Stosch, Dacey & George, P. C.
7113 Three Chopt Road, Suite 204
Richmond, Virginia 23226
804-527-7770

July 13, 2022

U.S. Industrial Pellet Association 2100 E. Cary Street Richmond, VA 23223

U.S. Industrial Pellet Association:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Ruhard

Richard L. George

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

	December 51, 2021
Prepared for	
	U.S. Industrial Pellet Association 2100 E. Cary Street Richmond, VA 23223
Prepared by	
	Stosch, Dacey & George, P.C. 7113 Three Chopt Road, Suite 204 Richmond, VA 23226
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	Νo.	1545-0047

For calendar year 2021, or fiscal year beginning

2021

Department of the Treasury Internal Revenue Service

Name of filer

Part I

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

27-5484284

U.S. INDUSTRIAL PELLET ASSOCIATION Name and title of officer or person subject to tax

JESSICA B. MARCUS

VICE PRESIDENT

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879 TE and enter the applicable amount, if any, from the return. Form 8038-CP and	
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 0	_
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 16, 26, 36, 46, 56, 66, 76, 86, or 10b.	
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more	ķ

whiche than o	ver is applicable, blank (do not enter -(ne line in Part I.	0-). But,	if you entered -0- on the return, then enter -0- on the app	licable line below.	Do not complete more
1a	Form 990 check here X	b To	otal revenue, if any (Form 990, Part VIII, column (A), line 1	2)	1b 2,382,107
2a	Form 990-EZ check here >	b To	otal revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here	b To	otal tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b Ta	ax based on investment income (Form 990-PF, Part V, lir	ne 5)	4b
5a	Form 8868 check here	b Ba	alance due (Form 8868, line 3c)		5b
6a	Form 990-T check here	b To	otal tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here	b To	otal tax (Form 4720, Part III, line 1)	,	7b
8a	Form 5227 check here		AV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b Ta	x due (Form 5330, Part II, line 19)		9b
	Form 8038-CP check here	b Ar	nount of credit payment requested (Form 8038-CP, Par	t III, line 22)	10b
Part	II Declaration and Signat	ture A	uthorization of Officer or Person Subject to	Tax	
Under _I	penalties of perjury, I declare that $oxedsymbol{oxed{X}}$	l am ar	n officer of the above entity or I am a person subjec	t to tax with respe	ect to (name
of entit			, (EIN)	and that I have 6	examined a copy of the
nterme acknow of any rentry to inancia ater that baymer	te. I further declare that the amount in diate service provider, transmitter, or e ledgement of receipt or reason for reje efund. If applicable, I authorize the U.S the financial institution account indical institution to debit the entry to this ac n 2 business days prior to the payment of taxes to receive confidential inforrest.	electron ection o S. Treas ated in t ccount. nt (settle mation r	and statements, and, to the best of my knowledge and belove is the amount shown on the copy of the electronic lic return originator (ERO) to send the return to the IRS are the transmission, (b) the reason for any delay in process sury and its designated Financial Agent to initiate an elect the tax preparation software for payment of the federal ta. To revoke a payment, I must contact the U.S. Treasury Fement) date. I also authorize the financial institutions involved the same of the electronic return and, if applicable, the consent to	return. I consent to do receive from the return or tronic funds withdaxes owed on this financial Agent at object the process.	to allow my the IRS (a) an refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic

PIN: check one box only	one box on	•	check	۷:	П	P
-------------------------	------------	---	-------	----	---	---

X	l authorize	STOSCH,	DACEY	&	GEORGE,	P.C.		to e
---	-------------	---------	-------	---	---------	------	--	------

ERO firm name

28278 nter my PIN

> Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

L	As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed
	return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the
	IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

54144587282

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury

File a separate application for each return.

OMB No. 1545-0047

Internal Revenue Service

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts filing of th	, for which an extension request must be sent to the IF is form, visit <i>www.irs.gov/e-file-providers/e-file-for-char</i>	RS in pape rities-and-r	r format (see instructions). For more non-profits.	details or	the electronic			
Automa	itic 6-Month Extension of Time. Only subn	nit origin	nal (no copies needed).		······································			
All corpor	ations required to file an income tax return other than F Form 7004 to request an extension of time to file incon	orm 990-T	(including 1120-C filers), partnership	ps, REMIC	Os, and trusts			
Type or print	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	ayer identification number (TIN)			
File by the	U.S. INDUSTRIAL PELLET ASS	OCIAT	ION		27-54842	284		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2100 E. CARY STREET							
instructions.	City, town or post office, state, and ZIP code. For a f RICHMOND, VA 2323	oreign add	dress, see instructions.					
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			0 1		
Application	on	Return	Application			Return		
ls For		Code	Is For			Code		
	or Form 990-EZ	01	Form 1041-A			08		
Form 4720 (individual) 03			Form 4720 (other than individual)			09		
Form 990-PF 0			Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		· · · · · · · · · · · · · · · · · · ·	11		
	T (trust other than above) T (corporation)	06	Form 8870			12		
Telepho	one No. ► 804-771-9540 rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box	s in the Ur Group Exe	Fax No. nited States, check this box	f this is fo	r the whole group			
the ∈	uest an automatic 6-month extension of time until organization named above. The extension is for the orgonization named above. The extension is for the extension is for the extension is for the organization named above. The extension named above. The extensi	anization's	d ending	the exem		turn for		
3a If thi	s application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less					
	nonrefundable credits. See instructions.	,		3a	\$	0.		
b If thi	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		-			
	nated tax payments made. Include any prior year overp		•	3b	\$	0.		
c Bala	nce due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
	g EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.		
Caution: Instruction	you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-TE an	d Form 8879-TE f	or payment		
ionaction	U,							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning	and er	nding		
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres change	U.S. INDUSTRIAL PELLET ASSOCIATI	ON			
Г	Name change				27-54842	R 4
	Initial return	Number and street (or P.O. box if mail is not delivered to street addres	ss) Ro	oom/suite	E Telephone number	
	Final return/	2100 E. CARY STREET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oon,, ounc	804-771-	
	termin- ated		al code		G Gross receipts \$	2,382,107.
	Amend		ar 0000		H(a) Is this a group re	
Г	Applica		IS			? Yes X No
	pendin	⁹ 2100 E. CARY STREET, RICHMOND, VA		3	H(b) Are all subordinates in	
1	Tax-exe		4947(a)(1) or			list. See instructions
		e: WWW.THEUSIPA.ORG	12 17 (47/1 17 21		H(c) Group exemption	
			er 🕨	L Year o		State of legal domicile: VA
		Summary				<u> </u>
۵۱.	1 1	Briefly describe the organization's mission or most significant activities	s: THE AS	SSOCI.	ATION IS FOR	RMED AND IS
Governance	ŧ	TO BE OPERATED FOR THE COMMON ASSOC				
na	-	Check this box 🕨 🔲 if the organization discontinued its operation				
ove	1				3	5
Ğ	4 1	Number of independent voting members of the governing body (Part \				5
જ		Fotal number of individuals employed in calendar year 2021 (Part V, lir				0
ij	1	Total number of volunteers (estimate if necessary)				0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12				0.
∢	1	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
Revenue					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			0.	0.
	1	Program service revenue (Part VIII, line 2g)		1	1,928,931.	2,382,107.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A	N), line 12)		1,928,931.	2,382,107.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5-10)		29,075.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
d	b	Total fundraising expenses (Part IX, column (D), line 25)		0.		
Ω	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,880,044.	2,258,945.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	25)		1,909,119.	2,258,945.
		Revenue less expenses. Subtract line 18 from line 12			19,812.	123,162.
Net Assets or Fund Balances				Ве	jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			197,733.	320,895.
t As	21	Total liabilities (Part X, line 26)			0.	0.
遣	22	Net assets or fund balances. Subtract line 21 from line 20			197,733.	320,895.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompany				knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all infor	rmation of whic	h preparer	has any knowledge.	
		Signature of officer			Date	
Sig	n				Date	
He	re	JESSICA MARCUS, VICE PRESIDENT Type or print name and title	.,			
***************************************		7 71 6			Date Check	PTIN
D~'		Print/Type preparer's name Preparer's signature RICHARD L. GEORGE	Henre	1	7/13/24 if self-employe	
Pai	ŀ				*	54-1681222
	parer Only	Firm's name STOSCH, DACEY & GEORGE, P. Firm's address 7113 THREE CHOPT ROAD, SUI			THIII S ERV	OH TOOTAAA
uat	Unity	RICHMOND, VA 23226	LIL AVE		Phone no. (8	04)527-7770
Ma	v the IF	RECIFIOND, VA 23220 S discuss this return with the preparer shown above? See instruction	ns		13 110110 1101 (0	X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		ı
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)		
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	- 1		1
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		ı
·	(gambling) winnings to prize winners?	1c		
	9, 9, 9, 1		000	(0004)

021) U.S. INDUSTRIAL PELLET ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	, , ,			İ
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- 0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		"	***************************************
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

					X			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other						
	officer, director, trustee, or key employee?		. 2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?				X			
4	Did the organization make any significant changes to its governing documents since the prior Form S				X			
5	· · · · · · · · · · · · · · · · · · ·							
6	Did the organization have members or stockholders?		. 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	•						
	more members of the governing body?		. 7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?	******************************	. 7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:	and the same of th					
а	The governing body?		. 8a	X				
b	Each committee with authority to act on behalf of the governing body?			X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)						
			,	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12b		X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," describe						
	on Schedule O how this was done		12c		X			
13	Did the organization have a written whistleblower policy?				X			
14	Did the organization have a written document retention and destruction policy?		. 14		X			
15	Did the process for determining compensation of the following persons include a review and approva	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		. 15a		X			
b	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a						
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?		. 16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990-T (section 501(c)(3)s only) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finar	ncial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨						
	M. SETH GINTHER - 804-771-9540							
	2100 E. CARY STREET, RICHMOND, VA 23223							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HAROLD ARNOLD	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	A					-	<u> </u>	V •	
(2) THOMAS METH BOARD CHAIRMAN	1.00	X		Х				0.	0.	0.
(3) RAUL KIRJANEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MATT WHITE	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) TOM REILLY	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) JESSICA MARCUS	1.00									_
VICE PRES- POLICY & OPERAT		<u> </u>		X		_		0.	0.	0.
(7) SETH GINTHER	1.00								_	
EXECUTIVE DIRECTOR		X		X			ļ	0.	0.	0.
		-								
		ļ	-		-	-	-			
		 	-		 		-			
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		-								
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		-								
			<u></u>	<u> </u>	<u></u>			1		000

	NDUSTRIAL								27-54	842	284	P	age (
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	office or director	not c	Positheck is spend a di	ition more rson i irecto	than is bot	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	,	Esti amo o comp	m the nizat relat	of tion e ion ed
	line)	ındi	Insti	Officer	Key 6	High	Former						

										_			

The state of the s													
										-	***************************************		***************************************

1b Subtotal]	>	0.		0.			0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)							>	0.		0.	···········		0.
2 Total number of individuals (including b	out not limited to th						o re						<u> </u>
compensation from the organization											V	es	No.
3 Did the organization list any former off.	icer, director, truste	e, ke	эу е	mplo	oyee	, or	high	nest compensated emp	loyee on		1	62	NO
line 1a? If "Yes," complete Schedule J. 4 For any individual listed on line 1a, is the											3		X
4 For any individual listed on line 1a, is the and related organizations greater than									the organization		4		Х
5 Did any person listed on line 1a receive	or accrue comper	satic	n fr	om a	any i	unre	elate	ed organization or indivi		***			
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedule	J fo	r su	ch p	ersc	on				<u></u>	5		X
1 Complete this table for your five highes										ensati	ion fro	m	
the organization. Report compensation (A)		ear er	ndin	ig wi	th o	r wi	thin	the organization's tax y (B)	ear.		(C)		
Name and busin	ness address	NO	NE					Description of se	ervices	Con	npens	ation	
						~~~~					VIII.		
							-						
												***************************************	
Total number of independent contracto	va (including but	<b>.</b>		he 11		a 1! - !		- h					
2 Total number of independent contracto \$100,000 of compensation from the org		וו זכ ilm	ited	to ti	nose	ə IIS1 	ed a	above) who received me	ore than				
										Fo	rm <b>9</b> 9	0 (2	021)

		Check if Schedule O	conta	ains a re	sponse	or note to any li	ne in this Part VIII			
					-F		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 :	Federated campaigns		1	а					
au	١.				b		-			
Contributions, Gifts, Grants and Other Similar Amounts		•								
							_			
<u>a</u> <u>i</u>					d		•			
Sin		Government grants (conti			е					
Lti er	f	All other contributions, gifts,	-							
ë E		similar amounts not included	labov	/e 1	f					
ont od (	ç	Noncash contributions included in	lines	1a-1f <b>1</b>	g  \$					
<u>ā Č</u>	ŀ	Total. Add lines 1a-1f				<u> </u>				
						Business Code				
e C	2 a	MEMBERSHIP DUES		900099	2,257,762.	2,257,762.				
e Zi	b	CONFERENCE FE	EES			900099	124,345.	124,345.		
Program Service Revenue	c							-		
eve	c									
Pg .	e									
P	f	All other program service	revei	nue						
		Total. Add lines 2a-2f					2,382,107.			
	3	Investment income (include					2,302,107.			
	Ŭ	other similar amounts)								
	4	Income from investment of				***************************************				
	5			•		•				
	5	Royalties		(i) F		(ii) Personal				
		0		(1)	Cai	(II) I GISONAI				
		Gross rents	6a							
	b		6b				-			
	C	, ,	6c							
		Net rental income or (loss	)							
	7 a	Gross amount from sales of		(i) Sec	urities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
Revenue		and sales expenses	7b							
Ver	c	Gain or (loss)	7c							
8	d	Net gain or (loss)			<u></u>					
ther	8 a	8 a Gross income from fundraising events (not								
₹	including \$ of			f						
}		contributions reported on	line	1c). See						
		Part IV, line 18		,						
	b	Less: direct expenses								
		: Net income or (loss) from				·				
		Gross income from gamin		_		T				
		Part IV, line 19	-							
	h	Less: direct expenses					1			
		Net income or (loss) from								
		• • •	_	-	liles	<b>&gt;</b>				
	io a	Gross sales of inventory, I			40					
		and allowances								
		Less: cost of goods sold				· <del></del>			-	
		: Net income or (loss) from	sales	of inver	ntory					
sp						Business Code				
Miscellaneous Revenue	11 a									
lar	b								7.10	
Re	С	**								
Ξ		All other revenue								
		Total. Add lines 11a-11d					0 200 105	0 202 12=		
·······	12	Total revenue. See instruction	ns	*********		<u></u>	2,382,107.	2,382,107.	0.	0. Form <b>990</b> (2021)
122000	0 40 0	0.21								FORM SIME I CONTO 1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		7	general expenses	одроносо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified		***************************************		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	749,998.	699,998.	50,000.	
b	Legal	25.		25.	A STATE OF THE STA
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	10,788.		10,788.	
14	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy				OFFICE AND ADDRESS OF THE STATE
17	Travel	111,975.	111,975.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	······································			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 100	****		
23	Insurance	1,196.		1,196.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	070 404	070 404	***************************************	
a	PUBLIC RELATIONS	970,424.	970,424.		
b	SALARY AND RELATED EXPE	370,242.	370,242.		
c	CONFERENCE EXPENSES BANK FEES	32,000. 7,297.	32,000. 7,297.		****
d	All other expenses	7,297. 5,000.	7,297. 5,000.		***************************************
		2,258,945.	2,196,936.	62 000	^
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	4,430,343.	4,170,730.	62,009.	0.
20	reported in column (B) joint costs from a combined			-	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

**Balance Sheet** 

Part X

#### Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 197,733. 320,895. 1 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net ..... 7 Assets Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 197,733. 320,895 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 0. 29 0. 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 Retained earnings, endowment, accumulated income, or other funds 197,733. 320,895. 31 31 197,733. 320,895. Total net assets or fund balances 32 32 197,733. 320,895. Total liabilities and net assets/fund balances

Act and OMB Circular A-133?

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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

За

3b

X

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

U.S. INDUSTRIAL PELLET ASSOCIATION

Employer identification number 27-5484284

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDUSTRIAL WOOD PELLET PRODUCERS AND RELATED EQUIPMENT
MANUFACTURERS, UTILITIES OPERATORS, LAND OWNERS AND FOREST PRODUCTS
PRODUCERS AND TRANSPORTERS; PROMOTION AND EDUCATION WITH RESPECT TO THE
INDUSTRIAL WOOD PELLET INDUSTRY; AND TO ENGAGE IN EDUCATIONAL
ACTIVITIES DIRECTED TOWARDS THE IMPROVEMENT OF BUSINESS CONDITIONS OF
THE INDUSTRIAL WOOD PELLET INDUSTRY ALL ON A NOT-FOR-PROFIT BASIS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LATEST ADVANCES AND EQUIPMENT INVOLVING INDUSTRIAL WOOD PELLETS; TO
FUND RESEARCH INVOLVING APPLICATIONS, PROCESSES AND EQUIPMENT UTILIZING
OR RELATED TO INDUSTRIAL WOOD PELLETS; AND TO REPRESENT THE INTERESTS
OF THE INDUSTRIAL WOOD PELLET INDUSTRY BEFORE FEDERAL, STATE AND LOCAL
LEGISLATORS AND REGULATORS, AS WELL AS INTERNATIONAL POLICY
MAKERS/REGULATORS AND OTHER INDIVIDUALS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY WAS PROVIDED TO THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL PROVIDE, UPON REQUEST, THE PARTICULAR DOCUMENT OR
DOCUMENTS THAT ARE AVAILABLE FOR PUBLIC INSPECTION.