efile GRAPHIC print - DO NOT PROCESS As Filed Data -

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** 

# **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.

2019

DLN: 93493025007151 OMB No. 1545-0047

☐ Yes ☐ No

Form **990** (2019)

Cat. No. 11282Y

Γreasu		of the enue Service		v/Form990 for instructions and th	e latest infor	mation.		Inspection				
A F	or th	e <b>2019</b> c		ning 07-01-2019 , and ending 06	-30-2020							
	dress	applicable: change nange	C Name of organization FLORESTA USA INCORPORATED			<b>D Employ</b> 33-005		fication number				
☐ Ini	tial re	turn	Doing business as Plant With Purpose			_						
		n/terminated d return	Number and street (or P.O. box if ma	il is not delivered to street address) Room,	dress) Room/suite E Telephone number							
□ Ар	plicati	ion pending				(858) 2	74-3718					
			City or town, state or province, count San Diego, CA 92117	try, and ZIP or foreign postal code		<b>G</b> Gross re	eceipts \$ 4	,857,153				
			F Name and address of principal Kristen Kreitzer	officer:	H(a) Is the	nis a group re	turn for					
			4747 Morena Blv Suite 100 San Diego, CA 92117		H(b) Are	ordinates? all subordina	tes	□Yes ☑No □Yes □No				
[ Ta:	x-exei	mpt status:		nsert no.)	If "I		•	instructions)				
J W	ebsit	te:► htt	ps://www.plantwithpurpose.org/		H(c) Gro	up exemption	number	<b>&gt;</b>				
<b>K</b> Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other ►	L Year of for	mation: 1984	M State	of legal domicile: CA				
Pa	art I	Sum	ımary									
Activities & Governance	;	environm live with (	ental degradation intersect. We equ	nt organization that transforms lives in tip impoverished farming families to cl this through sustainable agriculture to ship development.	nange their circ	cumstances, p	provide f	or their children, and				
<u> </u>	,	Check th	is box • if the organization disc	continued its operations or disposed of	f more than 25	% of its net a	ssets					
<b>න්</b> ග				g body (Part VI, line 1a)			3	12				
IIIe	4	Number	umber of independent voting members of the governing body (Part VI, line 1b)									
2	5	Total nur	mber of individuals employed in cale	endar year 2019 (Part V, line 2a) .			5	22				
Ř	6	Total nur	mber of volunteers (estimate if nece	essary)			6	24				
	1			VIII, column (C), line 12		•	7a	0				
	b	Net unre	lated business taxable income from	Form 990-T, line 39			7b					
		Ctil	tions and amounts (Doubt)(III. Bure 41b.)		P	rior Year	006	Current Year				
ēnuē	1		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)			5,546,	0	4,832,560				
λöΛö	1	-	ent income (Part VIII, column (A), lir			20	854	23,19				
ď	1		venue (Part VIII, column (A), lines 5			20,	0	25,19.				
	1		, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12)		5,567,	740	4,855,758				
	_		nd similar amounts paid (Part IX, co			2,460,	_	2,881,19				
	1		paid to or for members (Part IX, col	, ,,		_, _,	0					
တ္	15	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines 5–10)	,	1,708,	477	1,967,44				
Expenses	16a	Profession	onal fundraising fees (Part IX, colum	nn (A), line 11e) . . . . .			0	(				
e do	ь	Total fund	raising expenses (Part IX, column (D), li	ne 25) ▶645,162								
ū	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		540,	295	481,99				
	18	Total exp	penses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)		4,709,	039	5,330,63				
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		858,		-474,87				
Net Assets or Fund Balances					Beginnin	g of Current Y	'ear	End of Year				
alan	20	Total ass	sets (Part X, line 16)			5,246,	862	4,799,54				
A As	1		pilities (Part X, line 26)			120,		148,01				
ŠŢ	1		ts or fund balances. Subtract line 2			5,126,		4,651,53				
	rt II		ature Block									
know	ledge			ned this return, including accompanyi Declaration of preparer (other than o								
						020-11-12		<u>_</u>				
Sign		Signat	ture of officer		D	ate						
Here	•		n Kreitzer Director of Finance & Admin									
		17	or print name and title	I December of the control of the con	I Date	Т	DTI.					
n - •			Print/Type preparer's name	Preparer's signature	1	heck 📙 if	PTIN					
Paid		ا ا	Firm's name			elf-employed irm's EIN ►						
Prep	•											
Use	: Un	<b>ііу</b>   ғ	Firm's address ▶		P	hone no.						
		1			I .							

Form	990 (2019)	)					Page <b>2</b>			
Pa	rt III Sta	atement o	f Program Service	e Accomplis	hments					
	Che	eck if Schedu	ule O contains a respo	nse or note to a	any line in this Part III .		🗆			
1	Briefly des	cribe the org	ganization's mission:							
poor work Buru envir	. For more the ing with fam ndi, Congo, onmental re	han 30 years nily farmers i the Dominic estoration, ec	s, Plant With Purpose I in strategic areas whe an Republic, Ethiopia, conomic empowermen	nas been a lead re environment Haiti, Mexico, <sup>-</sup> t, and spiritual	ler in linking internationa al degradation and pover Fanzania, and Thailand, e renewal. Activities incluc	erty around the world by transi I community development and rty intersect. Plant With Purpos employing an integrated metho le watershed restoration, refor g outreach efforts of local chui	environmental solutions, se currently works in odology that combines estation, sustainable			
2	the prior F	orm 990 or	ndertake any significal 990-EZ?		vices during the year whi	ch were not listed on	☐ Yes ☑ No			
3	·									
4	Section 50	1(c)(3) and		ns are required	to report the amount of	rgest program services, as me grants and allocations to other				
4a	(Code: See Addition	nal Data	) (Expenses \$	625,258	including grants of \$	529,015 ) (Revenue \$	431,415 )			
4b	(Code: See Addition	nal Data	) (Expenses \$	611,968	including grants of \$	528,107 ) (Revenue \$	524,660 )			
4c	(Code: See Addition	nal Data	) (Expenses \$	531,219	including grants of \$	454,000 ) (Revenue \$	256,906 )			
_		onal Data Ta								
4d	Other prod (Expenses	•	s (Describe in Schedu 2,450,015 inclu	le O.) Iding grants of	\$ 1,370,07	6)(Revenue \$	1,063,895 )			
4e	Total pro	gram servi	ce expenses ►	4,218,4	60					

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Pa	Checklist of Required Schedules	1		
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	<b>Yes</b> Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
	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  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		No
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		No
b	Schedule D, Parts XI and XII 2	12a 12b	Yes	No No
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امدا		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

Nο

19

20a

20b

21

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Pai	tiv 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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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 "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\ref{Matter}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	,	'	
	Check if Schedule O contains a response or note to any line in this Part V			
_	Establishania haran kadia Bara 2 de Estaba 1000 Estaba 0 15 d. a.		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12-	against amounts due or received from them.)	13.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		 No
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No No
	If "Yes," complete Form 4720, Schedule O.	-		•

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines 🗹
Se	ction 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  12	-		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenu	e Code	•	
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
L <b>4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	4.51		
<b>6</b> ~	ction C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	AK , AL , AR , AZ , CA , CO , CT , DE , FL , IN , KS , KY , LA , MA , MD , ME , MI , MN ND , NE , NH , NJ , NM , NV , NY , OH , OH SD , TN , TX , UT , VA , VT , WA , WI , WV	, MÓ , ( , OR ,	MS, MT	, NC ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records: Floresta USA Incorporated 4747 Morena Blvd Suite 100 San Diego, CA 92117 (858) 274-3718

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organization and any related organizations.

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

compensation of contents, but determined the first contents and conten	
and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

<b></b>	<b></b>				ens					/F:	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t che unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
1) Scott Sabin	40	×				X		138,118	0	0	
resident	0	l						130,110			
2) John Mitchell Director of International Programs	40				х	х		113,412	0	0	
3) John Steel Chair	0	х						0	0	0	
4) Steve Dhanens reasurer	0	Х						0	0	0	
5) Judy Enns secretary	0	×						0	0	0	
6) Ted Law Soard Member	0	Х						0	0	0	
7) Eric Kaiser oard Member	0	х						0	0	0	
8) Cathi Lundy soard Member	0	Х						0	0	0	
9) Darrell Shrader soard Member	0	Х						0	0	0	
10) Cindy Chen Board Member	0	Х						0	0	0	
11) Jeff Busby Joard Member	0	×						0	0	0	
12) Janet Farley Soard Member	0	Х						0	0	0	

Part VII

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

Form **990** (2019)

Page 8

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u in off	t che unles ficer	eck moss persection and a	son	(D) Reportable compensation from the organization (W-2/1099-		Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)			(W-2/1099- MISC)		related organizations		
													_			-
				_		$\vdash$										-
																-
		-			$\vdash$	$\vdash$										-
																•
					$\Box$	$\vdash$										-
																•
	Sub-Total		Α				<b>▶</b>									-
				<u></u>			▶			251,5	30		0		(	)
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	ore th	an \$1	00,000				
														Yes	No	-
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>						oyee,		-	mper •	nsated • •	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual											n the	-			
5	Did any person listed on line 1a receiv	ve or accrue cor	· · ·	tion fi	rom	• anv	unrela	· ·	• • organiza	• ation	• or indi	· · · · · · · · · · · · · · · · · · ·	4		No	
	services rendered to the organization					,			_				5		No	_
Se 1	ection B. Independent Contract  Complete this table for your five high		d indep	ende	nt cc	ntra	actors	that	received	l mor	e than	\$100,000 of co	mnen	sation		-
	from the organization. Report comper	nsation for the c										n's tax year.	beil		6)	_
(A) Name and business address (B) Description of services											<b>(C)</b> Compensation					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

		(2019) Statement	of E	Pavanua						Page <b>9</b>
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
w 20	1	a Federated campa	aigns	s	<b>1</b> a	0	<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due:	s.	· [	<b>1</b> b	0				
A A M		c Fundraising even			1c	333,020				
Sifts Iar z		<ul><li>d Related organiza</li><li>e Government grants</li></ul>		-	1d	0				
ıs, (		f All other contribution		Ļ	1e	281,823				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts			<b>1</b> f	4,217,723				
ë ë		g Noncash contribution lines 1a - 1f:\$	ns in	cluded in	1g	0				
on a		h Total. Add lines	1a-1	f		· · · •				
						Business Code	4,832,566			
	2a									
ne ne										
Program Service Revenue	b									
ice F	c									
Serv	6									
'an		·								
Yogi	6									
-	f	All other program	serv	rice revenue.						
	g	<b>Total.</b> Add lines 2	2a-2	f	<b>&gt;</b>	0			,	
	3	Investment income similar amounts) .	(inc	luding divide		interest, and other		23,19	2	0
	4	Income from invest		nt of tax-exer	npt b	ond proceeds	·		) (	
	5	Royalties		 (i) Rea		(ii) Personal	•	0	) (	0
				(I) Rea	1	(II) Personal				
		Gross rents Less: rental	6a							
	_	expenses	6b							
	С	Rental income or (loss)	6с		(		0			
	٠	d Net rental income	or	(loss)		<u> </u>	_			
		- Cross amount		(i) Securi	ties	(ii) Other	_			
	/ 2	Gross amount from sales of assets other	7a							
		than inventory								
	b	Less: cost or other basis and sales expenses	7b							
		·	7c				0			
		Gain or (loss)  d Net gain or (loss)				<u> </u>	<u>                                     </u>			
a)	8a	Gross income from fu	ındra							
Other Revenue		(not including \$ contributions reporte								
}ev		See Part IV, line 18			8a 8b					
er		<b>b</b> Less: direct expen c Net income or (los				ents 🕨		o		,
	0-	Gross income from	aam	ing activities						
	Эа	See Part IV, line 19			9a					
		Less: direct expen			9b					
	ľ	c Net income or (los	ss) fr	om gaming a	activit	ies •				
	10	aGross sales of inve	ento	ry, less		4 201	_			
		b Less: cost of good			10a 10b					
		Net income or (los						o		o
		Miscellaneo				Business Code				
	11	La								
		b				•				
	(									
		d All other revenue								
		e Total. Add lines 1				•	(	0		
	12	2 Total revenue. S	ee ir	nstructions .	•		4,855,75	8 23,19	2	0 Corm 000 (2010)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must consider the section of the se				ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	□ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,881,198	2,881,198		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	251,531	167,278	51,104	33,149
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	1,372,553	745,707	253,172	373,674
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	91,686	50,428	17,420	23,838
9 Other employee benefits	139,786	74,285	29,222	36,279
<b>10</b> Payroll taxes	111,889	61,541	21,258	29,090
11 Fees for services (non-employees):				
a Management	33,691	14,055	18,497	1,139
b Legal	0	0	0	0
c Accounting	30,000	0	30,000	0
d Lobbying	0	0	. 0	0
e Professional fundraising services. See Part IV, line 17	0		-	0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
<b>12</b> Advertising and promotion	82,886	44,824	0	38,062
13 Office expenses	58,894	17,665	7,060	34,169
<b>14</b> Information technology	22,178	8,274	2,969	10,935
15 Royalties	0	0	0	0
<b>16</b> Occupancy	104,083	50,916	27,188	25,979
17 Travel	46,426	29,979	183	16,264
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	36,904	27,133	2,797	6,974
20 Interest	0	. 0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	18,618	9,122	4,841	4,655
23 Insurance	0	0	0	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		· ·		
a State, Local, Federal Fee's	4,582	279	1,064	3,239
<b>b</b> Outreach Meetings & Events	15,210	7,531	238	7,441
c Learning & Capacity Building	11,053	10,778	0	275
d Donor Vision Trips	17,467	17,467	0	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	5,330,635	4,218,460	467,013	645,162
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 following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 0 5

0 6

0

41,988

25,949

28,307

67.263

7,017

5,246,862

120,504

0

0 19

0

0 22 0 23

0

0 25

120.504

1,479,284

3.647.074

5,126,358

5,246,862

7

10c

11

12 0 13

14

15

16

17 0 18

20 0

21

24

26

27

28

29

30

31

32

33

Page 11

0

0

0

0

0

41,641

31,093

28,307

66.353

4,799,547

116,766

0

0

0

0

0

0

0

31,247

148.013

2.294,099

2,357,435

4,651,534

4,799,547

Form 990 (2019)

0

Check if Schedule O contains a response or note to any line in this Part IX										
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year							
Cash-non-interest-bearing	242,607	1	345,181							
Savings and temporary cash investments	1,427,657	2	2,016,088							

163,804

132,711

	Beginning of year		End of year
1 Cash-non-interest-bearing	242,607	1	345,181
2 Savings and temporary cash investments	1,427,657	2	2,016,088
3 Pledges and grants receivable, net	3,406,074	3	2,270,884

-	Cash-non-interest-bearing	242,007		
2	Savings and temporary cash investments	1,427,657	2	:
3	Pledges and grants receivable, net	3,406,074	3	
4	Accounts receivable, net	0	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled	0	-	

10a

10b

entity or family member of any of these persons . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation 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			,855,758
2	Total expenses (must equal Part IX, column (A), line 25)	2			,330,635
3	Revenue less expenses. Subtract line 2 from line 1	3			-474,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	,126,358
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			53
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,651,534
Pa	t XII Financial Statements and Reporting				
	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 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2019)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **Additional Data**

**Software ID:** 19009572

**EIN:** 33-0052976

**Software Version:** v1.00

Name: FLORESTA USA INCORPORATED

Form 990 (2019)

Form 990, Part III, Line 4a: HAITI - Plant With Purpose Haiti continues to empower farming families to restore severely degraded land through sustainable farming techniques and reforestation. Farmers also reach beyond the immediate needs of their families as they lead the way in local conservation efforts. Community members are shifting the way they use their land to improve their own quality of life while also protecting vulnerable habitats. These undertakings inspire neighbors to act and provide an example to our international family.

DOMINICAN REPUBLIC - In fiscal year 2020, partnering families in the Dominican Republic planted over 1.3 million trees. While the border region between the Dominican Republic and Haiti still holds one of the highest poverty rates in the Caribbean, Plant With Purpose communities are transforming their land and their lives. Our team leaders in the Dominican Republic recognize the importance of empowering the next generation and partnered with local schools this past year to engage the youth in conservation

efforts. Encouraging scientific inquiry, the team performs basic participatory biodiversity assessments with local schools, encouraging the youth to understand and take

Form 990, Part III, Line 4b:

ownership of the land around them.

## Form 990, Part III, Line 4c: TANZANIA - Plant With Purpose Tanzania families are planting over 10 times the number of trees that nonpartnering families plant, and benefitting from 38 percent higher

crop yields. In the past 15 years, partnering families have planted over 12 million trees, which are healing streams and increasing water availability in their communities.

Through 245 church partnerships and a Bible-based curriculum called Redemptive Agriculture, we are truly seeing transformation take root. As partnering farmers and staff

members face the threat of COVID-19, they turn to God for comfort and strength, Country Director Richard Mhina shares; "The good news is that there is hope in trusting

God, Creator of Heaven and Earth (John 16:33, John 14:2)."

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

transformation.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ 474,672 including grants of \$ 408,000 ) (Revenue \$ 341,156)

MEXICO - Plant With Purpose Mexico is an example of faithful consistency. For over two decades Country Director Luis Alberto Castellanos has led our team in supporting marginalized indigenous communities living on degraded land in rebuilding their lives. Our program continues to grow in the

farms are 47 percent more diverse, leading to better nutrition, increased yield, and greater financial stability. This past year Plant With Purpose Mexico established 21 new Sustainable Development Groups. Even more exciting, our team has finalized big plans for expansion, this coming year

(Code: ) (Expenses \$ 541,445 including grants of \$ 436,076 ) (Revenue \$ 190,079) BURUNDI - Despite implications of the global pandemic and ongoing national insecurity, partnering families in Burundi met and or exceeded each

to be our biggest year of expansion to date!

regions of Oaxaca, Chiapas, and Puebla as families are applying 146 percent more sustainable farming techniques than nonparticipants. Their

of their planned goals for this year. Over 10,000 farmers were equipped and commissioned to better manage their land and demonstrate

innovative farming techniques to new partners. Our team continues to seek partnerships with complimentary organizations and research institutes,

and we are thrilled to announce our recent partnership with HOPE International. We are teaming up with 74 of HOPE's existing savings groups, while providing our added agricultural training element to the curriculum, so that families might experience a greater holistic model of

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

in a widening network of families in the DRC.

(Code: ) (Expenses \$ 298,790 including grants of \$ 196,000 ) (Revenue \$ 233,467) ETHIOPIA - In just two years, our newest program in Ethiopia is garnering great momentum. A stable and strong team of staff engaged over 700

participants to transform their lives. Over 230,000 tree seedlings have been planted by Plant With Purpose participants, local authorities, schools, and churches. Ethiopian staff are integrating into the global Plant With Purpose family through cross-cultural technical training. We are happy to report that we are now the proud owner of a new vehicle. The steady hard work and tenacity of the Ethiopia team is paying off as the program

builds an energy all its own.

(Code: ) (Expenses \$ 234,000 including grants of \$ 161,000 ) (Revenue \$ 211,719)

CONGO - Since its inception in 2015, Plant With Purpose Democratic Republic of the Congo (DRC) has launched many savings groups in two

watersheds. Women make up 72 percent of participants, which is encouraging for these communities where gender roles are strong. Further,

participants have planted trees, reforested land and common areas, and built up personal farms. We are happy to share that we will be expanding

our work into five additional watersheds (for a total of seven) in FY2021, in part thanks to a multi-year grant from the Kingdom Giving Fund. This

gift will allow us to build the fundraising infrastructure needed to sustain 5x expansion over the next five years. We are thrilled to share God's love

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

development and environmental restoration play in addressing poverty alleviation.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ 213,349 including grants of \$ 169,000 ) (Revenue \$ 87,474 )

THAILAND - Fiscal year 2020 brought a series of hardships for our team and partners in Thailand. Partners are responding with resilience and hope

as they rebuild and weather multiple devastating storms, flooding, a global pandemic, and growing pains. In the midst of this, community

members are sharing seeds, food, and other goods with each other- they demonstrate kindness and resilience during difficult times, and they are growing and moving forward together. In FY2020 they hosted almost 1,000 spiritual leadership training days and exceeded their tree planting goal

for the year by 17 percent. (Code: ) (Expenses \$ 687,759 including grants of \$ 0) (Revenue \$ 0 )

PROGRAM ADVOCACY & EDUCATION: Plant With Purpose has expanded its efforts across the U.S. to become a leading voice on how Christians are called to steward the environment, and the link between environmental degradation and poverty. In 2020, for example, we developed educational tools on Sustainable Antiracism; worked on Season 2 of our Grassroots Podcast (to be launched in FY2021), which will address topics such as the

intersection of racism and environmental degradation; and spoke at various events to educate attendees on the important role spiritual

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493025007151
SC	HED	ULE A	- Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
(Form 990 or 990EZ) Cor			Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service h <b>e organiza</b> SA INCORPORA					Employer identific	ation number
LOKE	.51A 03	JA INCORPORA	TED				33-0052976	
	rt I		for Public Charity State				See instructions.	
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		,	•					
2			scribed in section 170(b)(		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6			tate, or local government or	-				
7	<b>✓</b>	_	ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization (s). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	······································	т'			T
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	1 ' 3 3		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	

	(Complete only if you ch If the organization failed						y under Part III.
S	ection A. Public Support	reo quamy ande	T the tests listed	below, picase c	complete rare II	,	
	Calendar year	(-) 201E	(h) 2016	(-) 2017	(4) 2010	(-) 2010	(6) Takal
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,526,158	3,822,598	8,210,941	5,546,886	4,832,56	25,939,14
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
	<b>Total.</b> Add lines 1 through 3	3,526,158	3,822,598	8,210,941	5,546,886	4,832,56	6 25,939,14
	The portion of total contributions by each person (other than a governmental unit or publicly	3,320,130	3,022,030	0,210,511	3,3 10,000	1,002,00	23,333,11
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,349,00
5	Public support. Subtract line 5 from line 4.						19,590,14
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	3,526,158	3,822,598	8,210,941	5,546,886	4,832,56	25,939,14
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,499	6,726	1,593	16,448	23,19	51,45
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	0	0	0	0		0
11	<b>Total support.</b> Add lines 7 through 10						25,990,60
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) o	rganization,
	check this box and <b>stop here</b>						
S	ection C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	olumn (f))		14	75.374 <sup>o</sup>
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	72.970 °
	33 1/3% support test-2019. If the					more, check th	
	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2018.</b> If th	ifies as a publicly s le organization did	supported organiza not check a box o	tion n line 13 or 16a, a			▶ ☑ eck this
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organizatio in Part VI how the organization meets	t— <b>2019.</b> If the orgon meets the "facts	ganization did not and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and <b>stop he</b>	, and line 14 : <b>re.</b> Explain	▶ ⊔
b	organization	st— <b>2018.</b> If the or zation meets the "f	rganization did not facts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, o this box and <b>sto</b> l	or 17a, and line <b>p here.</b>	▶□
18	supported organization						▶□
	instructions						▶ 🗆

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20		-	-				
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □						

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
<b>9</b> Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
<b>d</b> From 2017				
e From 2018				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 33-0052976

Name: FLORESTA USA INCORPORATED

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493025007151

OMB No. 1545-0047

## **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.

Open to Public

2019

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Inspection

FLC	RESTA USA INCORPORATED				33-005	2976	
Pa	ort I Organizations Maintaining Donor Advi				r Accou	ints.	
	Complete if the organization answered "Ye			IV, line 6. sed funds	(h	) Funds and other	accounts
1	Total number at end of year	(a) Don	JI auvi	seu lulius	(0	) runus and other	accounts
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 adviso organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in wr or donor advisor,	iting th	nat grant funds can any other purpose o	be used o	only for impermissible	Yes 🗆 No
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes	s" on Form 990,	Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the orga	nization (check all	that ap	oply).			
	$\square$ Preservation of land for public use (e.g., recreation	n or education)		Preservation of an	historical	ly important land	area
	Protection of natural habitat			Preservation of a d	ertified h	istoric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the for		nservation Held at the End o	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histori	c structure include	d in (a	)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	guished	l, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservation	on easement is loca	ated <b>&gt;</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monito	- ring, in		of violatio		п
6	Staff and volunteer hours devoted to monitoring, inspec				onservatio	<b>∠ Yes</b> on easements durin	<b>□ No</b> ng the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violati	ons, ar	nd enforcing conser	vation eas	sements during the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?				70(h)(4)(	B)(i)	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
Pai	<b>† III</b> Organizations Maintaining Collections Complete if the organization answered "Ye				er Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educat	on, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:						
1	(i) Revenue included on Form 990, Part VIII, line $f 1$					<b>&gt;</b> \$	
(	ii)Assets included in Form 990, Part X				1	<u></u> -	
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or o	ther sir	nilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1				1	<b>&gt;</b> \$	
b	Assets included in Form 990, Part X						
For	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

**d** Equipment .

Sche	edule D (Form 990) 2019							Page <b>2</b>
Pai	rt IIII Organizations Maintai	ning Collections o	f Art, Histor	ical Treas	sures, or	Other Si	milar Assets (	(continued)
3	Using the organization's acquisition items (check all that apply):	, accession, and other	records, check	any of the	following t	hat are a sig	gnificant use of it	s collection
а	Public exhibition		d	☐ Loa	n or excha	inge prograi	ms	
b	Scholarly research		е	☐ Oth	ner			
С	Preservation for future generation	ations						
4	Provide a description of the organiz Part XIII.	ation's collections and	explain how th	ey further t	he organiz	ation's exer	npt purpose in	
5	During the year, did the organization assets to be sold to raise funds rath						_	es 🗌 No
Pa	Complete if the organiza X, line 21.		' on Form 990	), Part IV,	line 9, or	reported	an amount on	Form 990, Part
<b>1</b> a	Is the organization an agent, truste included on Form 990, Part X?							es 🗌 No
b	If "Yes," explain the arrangement in	n Part XIII and comple	te the followinc	ı table:			Amount	
c	, , , <del>,</del>		_			1c		
d	• •				ŀ	1d		
е	Distributions during the year					1e		
f	Ending balance				[	1f		
<b>2</b> a	Did the organization include an amo	ount on Form 990, Par	t X, line 21, for	escrow or	custodial a	ccount liabil	ity? 🔲 <b>Y</b>	es 🗌 No
b	If "Yes," explain the arrangement in	n Part XIII. Check here	if the explanat	ion has bee	n provided	l in Part XII	ı 🗆	
Pa	art V Endowment Funds.							
	Complete if the organiza							
12	Beginning of year balance	(a) Curren	67,263 <b>(b)</b>	Prior year 66,348	(c) Two ye	65,137	) Three years back 63,149	(e) Four years back 64,964
	Contributions	•	0	0		0	03,1.5	0
	Net investment earnings, gains, and	losses	-910	915		1,311	2,088	
	Grants or scholarships	103363	0	0		0	0	0
	Other expenditures for facilities and programs		0	0		0	0	0
f	Administrative expenses		0	0		100	100	100
g	End of year balance		66,353	67,263		66,348	65,137	63,149
2	Provide the estimated percentage o	of the current year end	balance (line 1	.g, column (	a)) held a:			
а	Board designated or quasi-endowm	ent ▶ 63 %		-				
b	Permanent endowment ► 37	%	•••					
c	Temporarily restricted endowment	▶ 0%						
	The percentages on lines 2a, 2b, ar	nd 2c should equal 100	1%.					
3а	Are there endowment funds not in to organization by:	the possession of the c	rganization tha	at are held a	and admini	stered for th	ne	Yes No
	(i) unrelated organizations						<u> </u>	a(i) Yes
	(ii) related organizations						3	a(ii) No
b 1								3b
4	Describe in Part XIII the intended u		- s endowment	runus.				
-6	<b>Land, Buildings, and E</b> Complete if the organiza		' on Form 990	), Part IV.	line 11a.	See Form	990, Part X. li	ne 10.
		Cost or other basis	(b) Cost or other	<del></del>		umulated depi	<del></del>	(d) Book value
		(investment)						
<b>1</b> a	Land	0			0			0
	Buildings	0			0		0	0

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

113,851

49,953

27,702

3,391

86,149

46,562

Part VII Investments—Other Securities.	Part TV li	ne 11h See Form 990 [	Part V line 1	2
Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	(b) Book value		d of valuation:	_
(1) Financial derivatives				
(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 990, F  (a) Description of investment	art IV, li	(b) Book value	(c) Method Cost or end-	.3. d of valuation: of-year market alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.		<u> </u>		
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d. See Form 990, Par		Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.	<u></u>		<b>•</b>	
Complete if the organization answered 'Yes' on Form 990, Pa 1. (a) Description of liability		e 11e or 11f.See Form	990, Part X,	line 25. (b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	ments that ren	oorts the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

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.

Total revenue, gains, and other support per audited financial statements . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Page 4

4,855,758

5,330,635

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

1

2

Subtract line **2e** from line **1** . . . . . . . . . 3 3 4,855,758 4 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

4b b Add lines **4a** and **4b** . . . . . . . 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 4,855,758 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . .

Other losses . . . . . . . . 2c 2d d Other (Describe in Part XIII.) . . . . . Add lines 2a through 2d . 2e Subtract line 2e from line 1 . . . . . . . . . . . 3 3

5,330,635 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 4b b 

Add lines **4a** and **4b** . . . . . . . . . . . . 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

5 5.330.635 Supplemental Information

Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 information. Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: 19009572
Software Version: v1.00

**EIN:** 33-0052976

Name: FLORESTA USA INCORPORATED

## Supplemental Information

## Return Reference Explanation

Schedule D, Part V, Line 4

Permanent Endowment Funds are for the purpose of accruing interest. Board designated endow ments, and as per donor interest determined at time of donation, interest may be used for emergency reserves funds upon approval by the Plant With Purpose board of directors.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025007151 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FLORESTA USA INCORPORATED 33-0052976 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 3a Sub-total . b Total from continuation sheets to Part I . . . 17 c Totals (add lines 3a and 3b) 237 2,881,198

Schedule F (Form 990) 2019 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (e) Amount of (g) Amount (i) Method of (a) Name of (c) Region (d) Purpose of (f) Manner of (h) Description grant ćash grant of noncash organization section cash of noncash valuation and EIN (if disbursement assistance assistance (book, FMV, applicable) appraisal, other) 1,247,076 Wire transfers Sub-Saharan Africa Environmental and economic development. Sustainable agriculture and agroforestry. Village savings and loan associations (VSLA). Community development in rural areas. Reforestation. Poverty alleviation. Financial management and business training. Holistic ministry. Local church partnerships. Soil erosion barriers. Green manures. Greenhouses. Fish farms. Agroecology. Animal husbandry. Water catchment systems. Eco-latrines Backyard agriculture. Family gardens for mproved nutrition. Fuel efficient stoves. School partnerships. Farmer field schools. Theology of work curriculum. Reconciliation and conflict resolutions efforts. Environmental and Central America and 1,057,122 Wire transfers cash he Caribbean economic development. Sustainable agriculture and agroforestry. Village savings and loan associations (VSLA). Community development in rural areas. Reforestation. Poverty alleviation. Financial management and business training. Holistic ministry. Local church partnerships. Soil erosion barriers. Green manures. Greenhouses. Fish farms. Agroecology. Animal husbandry. Water catchment systems. Eco-latrines Backyard agriculture. Family gardens for improved nutrition. . Fuel efficient stoves. School partnerships. Farmer field schools. Theology of work lcurriculum. Reconciliation and conflict resolutions efforts. North America Environmental and 408,000 Wire transfers cash including Canada and economic Mexico, but not the development. Sustainable agriculture Jnited States) and agroforestry. Village savings and oan associations (VSLA). Community development in rural areas. Reforestation. Poverty alleviation. Financial management and business training. Holistic ministry. Local church partnerships. Soil erosion barriers. Green manures. Greenhouses. Fish farms. Agroecology. Animal husbandry. Water catchment systems. Eco-latrines. Backyard agriculture. Family gardens for improved nutrition. Fuel efficient stoves. School partnerships. Farmer field schools. Theology of work Reconciliation and conflict resolutions lefforts. South Asia Environmental and 169,000 Wire transfers cash economic development. Sustainable agriculture and agroforestry. Village savings and loan associations (VSLA). Community development in rural areas. Reforestation. Poverty alleviation. Financial management and business training. Holistic ministry. Local church partnerships. Soil erosion barriers. Green manures. Greenhouses. Fish farms. Agroecology. Animal husbandry. Water catchment systems. Eco-latrines. Backyard agriculture. Family gardens for improved nutrition. Fuel efficient stoves. School partnerships. Farmer field schools. Theology of work lcurriculum. Reconciliation and conflict resolutions efforts. 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 8 0

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		∐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	<b>✓</b> No

Schedule F (Fo	orm 990) 2019 Page <b>5</b>						
	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.						
990 Schedule F, Supplemental Information  Return Explanation							
Reference	·						

## **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 33-0052976

Name: FLORESTA USA INCORPORATED

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	7	70	Program Services	HAITI & DOMINICAN REPUBLIC: Environmental restoration at a community-led watershed level, economic development through a savings group methodology, and spiritual renewal through partnerships with local churches.	1,057,122
North America (including Canada and Mexico, but not the United States)	2	23	Program Services	MEXICO: Environmental restoration at a community-led watershed level, economic development through a savings group methodology, and spiritual renewal through partnerships with local churches.	408,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region reaion agents in fundraising, program describe specific type of services, grants to service(s) in region region recipients located in the region) South Asia 10 Program Services THAILAND: Environmental 169,000 restoration at a community-led watershed level, economic development through a savings group methodology, and spiritual renewal through partnerships with local churches. Sub-Saharan Africa 134 Program Services BURUNDI, DEMOCRATIC 1,247,076 REPUBLIC OF THE CONGO. ETHIOPIA, TANZANIA: Environmental restoration at a community-led watershed level, economic development through a savings group methodology, and spiritual renewal through partnerships with local churches.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025007151 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization FLORESTA USA INCORPORATED 33-0052976 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	dule G (Form 990 or 990-EZ) 2019  rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 3, or reported more
	than \$15,000 of fundraising e	vent contributions and			
	gross receipts greater than \$!	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
			, ,		(add col. (a) through
		Annual Gala (event type)	(event type)	(total number)	col. <b>(c)</b> )
Пе					
Revenue					
Re)					
	1 Gross receipts	404,827			404,827
	3 Lacas Contributions				0
	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus</li></ul>	0			0
	line 2) . `	404,827		•	404,827
	<b>4</b> Cash prizes	0			0
	5 Noncash prizes	0			0
ses	<b>6</b> Rent/facility costs	0			0
Direct Expenses	<b>7</b> Food and beverages	0			
Ճ				(	
e G	8 Entertainment	0		(	0
ă	9 Other direct expenses	71,807			71,807
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			71,807
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	333,020
Par	t III Gaming. Complete if the organization	anization answered "Ye	s" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.				1
KIE		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Reversie			singo, progressive singo		con(a) amough con(c))
æ	1 Gross revenue				
န					
Direct Expense	2 Cash prizes				
×	3 Noncash prizes				
m #	4 Rent/facility costs				
<u>e</u>	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)		· · · · · · ·	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organization				П. П.
a b	Is the organization licensed to conduct go If "No," explain:				☐ Yes ☐ No
IJ					
10a	, , ,			e tax year?	☐ Yes ☐ No
b	If "Yes," explain:				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·   Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC	print - DO N	OT PROCES	S As	Filed Data -					DL	.N: 93	4930	2500	7151
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			OI	4B No.	1545-	0047
(Form 990 or 990	-EZ) ► Comple	ete if the org	anization	answered "Yes 28c, or Form 99	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	19	9
Department of the Trea		Go to www i		ach to Form 99 0rm990 for inst			forma	tion			) Dpen t		
Department of the Trea Internal Revenue Servi		do to <u>www</u>	is.gov/ic	<u> </u>	ructions and	the latest iii	orma	tion.			Insp		
Name of the orga							Er	nplo	yer ide	ntifica	tion n	umbe	r
FLORESTA USA INC	ORPORATED						33	-005	2976				
	ss Benefit Tra	•		. , . , .		•		_					
	ete if the organiz												4 - 42
1 (a)	) Name of disqua	iiriea person	()	Relationship be	etween disqua organization	iiried person ar	10		escript ansacti		<u>``</u>	l) Corrected? 'es No	
							+						110
							_						
							_						
2 Enter the ar	nount of tax incu	rrad by the ar	aanization	managore or dis	gualified perce	and during the	<u> </u>	ndor	coction				
4958			·			_	year c		_	\$			
<b>3</b> Enter the ar	nount of tax, if a	ny, on line 2, a	above, reir	nbursed by the c	rganization .		•			\$			
Part II Loa	ns to and/or	From Inter	ested Pe	ersons.									
	plete if the orga				, Part V, line 3	88a, or Form 99	90, Par	rt IV,	line 26	; or if	the org	anizat	ion
(a) Name of	reported an amount on Form 990, Part X, Name of (b) Relationship (c) Purpose (d)							(g) In (h)			(i) Written		
interested person				organization? p		due	default? Ap		Appro	ved by			
					amount		1		1	rd or nittee?			
			То	From			Yes	No	Yes	No	Yes	r	No
Total .				<u> </u>	<b>\$</b>								
Part III Gra	nts or Assista	nce Benefit	ing Inte	rested Perso	ns.								
	plete if the org					1							
(a) Name of inter		<b>b)</b> Relationship Iterested perso		(c) Amount	of assistance	( <b>d)</b> Type (	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assis	stance
		organizat											
						1			-+				
				+		+							
For Danerwork Ded	uction Act Notice.	see the Instru	ctions for F	orm 990 or 990-l	<b>7</b> . C	t. No. 50056A		Sal	andula I	(Form	990 or	000 5	7) 201

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) Employee	Related to substantial contributor	61,263	wages		No	

				Yes	No
	Related to substantial contributor	61,263	wages		No
Part V Supplemental Information					

**Explanation** 

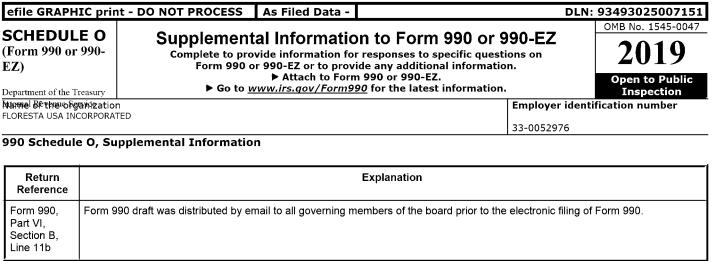
Schedule I (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

**Return Reference** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025007151 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** FLORESTA USA INCORPORATED 33-0052976 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 122,133 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>						
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization						
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
	Schedule M (Form 990) (2019)						



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 12c

Conflict of Interest Policy and acknowledgment form were distributed electronically to boa
rd members in the spring of 2020. The form allowed space for each respective board member
to disclose any conflict of interests. Forms were then signed and returned to the organiza
tion.

## 990 Schedule O, Supplemental Information

before they are communicated to the employee.

Return

Reference	
Form 990, Part VI, Section B, Line 15	Once a year, the Executive Committee meets with the CEO for his/her annual performance rev iew and evaluation. In preparation for this review, the Executive Committee, with the part icipation of the Director of Finance & Administration, conducts evaluative research into c omparative and equitable compensation of the CEO (including alignment with internal histor ical compensation trends) based upon others in a similar position and in relation to organ ization size and geographical locationwhile ensuring the organizational standard of equitable pay occurs around the 50th percentile. At least four external sources (traditional salary surveys, live peer data, etc) are referenced. Annual salaries of senior managers (and all employees) are determined using the same process as the CEO. Market rates are compil

ed by the COO and Director of Finance and Administration; and the CEO approves the amounts

**Explanation** 

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990,	Governing documents and Conflict of Interest Policy are available to the public upon reque
Part VI,	st. Financial Statements are available on the financial page of our website, in addition t
Section C,	o available on watchdog sites such as Guidestar, Charity Navigator, etc
Line 19	

SCHEDULE R
(Form 990)

As Filed Data Related

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2019

DLN: 93493025007151 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To o www.irs.gov/Form990 for instructions and the la

**Employer identification number** Name of the organization FLORESTA USA INCORPORATED 33-0052976 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (d) (b) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No ET 501c3 Floresta USA Inc savings groups, (1)Floresta Ethiopia dba Plant With Purpose agroforestry, reforestation, Gambia Street church forest preservation, Addis Ababa community development For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) (c) Primary Legal domicile (state or foreign country)		(d) Direct controlling entity entity  (e) Predominant income(related, unrelated, excluded from tax under sections 512-		ted, total income  , om r	f Share of end-of-year assets	nare of Disproprtic		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage mership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	

Schedule R (Form 990) 2019		Page <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	'es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b Y	'es
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	<b>1</b> g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	No		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No		
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No		
r	r Other transfer of cash or property to related organization(s)							
s	Other transfer of cash or property from related organization(s)				1s	No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	nsaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
<b>(1)</b> Flo	resta Ethiopia	b	196,000					

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	Supplemental Information							
Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation							