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Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2009**Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN FOREST FOUNDATION Number and street (or P O box if mail is not delivered to street addr) Room/suite 1111 19TH STREET, NW 780 City, town or country State ZIP code + 4 WASHINGTON DC 20036	D Employer identification Number 52-1235124 E Telephone number (202) 463-2462 G Gross receipts \$ 12,295,705.
F Name and address of principal officer TOM MARTIN 1111 19th ST, NW, #780 WASHINGTON DC 20036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.affoundation.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 1981 M State of legal domicile DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE AMERICAN FOREST FOUNDATION STRIVES TO ENSURE THE SUSTAINABILITY OF AMERICA'S FAMILY FORESTS FOR PRESENT AND FUTURE GENERATIONS.													
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of employees (Part V, line 2a) 5 33 6 Total number of volunteers (estimate if necessary) 6 7,725 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12 7a 76,436. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td>1,773,545.</td><td>1,791,856.</td></tr> <tr><td>629,776.</td><td>560,175.</td></tr> <tr><td>4,290,278.</td><td>1,191,315.</td></tr> <tr><td></td><td>-44,196.</td></tr> <tr><td>6,693,599.</td><td>3,499,150.</td></tr> </tbody> </table>	Prior Year	Current Year	1,773,545.	1,791,856.	629,776.	560,175.	4,290,278.	1,191,315.		-44,196.	6,693,599.	3,499,150.
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629,776.	560,175.													
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	-44,196.													
6,693,599.	3,499,150.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 459,526. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>1,808,139.</td><td>2,924,300.</td></tr> <tr><td></td><td>0.</td></tr> <tr><td>2,780,534.</td><td>3,312,852.</td></tr> <tr><td>5,419,187.</td><td>3,864,715.</td></tr> <tr><td>10,007,860.</td><td>10,101,867.</td></tr> <tr><td>-3,314,261.</td><td>-6,602,717.</td></tr> </tbody> </table>	1,808,139.	2,924,300.		0.	2,780,534.	3,312,852.	5,419,187.	3,864,715.	10,007,860.	10,101,867.	-3,314,261.	-6,602,717.
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr><td>106,779,844.</td><td>126,194,791.</td></tr> <tr><td>1,072,506.</td><td>2,076,302.</td></tr> <tr><td>105,707,338.</td><td>124,118,489.</td></tr> </tbody> </table>	Beginning of Year	End of Year	106,779,844.	126,194,791.	1,072,506.	2,076,302.	105,707,338.	124,118,489.				
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Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ▶ <i>[Signature]</i> Date 8/10/10 Signature of officer	
	▶ Tom Martin President Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ <i>[Signature]</i> Date 8/5/10 Firm's name (or yours if self-employed), address, and ZIP + 4 Lane & Company, CPAs 1920 N Street NW, Suite 320 Washington DC 20036	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (202) 463-6500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE AMERICAN FOREST FOUNDATION
STRIVES TO ENSURE THE SUSTAINABILITY OF AMERICA'S FAMILY FORESTS FOR
PRESENT AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code:) (Expenses \$ 4,396,382. including grants of \$ 1,984,434.) (Revenue \$ 293,268.)

THE CENTER FOR FAMILY FORESTS (CFF) MAINTAINS, SUPPORTS, AND MOBILIZES A ROBUST COMMUNITY
OF FOREST LANDOWNERS-ALONG WITH A DIVERSE NETWORK OF ORGANIZATIONAL PARTNERS-ALL
COMMITTED TO SUSTAINING MULTI-GENERATIONAL STEWARDSHIP. THE AMERICAN TREE FARM SYSTEM,
THE OLDEST AND LARGEST FOREST CERTIFICATION PROGRAM IN NORTH AMERICA, HAS MORE THAN
87,000 FAMILY FOREST LANDOWNERS AND MORE THAN 27.5 MILLION ACRES IN THE PROGRAM TODAY.
AFF SERVES THOSE INTERESTS WITH EDUCATION, OUTREACH PROGRAMS, AND ADVOCACY ACTIVITIES.
THE CFF WILL DEPLOY RESEARCH BASED ON SOCIAL MARKETING INITIATIVES AIMED AT THE NEXT
GENERATION OF FORESTLAND OWNERS, WORK FOR PUBLIC POLICIES THAT WILL MAKE IT EASIER FOR
FAMILIES TO KEEP THEIR LAND, HELP FAMILIES PLAN THE FUTURE OF THEIR FORESTS AND RE-CONNECT
CHILDREN, THEIR PARENTS, AND COMMUNITIES TO THE FORESTS THAT SURROUND THEM.
FOR MORE INFORMATION).

4b (Code:) (Expenses \$ 1,987,108. including grants of \$ 526,780.) (Revenue \$ 242,181.)

THE CENTER FOR ENVIRONMENTAL LEARNING (CEL) DEVELOPS AND IMPLEMENTS PROGRAMS TO
INCREASE AWARENESS AND UNDERSTANDING OF THE ROLE FORESTS AND THE ENVIRONMENT
PLAY IN OUR LIVES, WHILE BUILDING THE SKILLS AND COMMITMENT NEEDED TO
CONSERVE AND SUSTAIN THEM. CEL UNDERTAKES FORMAL AND NON-FORMAL EDUCATION
PROGRAMS FOR YOUTH AND FAMILIES, AS WELL AS INFORMATION AND OUTREACH ACTIVITIES
AIMED AT OTHER INFLUENTIAL AUDIENCES, SUCH AS LAWMAKERS, LAND USE PLANNERS,
COMMUNITY LEADERS AND JOURNALISTS. CEL DEVELOPS NATIONAL AND STATE-BASED
EDUCATION INITIATIVES, NEW WORKSHOP PROTOCOLS, CURRICULA, AND COMMUNITY ACTION
PROGRAMS FOR PRE-K THROUGH COLLEGE AND ADULT AUDIENCES; EXPANDS OUTDOOR
LEARNING INITIATIVES FOR CHILDREN, AND EXPANDS ENVIRONMENTAL-ACTION,
SERVICE-LEARNING GRANTS PROGRAMS.

4c (Code:) (Expenses \$ 1,253,840. including grants of \$ 386,086.) (Revenue \$ 24,726.)

THE CENTER FOR CONSERVATION STUDIES (CCS) CULTIVATES AND SUPPORTS A NETWORK
OF CONSERVATION AND RESEARCH PARTNERS TO CONSERVE AND ENHANCE ECOSYSTEM
SERVICES ON FAMILY FORESTLANDS. THE CCS APPROACH TO CONSERVATION
CHALLENGES PROVIDES FOREST OWNERS WITH OPTIONS TO MANAGE THEIR LANDS
FOR BOTH ECOLOGICAL AND ECONOMIC GAINS.

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

(Expenses \$ 964,455. including grants of \$ 27,000.) (Revenue \$ 0.)4e Total program service expenses ▶ 8,601,785.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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		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	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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	X	
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b 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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
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>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	30	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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	33	
2 b	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 this return (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	15
b Enter the number of voting members that are independent	1b	15
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ See States Form 990 Filed In _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ SCOTT SMILEY, VP, AMERICAN FOREST F 1111 19th Street, N W, Suite Washington DC 20036 (202) 463-2460

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a 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. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLINT BENTZ INDIVIDUAL TRUSTEE	1.00	X		X				0.	0.	0.
CONNIE BEST INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
JAMES M. BRANSON INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
JUDY BRAUS INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
SHORNA BROUSSARD ALLRED INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
JOHN W. BURKE III INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
GEORGE FENWICK INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
FRANK GALLAGHER INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
DAVID GRAY INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
EMLYN KOSTER INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
CHUCK LEAVELL INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
JOHN A. LUKE, JR. PRESIDENT & CEO	1.00	X						0.	0.	0.
COLIN MOSELEY INDIVIDUAL TRUSTEE	1.00	X		X				0.	0.	0.
STEVEN P. QUARLES INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
KENNETH STEWART INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
BOB KIRSHNER LEGAL COUNSEL/SECRETARY	15.00			X				128,193.	0.	0.
LAURENCE D. WISEMAN PRESIDENT & CEO	40.00						X	252,755.	0.	3,232.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS D. MARTIN PRESIDENT & CEO	40.00			X				164,835.	0.	17,846.
KATHY MCGLAUFILIN SVP, EDUCATION	40.00			X				158,827.	0.	6,171.
ROBERT SIMPSON SVP, WOODLANDS	40.00			X				153,856.	0.	8,050.
DRUE DEBERRY SVP, CONSERVATION	40.00			X				165,739.	0.	1,871.
JAMES WYERMAN VP, COMMUNICATIONS	40.00				X			199,149.	0.	6,259.
RITA NEZNEK VP, POLICY	40.00					X		136,627.	0.	6,044.
SCOTT SMILEY VP, FINANCE & ADMINISTRATION	40.00			X				117,665.	0.	5,991.
1b Total								1,477,646.	0.	55,464.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
GRAPHTEC 8620 OLD DORSEY RUN ROAD JESSUP MD 20794	BROCHURE PRINTING	279,258.
ROBERT KIRSHNER 6305 CONTENTION COURT BETHESDA MD 20817	LEGAL COUNSEL	128,193.
JAMES W. SEWALL 136 CENTER ST. OLD TOWN ME 04468	SOFTWARE DEVELOPMENT	176,253.
EUCLID TECHNOLOGY 8120 WOODMONT AVE #710 BETHESDA MD 20814	SOFTWARE DEVELOPMENT	202,187.
IVY HILL ASSOCIATES PO BOX 162 ROUND HILL VA 20142	MEETING PLANNING	113,962.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 13,610.				
	b Membership dues	1b 0.				
	c Fundraising events	1c 45,800.				
	d Related organizations	1d 0.				
	e Government grants (contributions)	1e 933,134.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 799,312.				
	g Noncash contribns included in lns 1a-1f	\$ 41,300.				
	h Total. Add lines 1a-1f		1,791,856.			
PROGRAM SERVICE REVENUE	Business Code					
	2a SUBSCRIPTIONS	900099	129,776.	129,776.	0.	0.
	b ADVERTISING	541800	76,436.	0.	76,436.	0.
	c MEETING REVENUES	900099	119,225.	119,225.	0.	0.
	d SALES OF MATERIALS	900099	234,738.	234,738.	0.	0.
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		560,175.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		3,087,886.	0.	0.	3,087,886.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-1,896,571.	0.	0.	-1,896,571.
	8a Gross income from fundraising events (not including \$ 45,800. of contributions reported on line 1c) See Part IV, line 18	a 27,560.				
	b Less direct expenses	b 71,756.				
	c Net income or (loss) from fundraising events		-44,196.	-44,196.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,499,150.	439,543.	76,436.	1,191,315.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,921,300.	2,921,300.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	1,311,006.	724,965.	559,463.	26,578.
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	1,521,308.	1,247,976.	144,456.	128,876.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	116,051.	93,674.	11,177.	11,200.
9 Other employee benefits	198,428.	150,474.	34,936.	13,018.
10 Payroll taxes	166,059.	116,650.	39,971.	9,438.
11 Fees for services (non-employees)				
a Management	10,583.	0.	10,583.	0.
b Legal	50,856.	8,088.	42,768.	0.
c Accounting	40,650.	0.	40,650.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	78,238.	0.	78,238.	0.
g Other	1,059,266.	837,629.	182,000.	39,637.
12 Advertising and promotion	78,855.	78,008.	0.	847.
13 Office expenses	95,975.	66,735.	26,378.	2,862.
14 Information technology	98,129.	0.	98,129.	0.
15 Royalties				
16 Occupancy	366,628.	0.	366,628.	0.
17 Travel	479,256.	371,360.	75,504.	32,392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,617.	412.	1,205.	0.
19 Conferences, conventions, and meetings	350,634.	305,144.	39,132.	6,358.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	189,741.	0.	189,741.	0.
23 Insurance	57,145.	0.	57,145.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>ALLOCATION OF INDIRECT</u>	0.	897,787.	-974,876.	77,089.
b <u>DESIGN/PRODUCTION</u>	141,963.	114,803.	0.	27,160.
c <u>MATERIALS</u>	87,861.	84,907.	0.	2,954.
d <u>PRINTING</u>	415,362.	381,637.	0.	33,725.
e <u>POSTAGE/FREIGHT</u>	188,752.	142,383.	0.	46,369.
f All other expenses	73,204.	54,853.	17,328.	1,023.
25 Total functional expenses. Add lines 1 through 24f	10,101,867.	8,601,785.	1,040,556.	459,526.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	208,935.	2	250,478.
	3 Pledges and grants receivable, net	349,177.	3	418,473.
	4 Accounts receivable, net	148,410.	4	55,197.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	128,479.	8	71,350.
	9 Prepaid expenses and deferred charges	39,181.	9	38,530.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 934,339.		
	b Less accumulated depreciation	10b 311,104.	542,642.	10c 623,235.
	11 Investments – publicly-traded securities	105,363,020.	11	124,737,528.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)	106,779,844.	16	126,194,791.	
LIABILITIES	17 Accounts payable and accrued expenses	1,070,193.	17	2,004,621.
	18 Grants payable		18	
	19 Deferred revenue	2,313.	19	71,681.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,072,506.	26	2,076,302.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	105,621,578.	27	124,054,842.
	28 Temporarily restricted net assets	85,760.	28	63,647.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	105,707,338.	33	124,118,489.
	34 Total liabilities and net assets/fund balances	106,779,844.	34	126,194,791.

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Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

[illegible]**Total**

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	3,116,097.	2,935,357.	2,381,492.	1,773,545.	1,791,856.	11,998,347.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3	3,116,097.	2,935,357.	2,381,492.	1,773,545.	1,791,856.	11,998,347.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						402,215.
6 Public support. Subtract line 5 from line 4						11,596,132.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,116,097.	2,935,357.	2,381,492.	1,773,545.	1,791,856.	11,998,347.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84,405.	109,874.	8,664,933.	4,768,455.	3,087,886.	16,715,553.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	54,400.	77,245.	103,123.	92,366.	76,436.	403,570.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,661.	7,450.	2,769.	0.	0.	11,880.
11 Total support. Add lines 7 through 10						29,129,350.
12 Gross receipts from related activities, etc. (see instructions)					12	2,530,189.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	39.81 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.79 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: OTHER REVENUE

2005: 1661.

2006: 7450.

2007: 2769.

2008: 0.

2009: 0.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

AMERICAN FOREST FOUNDATION

52-1235124

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ 0.
- 3 Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures –
(The term 'expenditures' means amounts paid or incurred.)(a) Filing
organization's totals(b) Affiliated
group totals**1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

1,824.

b Total lobbying expenditures to influence a legislative body (direct lobbying)

32,590.

c Total lobbying expenditures (add lines 1a and 1b)

34,414.

d Other exempt purpose expenditures

8,567,371.

e Total exempt purpose expenditures (add lines 1c and 1d)

8,601,785.

f Lobbying nontaxable amount Enter the amount from the following table in both columns

580,089.

If the amount on line 1e, column (a) or (b) is:

Not over \$500,000

The lobbying nontaxable amount is:

20% of the amount on line 1e

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000.

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

145,022.

h Subtract line 1g from line 1a. If zero or less, enter -0-

0.

i Subtract line 1f from line 1c. If zero or less, enter -0-

0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	344,365.	428,115.	0.	580,089.	1,352,569.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,028,854.
c Total lobbying expenditures	80,318.	120,022.	0.	34,414.	234,754.
d Grassroots nontaxable amount	86,091.	107,029.	0.	145,022.	338,142.
e Grassroots ceiling amount (150% of line 2d, column (e))					507,213.
f Grassroots lobbying expenditures	0.	0.	0.	1,824.	1,824.

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

AMERICAN FOREST FOUNDATION

52-1235124

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		290,302.	108,058.	182,244.
d Equipment		644,037.	203,046.	440,991.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				623,235.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,499,150.
2	Total expenses (Form 990, Part IX, column (A), line 25)		10,101,867.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-6,602,717.
4	Net unrealized gains (losses) on investments		25,013,868.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		25,013,868.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9		18,411,151.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	28,651,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	25,013,868.
b	Donated services and use of facilities	2b	67,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	25,080,868.
3	Subtract line 2e from line 1	3	3,570,906.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-71,756.
c	Add lines 4a and 4b	4c	-71,756.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,499,150.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,240,623.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	67,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	71,756.
e	Add lines 2a through 2d	2e	138,756.
3	Subtract line 2e from line 1	3	10,101,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,101,867.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt XII Line 4b **FUNDRAISING EVENT EXPENSES.**

Pt XIII Line 2d **FUNDRAISING EVENT EXPENSES.**

Part XIV Supplemental Information (continued)[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>ITS OURS TO SAVE</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	73,360.			73,360.
	2 Less: Charitable contributions	45,800.			45,800.
	3 Gross income (line 1 minus line 2)	27,560.			27,560.
DIRECT EXPENSES	4 Cash prizes	0.			0.
	5 Noncash prizes	39,300.			39,300.
	6 Rent/facility costs	3,520.			3,520.
	7 Food and beverages	20,161.			20,161.
	8 Entertainment	0.			0.
	9 Other direct expenses	8,775.			8,775.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				71,756.
	11 Net income summary. Combine lines 3, column (d) and line 10				-44,196.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FOREST FOUNDATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AF & PA 1111 19th STREET, NW WASHINGTON DC 20036	52-1802251	501 (c) (6)	17,000.				FORESTS
ALABAMA STFC 728 THOMPSON DR MONROEVILLE AL 36460			7,700.				FAMILY FORESTS
ASAF 370 EAST VETERENS HIGHWAY JACKSON NJ 08527	53-0204630	501 (c) (3)	14,500.				ENVIRON. ED.
ALLEN VILLAGE SCHOOL 706 WEST 42nd STREET KANSAS CITY MO 64111	43-1855047		6,000.				ENVIRON. ED.
BORDERSTAR MONTESSORI 6321 WORNALL ROAD KANSAN CITY MO 64113	00-2047823		6,000.				ENVIRON. ED.
AFA 410 SOUTH CROSS ST. #C LITTLE ROCK AR 72201	71-0262084	501 (c) (6)	10,000.				ENVIRON. ED.
CCFF PO BOX 1384 SACRAMENTO CA 95812	68-0388295	501 (c) (3)	21,000.				ENVIRON. ED.
CARBON TREE 47 VAN ALSTYNE DR RENSSELAER NY 12144	26-3614872		626,760.				FAMILY FORESTS

2 Enter total number of section 501(c)(3) and government organizations

15

3 Enter total number of other organizations

68

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

52-1235124

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FOREST FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL SPORTSMEN'S 110 NORTH CAROLINA AVE SE WASHINGTON DC 20003	52-1686163		10,000.				PUBLIC POLICY
EASTWOOD ACADEMY 1315 DUMBLE HOUSTON TX 77023	74-6001255		6,000.				ENVIRON. ED.
ESFPA 47 VAN ALSTYNE DR. RENSSELAER NY 12144	14-1629946		6,200.				ENVIRON. ED.
EEANM PO BOX 36958 ALBUQUERQUE NM 87176	85-0435778	501 (c) (3)	13,275.				ENVIRON. ED.
GFF PO BOX 1217 FORSYTH GA 31029	58-1888283	501 (c) (3)	11,500.				ENVIRON ED
GRINNEL-NEWSBURG 132 EAST STREET SOUTH GRINNEL IA 50112	42-6036570		6,000.				ENVIRON ED
HANDS ON GREATER PHOENIX 5151 N 19th AVENUE PHOENIX AZ 85015	86-0735514	501 (c) (3)	6,000.				ENVIRON ED
IFPC 350 N 9th ST. #304 BOISE ID 83702	82-0454604	501 (c) (3)	10,100.				ENVIRON ED
LONGLEAF ALLIANCE PO BOX 1796 ANDALUSIA AL 36420	75-3263645		38,450.				CONSERVATION

Employer identification number

52-1235124

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LFA							
PO BOX 5067							
ALEXANDRIA LA 71307	74-0428001		10,000.				ENVIRON ED
MAINE TREE FOUNDATION							
153 HOSPITAL ST							
AUGUSTA ME 04330	01-0453264	501 (c) (3)	14,230.				ENVIRON ED
MONARCH SCHOOL							
2815 ROSEFIELD DRIVE							
HOUSTON TX 77080	76-0534389		6,000.				ENVIRON ED
NORTH CAROLINA ST. UNIV.							
2701 SULLIVAN DR #240							
RALEIGH NC 27695	56-6000756	115	8,686.				ENVIRON ED
NEW HAMPSHIRE PLT							
655 ANDERSON ST							
WINNEMUCCA NV 89445	90-0087367	501 (c) (3)	27,319.				ENVIRON ED
OHIO PROJECT LEARNING TRE							
2045 MORSE ROAD H-1							
COLUMBUS OH 43229	31-1286951		12,987.				ENVIRON ED
OHIO TREE FARM COMMITTEE							
4080 S HIGH STREET							
COLUMBUS OH 43207	31-8050550		6,800.				FAMILY FORESTS
ORANGEVILLE OPEN K-8 SCHO							
5630 ILLINOIS AVENUE							
FAIR OAKS CA 95628	94-6173289		6,000.				ENVIRON ED
OSWA							
1775 32nd STREET NE							
SALEM OR 97301	93-0793935	501 (c) (3)	12,000.				FAMILY FORESTS

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FOREST FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government

OREGON STATE UNIVERSITY
156 PEAVEY HALL
CORVALLIS OR 97331
SC FORESTRY FOUNDATION
PO BOX 21707
COLUMBIA SC 29221
SCATTERGOOD FRIENDS SCHOO
1951 DELTA AVENUE
WEST BRANCH IA 52538
SOUTH DAKOTA PLT
10164 W HIGHWAY 14
SPEARFISH SD 57783
SEABROOK INTERMEDIATE SCH
2401 MEYER RD
SEABROOK TX 77586
SIERRA NEVADA JOURNEYS
1301 CORDONE AVENUE
RENO NV 89502
ALABAMA STFC
728 THOMPSON DRIVE
MONROEVILLE AL 36460
WEST VIRGINIA STFC
PO BOX 718
RIPLEY WV 25271
CALIFORNIA STFC
1777 LAKESIDE DR
REDDING CA 96001

(b) EIN

48-1278540
57-0702583
42-0698192
N/A
74-6001592
01-0881587
N/A
94-3272196

(c) IRC section if applicable

501 (c) (3)

(d) Amount of cash grant

80,000.
10,000.
6,000.
11,500.
6,000.
20,900.
10,150.
8,714.
6,777.

(e) Amount of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance

CONSERVATION
ENVIRON ED
ENVIRON ED
ENVIRON ED
ENVIRON ED
ENVIRON ED
FAMILY FORESTS
FAMILY FORESTS
FAMILY FORESTS

(h) Purpose of grant or assistance

Employer identification number

52-1235124

OMB No 1545 0047

2009

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Open to Public Inspection

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FOREST FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT STFC 34 REMSEN ROAD LITCHFIELD CT 06759	06-1303113		9,050.				FAMILY FORESTS
GEORGIA STFC 551 N FRONTAGE RD FORSYTH GA 31029			17,468.				FAMILY FORESTS
ILLINOIS STFC 2317 E LINCOLN WAY STE A STERLING IL 61081			12,463.				FAMILY FORESTS
IOWA STFC 4331 DOVE ROAD ELGIN IA 52141	52-1235124		11,466.				FAMILY FORESTS
FLORIDA STFC 402 EAST JEFFERSON ST TALLAHASSEE FL 32301			9,122.				FAMILY FORESTS
IDAHO STFC 204 E SHERMAN AVENUE COEUR D'ALENE ID 83814			10,092.				FAMILY FORESTS
INDIANA STFC 2896 CENTENNIAL ROAD MARTINSVILLE IN 46151			6,963.				FAMILY FORESTS
KANSAS STFC 2610 CLAFLIN ROAD MANHATTAN KS 66502			5,467.				FAMILY FORESTS
KENTUCKY STFC 106 PROGRESS DRIVE FRANKFORT KY 40601			14,613.				FAMILY FORESTS

Employer identification number
52-1235124

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS STFC							
93 LENOX AVENUE							
PITTSFIELD MA 01201			8,394.				FAMILY FORESTS
MICHIGAN STFC							
12518 N SHERMAN DRIVE							
AUGUSTA MI 49012			13,541.				FAMILY FORESTS
MISSOURI STFC							
611 E CAPITAL AVENUE							
JEFFERSON CITY MO 65101			12,992.				FAMILY FORESTS
MONTANA STFC							
21 COLUMBINE COURT							
MISSOULA MT 59802			9,189.				FAMILY FORESTS
NEW YORK STFC							
6 GARDEN STATE							
WALTON NY 13856			18,591.				FAMILY FORESTS
NORTH CAROLINA STFC							
1807 DUNWICK COURT							
CARY NC 27523			8,238.				FAMILY FORESTS
NEW JERSEY STFC							
136 COZY LAKE ROAD							
OAK RIDGE NJ 07438			9,208.				FAMILY FORESTS
OHIO STFC							
4080 S HIGH STREET							
COLUMBUS OH 43207	31-8050550		7,405.				FAMILY FORESTS
PENNSYLVANIA STFC							
340 LIBERTY STREET							
CLARION PA 16214			10,975.				FAMILY FORESTS

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND STFC 5 DARTMOUTH AVENUE RIVERSIDE RI 02915	05-0467224		5,941.				FAMILY FORESTS
VERMONT STFC 53 WARREN AVENUE NORTHFIELD VT 05663			14,551.				FAMILY FORESTS
VIRGINIA STFC PO BOX 121 WOODSTOCK VA 22664			20,449.				FAMILY FORESTS
WISCONSIN STFC N 3312 RIVER BEND DRIVE PESHTIGO WI 54157			18,951.				FAMILY FORESTS
LOUISIANA STFC 2316 S MACARTHUR DR ALEXANDRIA LA 71301			24,589.				FAMILY FORESTS
OREGON STFC 1775 32nd PLACE NE SALEM OR 97301			26,785.				FAMILY FORESTS
WASHINGTON STFC 2943 STATE RT 6 RAYMOND WA 98577			16,728.				FAMILY FORESTS
ARKANSAS STFC 410 S CROSS STREET LITTLE ROCK AR 72201			27,416.				FAMILY FORESTS
COLORADO STFC 1000 RIM DRIVE DURANGO CO 81301			9,095.				FAMILY FORESTS

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND STFC 13403 BLACK VALLEY ROAD N FLINTSTONE MD 21530	25-1917645		19,711.				FAMILY FORESTS
MAINE STFC 407 WELD STREET DIXFIELD ME 04224	01-0530256		18,247.				FAMILY FORESTS
MINNESOTA STFC 4410 NORWOOD ST DULUTH MN 55804			20,493.				FAMILY FORESTS
MISSISSIPPI STFC PO BOX 9680 MISSISSIPPI STAT MS 39762			39,993.				FAMILY FORESTS
NEW HAMPSHIRE STFC 54 PORTSMOUTH ST CONCORD NH 03301			17,319.				FAMILY FORESTS
SOUTH CAROLINA STFC 5500 BROAD RIVER ROAD COLUMBIA SC 29212			21,853.				FAMILY FORESTS
TENNESSEE STFC PO BOX 290693 NASHVILLE TN 37229			10,842.				FAMILY FORESTS
TEXAS FORESTRY ASSOCIATIO PO BOX 1488 LUFKIN TX 75902	75-6036403		33,972.				ENVIRON ED
TOWSON UNIVERSITY 8000 YORK ROAD TOWSON MD 21846	52-6002033	501 (c) (3)	5,962.				ENVIRON ED

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part I. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV. OF MASSACHUSETTS 70 BUTTERFIELD TERRACE AMHERST MA 01003							CONSERVATION
USEE 466 EAST 500 SOUTH #100 SALT LAKE CITY UT 84111	94-2792054	501 (c) (3)	14,958.				ENVIRON ED
VALLEY COMMUNITY SCHOOL 23493 CANOE ROAD ELGIN IA 52141	42-6036832		6,000.				ENVIRON ED
VERMONT DEPT. OF FORESTS 103 S MAIN ST 10 SOUTH WATERBURY VT 05761	03-6000274		10,000.				ENVIRON ED
VINTON SHELLEBURG MS 212 15th ST VINTON IA 52349	42-6037971		6,000.				ENVIRON ED
VFA 3808 AUGUSTA AVENUE RICHMOND VA 23230	54-0419098	501 (c) (6)	13,500.				ENVIRON ED
VIRGINIA TECH 1880 PRATT DRIVE #2006 BLACKSBURG VA 24060	54-6001805	501 (c) (3)	30,000.				CONSERVATION
WFPA 724 COLUMBIA ST OLYMPIA WA 98501	91-0460820	501 (c) (6)	10,000.				ENVIRON ED
WILDLIFE MISSISSIPPI PO BOX 10 STONEVILLE MS 38776	64-0886325	501 (c) (3)	79,113.				CONSERVATION

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No**1 b** X**2** X**4 a** X**4 b** X**4 c** X**5 a** X**5 b** X**6 a** X**6 b** X**7** X**8** X**9****BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009**Open To Public
Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	3	2,000.	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS _____)	X	6	39,300.	MARKET VALUE
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a X

31 X

32a X

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

Schedule M (Form 990) 2009

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Pt VI-B, Line 11a THE BOARD OFFICIALLY DESIGNATED AUTHORITY TO REVIEW THE
RETURN TO THE FINANCE, INVESTMENT & COMPENSATION COMMITTEE
WITH THE UNDERSTANDING THAT A COPY WILL BE PROVIDED TO
EACH TRUSTEE PRIOR TO THE RETURN BEING FILED.

Pt VI-B, Line 12c AT THE FIRST BOARD MEETING OF EACH YEAR FORMS ARE
DISTRIBUTED AND COLLECTED. ANY FORM NOTING A CONFLICT IS
SENT TO LEGAL COUNSEL WHO FOLLOWS UP WITH EACH INDIVIDUAL
AN MAKES A REPORT TO THE CHAIR.

Pt VI-B, Line 15 AN INDEPENDENT CONSULTING FIRM WAS ENGAGED TO PERFORM AN
EXECUTIVE COMPENSATION REVIEW FOR THE PRESIDENT & CEO, SENIOR
VICE PRESIDENTS, AND VICE PRESIDENT FINANCE AND ADMINISTRATION.
THE CONSULTING FIRM ESTABLISHED A SURVEY PEER GROUP THAT INCLUDED
A VARIETY OF ENVIRONMENTAL AND CONSERVATION NON-FOR-PROFIT
ORGANIZATIONS TO BENCHMARK COMPETITIVE TOTAL COMPENSATION
FOR SIMILAR OFFICERS IN LIKE ENTERPRISES. AFF'S CURRENT
COMPENSATION FOR THE COVERED OFFICERS WAS THEN COMPARED
AGAINST THE COMPENSATION DEVELOPED FOR SIMILAR SURVEY PEER
GROUP EXECUTIVES TO DETERMINE WHO THEY COMPARE FROM AN
EXTERNAL MARKET PERSPECTIVE. BASED ON THAT REVIEW, AFF'S
TOTAL OFFICERS' SALARIES WERE DETERMINED TO BE COMPETITIVE,
REASONABLE, AND IN COMPLIANCE WITH IRC SECTION 4958. BASED
ON RECOMMENDATIONS FROM THIS REVIEW, AFF ESTABLISHED A
WRITTEN EXECUTIVE COMPENSATION POLICY THAT WAS ADOPTED BY
THE BOARD OF TRUSTEES DURING THE YEAR. THAT POLICY REQUIRES
SUCH A REVIEW TO BE COMPLETED EVERY THREE YEARS TO ENSURE
THAT SALARIES REMAIN REASONABLE OVER TIME. IN ADDITION TO

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

THE EXECUTIVE COMPENSATION REVIEW, AFF ALSO ENGAGED AN
INDEPENDENT CONSULTING FIRM TO PERFORM A MARKET ANALYSIS
OF THE STAFF POSITIONS BELOW THE OFFICER LEVEL TO DETERMINE
THE COMPETITIVENESS AND REASONABLENESS OF THOSE SALARIES.
BASED ON RECOMMENDATIONS OF THIS REVIEW, A WRITTEN GENERAL
COMPENSATION POLICY WAS ADOPTED BY THE BOARD OF TRUSTEES.
THAT POLICY REQUIRES SUCH A REVIEW TO BE COMPLETED EVERY
THREE YEARS TO ENSURE THAT SALARIES REMAIN REASONABLE
OVER TIME.

Pt VI-C, Line 19 AFF'S FORM 1023 IS NOT AVAILABLE, HOWEVER THE IRS
DETERMINATION LETTER IS AVAILABLE.

Pt VI-C, Line 19 THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON AFF'S
WEBSITE. THE GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST.

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	AMERICAN FOREST FOUNDATION	52-1235124
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1111 19TH STREET, NW, #780	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON	DC 20036

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ SCOTT SMILEY, VP, AMERICAN FOREST FOUNDATION

Telephone No ▶ (202) 463-2460 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 20 09 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev 4-2009)