0.			
Revenue	С	and sales expenses 7b Gain or (loss) 7c					
Other Rev	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$	0.	0.			
	b c	Less: direct expenses		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses 9b Net income or (loss) from gaming activities	524	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b c	Less: cost of goods sold		0			
Miscellaneous Revenue	11a b	Business		- 77			
Miscel Rev	c d e	All other revenue	. •	0.			
	12	Total revenue. See instructions		1,142,820.			

84-3053724

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 respo Do not include amounts reported on lines 6b, 7b, 8b, 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				A SALISANION INC.
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	83,340.	83,340.		
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	0.			
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):	405 500	105 500		
a Management	135,789.	135,789.	5 47.6	
b Legal	5,476.		5,476.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0 .			
f 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.		F00	
12 Advertising and promotion	509.		509.	
13 Office expenses	30.		30.	
14 Information technology	0.			
15 Royalties	- 2.		3,303.	
16 Occupancy	3,303.		3,303.	
17 Travel	0,.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
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.)				
	47,352.	47,352.		
aCONTRACTOR FEES bCONTRACTOR EXPENSES	5,314.	5,314.		
	144.	3,314.	144.	
cDUES, LICENSES	1110		1.11.	
d				
e All other expenses	281,257.	271,795.	9,462.	
 Total functional expenses. Add lines 1 through 24e 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 	201,237.	211,193.	5,402.	
following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	256,489.
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	886,301.
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	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
g 7	Notes and loans receivable, net	0.	7	0,
7 8 8	Inventories for sale or use	0.	8	0.
₹ 9	Prepaid expenses and deferred charges	0.	9	1,000.
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	0.
16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	1,143,790.
17	Accounts payable and accrued expenses	0.	17	282,227.
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.
ฏ 22	Loans and other payables to any current or former officer, director,			
Ĭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	0.
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	0.	26	282,227.
8	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	0.	27	861,563.
28	Net assets with donor restrictions	0.	28	0.
Sapiration 27	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			3025
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
30	Retained earnings, endowment, accumulated income, or other funds.		31	
	Total net assets or fund balances	0.	32	861,563.
32 33	Total liabilities and net assets/fund balances	0.		1,143,790.
73	Total habilities and het assets/fully balances,	0.	33	Form 990 (2019

84-3053724 EMERGENT FOREST FINANCE ACCELERATOR, INC. Page 12 Form 990 (2019) **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI 1,142,820. 1 1 281,257. 2 2 861,563. 3 3 0. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 0. 5 5 0. 6 Donated services and use of facilities 6 0. 7 7 0. 8 Я 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 861,563. 10 **Financial Statements and Reporting** No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both; Consolidated basis Both consolidated and separate basis Separate basis Χ 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

Both consolidated and separate basis

3b Form **990** (2019)

2c

3a

X

Χ

separate basis, consolidated basis, or both:

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

X Separate basis

Schedule O.

Schedule B

(Form 990, 990-EZ, or 990-PF)

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

2019

Employer identification number

EMEDGENT FODEST EINA							
EMERGENT FOREST FINANCE ACCELERATOR, INC.		84-3053724					
Organization type (check one):						
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 fou	ındation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule.							
Note: Only a section 501(c)(7 instructions.), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
or more (in money o	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during t	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, 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 mus	isn't covered by the General Rule and/or the Special Rules doesn't file Sche at answer "No" on Part IV, line 2, of its Form 990; or check the box on line Form error 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) (2019)

Employer identification number 84-3053724

Part I Contributors (see instructions). Use duplicate copies of Part I if additional sp	space is needed.
---	------------------

(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) _{la}	(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

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		\$:

zation EMERGENT FOREST FINANCE	ACCELERATOR, INC.	Employer identification number 84-3053724
 that total more than \$1,000 for the following line entry. For organization of \$1,000 or less for the 	ne year from any one contr ns completing Part III, enter year. (Enter this information	ns described in section 501(c)(7), (8), or ibutor. Complete columns (a) through (e) and he total of exclusively religious, charitable, etc
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-7	(e) Transfer of gift	
Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
	Clusively religious, charitable, etc., b) that total more than \$1,000 for the following line entry. For organization intributions of \$1,000 or less for the entributions of \$1,000 or less for the entributions of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

OMB No. 1545-0047

Open to Public

FMF	RGENT FOREST FINANCE ACCELERATOR, .	INC.		84-3053/24
Pa				r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 6.	
		(a) Donor advised f	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that t	he assets held	in donor advised
	funds are the organization's property, subject to the	_		
6	Did the organization inform all grantees, donors,			
•	only for charitable purposes and not for the bene		•	
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.	25.03 3. 3. 3. 5. 5.140.25		
	Complete if the organization answered	"Yes" on Form 990. Par	t IV. line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (for example			of a historically important land area
	Protection of natural habitat	o, residential of codedition)		of a certified historic structure
	Preservation of open space		1 TOSCI VALION	of a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a gualified conservation	o contribution is	the form of a consequetion
_	easement on the last day of the tax year.	eld a qualified corise valior	r contribution ii	Held at the End of the Tax Year
а	Total number of conservation easements			
_	Total acreage restricted by conservation easement			2a 2b
b				
C	Number of conservation easements on a certified		` '	2c
ď	Number of conservation easements included in (
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tra	insterred, released, extingu	lisnea, or term	linated by the organization during the
	tax year >			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re-			
•	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations	, and enforcing	conservation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	conservation easements during the year
_	\$			
8	${\sf Does\ each\ conservation\ easement\ reported\ on\ line}$			
	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		iization's financ	cial statements that describes the
	organization's accounting for conservation easeme			
Рa	organizations Maintaining Collections	of Art, Historical Treas	ures, or Othe	r Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under Food art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	ASB ASC 958, not to repo	rt in its revenu	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote	to its financial statements t	on education, hat describes t	hese items.
b	If the organization elected, as permitted under F.			
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	ld for public exhibition, ed	ucation, or res	earch in furtherance 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 a			
_	following amounts required to be reported under F			access for infantoial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			or it is a relative P S

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

Schedule D (Form 990) 2019

 22.00			
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	Tule D (Form 990) 2019	A 11				141-4110	- 00	0111			Page Z
	rt Organizations Maintaini										
3	Using the organization's acquisitio		n, and of	tner record	as, check	any of th	e tollow	ring that ma	ake sigr	iricant use	or its
	collection items (check all that appl	y):		. —	τ.						
a	Public exhibition			d —	4	or exchange	e prograi	m			
b	Scholarly research			е	Other						
C	Preservation for future gener										:- B
4	Provide a description of the organ	lization's co	llections	and expla	in how t	ney furthe	r the or	ganization's	exemp	purpose	in Paπ
_	XIII.	12. 24		e.		2 1. 1		-41	_		
5	During the year, did the organization									7 v [—
	assets to be sold to raise funds rath			ined as pa	rt of the c	organizatio	n's collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	rrangemen tion answe	red "Ye:	s" on Forr	m 990, F	Part IV, line	9, or r	eported an	amour	nt on Forn	n
1a	Is the organization an agent, truste	e, custodiar	or othe	r intermed	iary for c	ontributions	s or othe	r assets not			
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement in	n Part XIII a	nd comp	lete the fol	lowing tal	ole:					_
					•		1		Amount		
С	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am							account liab	oility?	Yes	No
b	If "Yes," explain the arrangement in										
	rt V Endowment Funds.										
	Complete if the organiza	ition answe	red "Ye	s" on For	m 990, F	Part IV, line	e 10.				
		(a) Curren	t year	(b) Prio	г уеаг	(c) Two yea	ars back	(d) Three ye	ars back	(e) Four yea	ars back
10	Beginning of year balance										
	Contributions										
b	Net investment earnings, gains,										
С	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance Provide the estimated percentage		mt	and balana	o /lino 1a	ookumn (a)	\\ bold or	·			
2	Board designated or quasi-endown		ni year e	%	e (iine 19	, column (a))) neiu as	.			
b	Permanent endowment			1							
c	Term endowment ▶	%									
•	The percentages on lines 2a, 2b, a	and 2c shoul	d equal 1	00%.							
3 a	Are there endowment funds not in		-		ation that	are held a	nd admi	nistered for t	the		
-	organization by:	p		J						Ye	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
h	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended	_								<u> </u>	
	rt VI Land, Buildings, and Equal Complete if the organiz	u ipment. ation answ	ered "Ye	es" on Fo	rm 990,	Part IV, Iir					
	Description of property		(a) Cost or (invest	other basis tment)		or other basis other)		cumulated reciation	(0	d) Book value	è
1a	Land		1			,	100				
b	Buildings										
-	Leasehold improvements										
•	·				1						
d	Fauloment, which are the second to be as an	anana ia e II			1						
d e	Equipment										

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 Par	t X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		W/ " E 000	D . N / II . 44 . 0 . 5	
	Complete if the organization answered			t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
-	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	"Vaa" on Farm 000	Port IV line 41d Con Form 000 Des	4 V 15- 45
	Complete if the organization answered			
741	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	no 15 l		
Part X	Other Liabilities.	110 10.)	• • • • • • • • • • • • • • • • • • •	
Tartx	Complete if the organization answered	"Yes" on Form 990	Part IV line 11e or 11f See Form 90	0 Part X
	line 25.	100 0111 01111 000	, 1 411 10 , 1110 1110 01 1111 000 1 01111 00	, r art x,
1.		tion of liability		(b) Book value
	al income taxes	non or nasmy		(b) DOOK Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	and a second		
	r uncertain tax positions. In Part XIII, provide the			norte 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

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Page 4 Schedule D (Form 990) 2019

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	1,310,732.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	167,912.
3	Subtract line 2e from line 1	3	1,142,820.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,142,820.
Part 2		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	449,169.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
a b	Prior year adjustments		
	Other losses		
c d	Other (Describe in Part XIII.)		
-	Add lines 2a through 2d	2e	167,912.
е 3	Subtract line 2e from line 1	3	281,257.
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		
	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	281,257.
-	XIII Supplemental Information.		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation.	
			_

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, 2019, EMERGENT WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

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
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 84-3053724

Name of the organization

EMERGENT FOREST FINANCE ACCELERATOR, INC.

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

GLOBAL DEVELOPMENT INCUBATOR (GDI) PERFORMS THE MANAGEMENT FUNCTIONS OF THE REPORTING ORGANIZATION.

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

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH GLOBAL DEVELOPMENT INCUBATOR (GDI). DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S MANAGEMENT TEAM. FORM 990 IS THEN PROVIDED 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 CONTRACTOR.

Name of the organization
EMERGENT FOREST FINANCE ACCELERATOR, INC.

Employer identification number 84-3053724

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

GLOBAL DEVELOPMENT INCUBATOR 155 WEST 23RD STREET, 6TH FLOOR NEW YORK, NY 10011

MANAGEMENT SERVICES

135,789.

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