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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	lendar yea	r, or tax year beginning 10-0	1-2009 and	l ending 09-30-2010)		
B Che	eck ıf a	pplicable	Please	C Name of organization NATIONAL FOREST FOUNDATIO	N			D Employer ide	ntification number
☐ Add	lress ch	nange	use IRS label or	Doing Business As				52-178633. E Telephone nu	
☐ Nar	me cha	nge	print or type. See	Doing Business As				·	
☐ Init	ial retu	rn	Specific Instruc-	Number and street (or P O box		elivered to street addre	ss) Room/suite	(406) 542-2 G Gross receipts s	
☐ Ter	mınate	d	tions.	BUILDING 27 SUITE 3 FORT MI RD	SSOULA			G Gloss receipts :	, 10,300,338
┌ Am	ended	return		City or town, state or country,	and ZIP + 4				
☐ App	olication	pending		missoula, MT 59804					
		ľ	F Nan	ne and address of principal o	officer		H(a) Is th	■ nis a group return	for
				J Possiel ING 27 SUITE 3 FORT MIS	SOULA			ates?	ΓYes Γ Nο
			RD RD	1NG 27 3011E 310K1 M13	JOULA		H(b) Area	ill affiliates include	ed?
			missou	la,MT 59804					(see instructions)
I Ta	x-exem	npt status	▽ 501(c)	(3) ◀ (insert no))(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			up exemption nui	
y W	ebsite	•: ► www	v natlforest	s org					
K Forr	n of or	nanization	✓ Corporat	ion Trust Association Ot	ner 🕨		L Year of fo	ormation 1993 M	State of legal domicile DC
_	rt I	Sumr	· · · · · · · · · · · · · · · · · · ·	ion i mase i masociation i oti			_ rear or r	5111ation 1555 11	State of legal dofficie De
	1			e organization's mission or i	nost significa	nt activities			
Governance		to gener involver	ate funding nent in the	st Foundation is the official r g for the protection, manage stewardship of public lands gement of natural resources	ment, and cor	servation of forest	s and range	resources, to stir	mulate public
Ë									
8									
	2	Check t	hıs box 🛏	If the organization discont	inued its oper	ations or disposed	of more than	25% of its net a	ssets
Activities &	3	Number	of voting r	nembers of the governing bo	dy (Part VI, I	ıne 1a)		3	20
Ě	4	Number	ofındepen	dent voting members of the	governing bo	dy (Part VI, line 1b)	. 4	20
닭	5	Total nu	ımber of en	nployees (Part V , line 2a)		•		5	14
4	6	Total nu	ımber of vo	lunteers (estimate if necess	sary)			6	485
		-		ted business revenue from F	•			7a	1,000
	b	Net unre	elated busi	ness taxable income from F	orm 990-T, III	ne 34		7b	0
							Pri	or Year	Current Year
au	8			d grants (Part VIII, line 1h)		10,031,049	10,360,567		
Ravenue	9	•		revenue (Part VIII, line 2g)		27,366	42,836		
Ř	10			ne (Part VIII, column (A), lı				28,120	18,720
	11			art VIII, column (A), lines 5 dd lines 8 through 11 (must		-61,322	-70,422		
	12					*	10,025,213	10,351,701	
	13			er amounts paid (Part IX, co				5,584,543	6,643,499
	14	Benefit	s paid to o	r for members (Part IX, colu	ımn (A), lıne 4	·)			0
ø	15		s, other co	mpensation, employee bene	efits (Part IX,	column (A), lines 5	i –	002.022	1 000 512
Expenses	4.5-	10)		on a second for a second to the second		- \		883,022	1,089,513
<u>₹</u>	16a			raising fees (Part IX, colum		e)			0
ă	Ь			enses (Part IX, column (D), line 2		2.10			
	17			Part IX, column (A), lines 1				664,199	1,025,442
	18			Add lines 13–17 (must equa				7,131,764	8,758,454
_ 97	19	Keveni	ie iess exp	penses Subtract line 18 from	n line 12 .		Paginnir	2,893,449 ng of Current	1,593,247
Net Assets or Fund Balances							_	Year	End of Year
386	20	Totala	ssets (Par	t X, line 16)				10,159,337	11,433,980
Z Z	21	Total li	iabilities (F	Part X, line 26)				4,307,049	3,985,967
žΞ	22	Net as	sets or fun	d balances Subtract line 21	from line 20	<u></u>		5,852,288	7,448,013
Pai	rt II	Sign	ature Blo	ock					
				rjury, I declare that I have exami correct, and complete Declaration					
Sign Here		**** Signa	** ature of office	er			2011 Date	-03-31	
			m J Possiel p						
			or print nam						
		Preparer'	s L		Date		Check If	Preparer's identify	, ,
Paid		signature		co			elf- empolyed 🕨 🦵	(see instructions)	
	arer's	Firm's name (or yours RSM MCGLADREY INC							
Use (ıf self-employed),						EIN Þ	
		address, and ZIP + 4 9737 WASHINGTONIAN BLVD 400							01) 296-3600
M = 1/2	he In	L Siducione	e this ratio	GAITHERSBURG, MD 208787 rn with the preparer shown a		structions\		<u> </u>	✓ Yes No
ı•ıay l	יויב דע	J uiscus	s tills fetu	in with the preparer shown a	Pose (see III	structions)			1. 169 MO

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The National Forest Foundation, chartered by Congress, engages Americans in community based and national programs that promote the health and public enjoyment of the 193 million acre National Forest System, and administers private gifts of funds and land for the benefit of the National Forests

2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ervices during the yea		_ Yes ✓ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conductions services?		-		_Yes ▼ No
4	Describe the exempt purpose achi Section 501(c)(3) and 501(c)(4) c allocations to others, the total exp	evements for each of th organizations and secti	on 4947(a)(1) trusts	are required to report the amou	•
4a	(Code) (Expense		including grants of \$	5,710,832) (Revenue \$)
	FOREST SERVICE GRANT - MAINTAIN AN RESOURCES RESTORE HABITAT OF NATI				
4b	(Code) (Expense	es \$ 1,888,694	ıncludıng grants of \$	932,667) (Revenue \$	42,836)
	CONSERVATION - PROTECT & RESTORE VEGETATION AND ERADICATION OF EXOT		FOREST LANDSCAPES MET	THODS INCLUDE PRESCRIBED BURNIN	G, EROSION CONTROL, RE-
4c	(Code) (Expense	es \$ 174,043	ıncludıng grants of \$) (Revenue \$)
	MEMBERSHIP & EDUCATION - PROVIDE I EMPHASIS ON YOUTH OUTREACH	NFORMATION AND LEARNIN	G OPPORTUNITIES TO INC	REASE AWARENESS OF IMPORTANCE	OF CONSERVATION WITH AN
	Other program services (Describ	e in Schedule O)			
	(Expenses \$	ıncludıng grants o	f \$) (Revenue \$)
4e	Total program service expenses ⊳	\$ 7,855,75	1		
					Form 990 (2009)

Part IV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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	5		
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2009)					
Part V	Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 23			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

BETHESDA, MD 20814 (301) 654-7555

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

Section A. Governing Body and Management

30	ection A. Governing body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	20			
b	Enter the number of voting members that are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s	-	·	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		No
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	one c	r more members of the	7a		No
b	Are any decisions of the governing body subject to approval by members, stockhold-	ers, o	r other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? $\cdot\cdot\cdot\cdot$			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νο
	ction B. Policies (This Section B requests information about policies not	requ	red by the Internal			
ке	venue Code.)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	103	No
	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or		• •	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	_				
				11		Νο
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with describe in Schedule O how this is done	th the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy?			14		Νο
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	anızat en ste	on to evaluate its ps to safeguard the			
Se	ection C. Disclosure		· · · ·	16b		
17		R,A	Z , CA , CO , CT , FL , G	A , IL	, KS , K\	′,LA,
	MA,MD,	ME,I	MS, MN, MT, ND, NJ, I, SC, TN, UT, VA, V	NH,N	M,NY	,он,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public See Additional Data	-	•			
20	State the name, physical address, and telephone number of the person who possess			ne orga	ınızatıor	ı -
	Susan Miller CPA Watkins Meegan LLC 7700 WISCONSIN AVE STE 500					

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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, and current key employees 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 employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) A verage hours		(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	0		45,010
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 -2	·		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	4	Yes	
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	5	163	N o
S	ection 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 Comper	
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 ▶0			
		F	orm 990	(2009)

Page **8**

Form 990 (2009)

Form 99	•	,	f D					Page 9
Part v	/	Statement o	or 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
\$ \$2	1a	Federated cam	paıgns 1a					
Tar Our	ь	Membership du	es 1b	92,365				
કું. a⊪	С	Fundraising eve	ents 1c	268,385				
<u>≅,≅</u>	d		rations 1d					
ans,	e	Government grants		4,250,019				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	5,749,798				
and and	h	Total. Add lines	s 1a-1f	▶	10,360,567			
				Business Code				
Program Service Revenue	2a b	contract revenue		900,099	42,836	42,836		
- CP	С							
že. Ze	d							
Ē	e							
2100 0	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add lines	s 2a-2f		42,836			
	3		ome (including dividen		10.000			10,000
			ar amounts) stment of tax-exempt bond	⊢	18,808			18,808
	4 5			bioceeds -				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	.,,	•				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	29,397					
	Ь	Less cost or other basis and	29,485					
	l c	sales expenses Gaın or (loss)	-88					
	d	Net gain or (los	s)		-88			-88
e n	8a	Gross income f	rom fundraising					
Other Revenue		Ψ	reported on line 1c)					
ē	Ь	less directey	a penses b	18,875 125,372				
₹	c		(loss) from fundraising		-106,497			-106,497
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b	vities				
	10a	Gross sales of returns and allo	owances .					
	b c		a oods sold b (loss) from sales of inve	entory				
	<u> </u>	Miscellaneous		Business Code				
	11a	otherincome		900,099	35,075			35,075
	ь	advertising inco	ome	541,800	1,000		1,000	
	С							
	d	All other reven	ue					
	e	Total. Add lines			36,075			
	12	Total revenue.	See Instructions	•	10,351,701	42,836	1,000	-52,702

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to	-		(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,602,499	6,602,499		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	40,000	40,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	256,743	137,830	88,760	30,153
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	651,363	488,898	73,250	89,215
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,578	19,958	4,303	4,317
9	Other employee benefits	89,023	66,931	9,572	12,520
10	Payroll taxes	63,806	47,732	6,185	9,889
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,248	3,436	1,483	329
С	Accounting	131,740		131,740	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	93,336	81,860	4,986	6,490
12	Advertising and promotion	6,351	4,853	1,227	271
13	Office expenses	97,334	67,279	20,012	10,043
14	Information technology	31,944	13,486	16,588	1,870
15	Royalties				
16	Occupancy	34,189	26,373	3,257	4,559
17	Travel	141,294	119,810	4,090	17,394
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		<u> </u>
19	Conferences, conventions, and meetings	57,996	13,664	43,787	545
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	34,016	25,960	3,491	4,565
23	Insurance	10,582		7,600	2,982
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)				
а	other expenses	275,983	9,853	265,630	500
b	special events	74,464	74,025	275	164
c	equipment rental & main	18,365	149	18,216	_
d	Dues & Publications	7,990	5,620	2,370	
e	state registrations	4,610	4,535	75	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,758,454	7,855,751	706,897	195,806
26	Joint costs. Check here ► ☐ 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			<u> </u>	000 (2000)

3 Pledges and grants receivable, net 3,330,538 3 3,336,799	Pa	rt X	Balance Sheet							
2 Savings and temporary cash investments										
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing				1			
4 Accounts receivable, net		2	Savings and temporary cash investments			6,611,926	2	7,633,496		
Secretables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net			3,330,538	3	3,536,796		
highest compensated employees Complete Part II of Schedule L 5 5 6 6 6 6 6 6 6 6		4	Accounts receivable, net		4					
Formula For		5								
Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L			Schedule L				5			
7 Notes and loans receivable, net 7		6								
10a	ets		Schedule L	ule L						
10		7	Notes and loans receivable, net		7					
10	Š	8	Inventories for sale or use			8	53,827			
Part VI of Schedule D 10a 10b 138.896 55.314 10c 47.700	⋖	9	Prepaid expenses and deferred charges	paid expenses and deferred charges						
11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 permanently restricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Secured more assets or fund balances 35 Se52,288 33 7,448,015		10a	, , , , , , , , , , , , , , , , , , , ,	10a	186,601					
12 Investments—other securities See Part IV, line 11 12 13 14 14 14 15 15 15 15 15		ь	Less accumulated depreciation	10b	138,896	55,314	10c	47,705		
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15		11	Investments—publicly traded securities	136,825	11	130,983				
14 Intangible assets		12	Investments—other securities See Part IV, line 11		12					
15		13	Investments—program-related See Part IV, line 11		13					
Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets		14					
Total assets. Add lines 1 through 15 (must equal line 34)		15	Other assets See Part IV, line 11				15			
18 Grants payable		16				10,159,337	16	11,433,980		
19 Deferred revenue		17	Accounts payable and accrued expenses .			780,342	17	643,515		
20 Tax-exempt bond liabilities		18	Grants payable				18			
Escrow or custodial account liability Complete Part IV of Schedule D 21		19	Deferred revenue			3,526,707	19	3,342,452		
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities				20			
23 Secured mortgages and notes payable to unrelated third parties	S.	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21			
23 Secured mortgages and notes payable to unrelated third parties	E E	22								
24 Unsecured notes and loans payable to unrelated third parties	Ë		persons Complete Part II of Schedule L				22			
25 Other liabilities. Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		•		23			
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24			
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D				25			
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			4,307,049	26	3,985,967		
Permanently restricted net assets	es		•	let e lii	nes 27					
Permanently restricted net assets	anc	27				572,688	27	716,010		
Permanently restricted net assets	<u> </u>	l				5,149,600	28	6,572,003		
Second	<u> </u>	29				130,000	29	160,000		
Second	Ë		Organizations that do not follow SFAS 117, check here ▶ ☐ and	d com	olete					
30 Capital stock or trust principal, or current funds	Ŧ		•	•						
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30			
33 Total net assets or fund balances	Šе	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31			
33 Total net assets or fund balances 5,852,288 33 7,448,013 34 Total liabilities and net assets/fund balances 10,159,337 34 11,433,98		32	Retained earnings, endowment, accumulated income, or other fur	nds			32			
34 Total liabilities and net assets/fund balances	¥	33	Total net assets or fund balances			5,852,288	33	7,448,013		
	~	34	Total liabilities and net assets/fund balances			10,159,337	34	11,433,980		

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			
	▼ 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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL FOREST FOUNDATION Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

52-1786332

									32-170033			
	rt I			olic Charity Stat						tructions		
he o	organı	zation is	not a private	foundation because	eitis (Forlii	nes 1 throu	gh 11, check	only one box)			
1	Г	A churc	h, conventio	on of churches, or as	sociation of o	churches s	ection 170(b))(1)(A)(i).				
2	Г	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Γ	A hospi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın secti	on 170(b)(1)(A)(iii). Ent	ter the	
5	Г	_	· ·	rated for the benefit		or universit	y owned or op	perated by a g	jovernmenta	l unit descri	bed in	
		section	ection 170(b)(1)(A)(iv). (Complete Part II)									
6	Г	A federa	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	Г			described in section)(vi) (Com	plete Part II)				
9				t normally receives					tions, memb	ership fees,	and gro	ss
	•	_		ties related to its ex	• •				•	, ,	_	
				ss investment incom	-	_						
			_	anızatıon after June 3				•		,		
LO	Г	•			•			•	•			
l1		An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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										
e f g	1	other th section If the or check th Since A	an foundation 509(a)(2) ganization r his box ugust 17, 2	x, I certify that the con managers and oth eceived a written de 006, has the organiz	er than one o	r more publ	licly supporte	ype I, Type I	ns described	d in section !	509(a)(1) or
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	aether with p	ersons descr	ibed in (ii)		Yes	No
				overning body of the	•					11g(i		
				r of a person describ						11g(ii		
		• •	•	ed entity of a person	• •		hove?			11g(iii		
h				g information about t							71	
					T							
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organizat col (i) o suppo	otify the tion in f your	(vi) Is the organization of the United States (i) organization of the United States (iii) organization of the United States (iiii) organization of the United States (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ne tion in ganized	Am	(vii) ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
ot a									1		+	

Part II Support Schedule for Organizations Described in IRC 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.)

-	ection A. Public Support	ou checked the	box on line 5, 7	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,252,68	6 6,710,616	7,394,160	9,814,614	10),361,107	39,533,183
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	5,252,68	6 6,710,616	7,394,160	9,814,614	10),361,107	39,533,183
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							919,728
6	(f) Public Support. Subtract line 5 from line 4							38,613,455
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	5,252,686	237,136	7,394,160	9,814,614	10	,361,107	39,533,183
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	233,695	237,136	190,337	28,120		18,808	708,096
9	and income from similar sources Net income from unrelated							
	business activities, whether or not the business is regularly carried on		18,720					18,720
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)		h			1 1		40,259,999
12	Gross receipts from related activiti		·		01.	12		443,214
L3	First Five Years If the Form 990 is check this box and stop here	_		tnira, iourth, or ii	ntn tax year as a	501(6)(3		► T
<u> </u>	ection C. Computation of Pub Public Support Percentage for 200°			11 column (f))		14		95 910 %
L 5	Public Support Percentage for 2008	•		.,,		15		92 700 %
l6a	33 1/3% support test—2009. If the and stop here. The organization qua	organization did	not check the box		ine 14 is 33 1/3%		, check t	
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization medium Part IV how the organization medium.	organization did n qualifies as a p — 2009. If the org tion meets the "i	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization Theck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and st	and line	e 14 Explain	▶
ь	organization 10%-facts-and-circumstances test	— 2008. If the org	anization did not o	heck a box on lin	e 13, 16a, 16b, o	r 17a an	ıd lıne	▶
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	d stop he	ere.	▶ ┌⁻
18	Private Foundation If the organizations	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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 any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493090005201

OMB No 1545-0047

Open to Public

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, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

ATIONAL FO	ne organization PREST FOUNDATION		Emp	loyer identifica	tion numbe	er
				1786332		
	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.	1			
		(a) Donor advised funds	(b) Funds and o	ther accou	nts
	number at end of year					
	gate contributions to (during year)					
Aggreg	gate grants from (during year)					
Aggreg	gate value at end of year					
	e organization inform all donors and donor advi are the organization's property, subject to the o	_	or advı	sed	☐ Yes	┌ No
used o	e organization inform all grantees, donors, and only for charitable purposes and not for the ben ring impermissible private benefit				☐ Yes	┌ No
art II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	n 990, Part IV	/, line 7.	
□ Pr □ Pr □ Compl	reservation of land for public use (e g , recreati rotection of natural habitat reservation of open space ete lines 2a–2d if the organization held a quali ient on the last day of the tax year	Preservation of a c	certified	d historic struc		а
				Held at the	End of the	Year
a Totalr	number of conservation easements		2a			
T otal a	acreage restricted by conservation easements		2b			
Numbe	er of conservation easements on a certified his	toric structure included in (a)	2c			
Numbe	er of conservation easements included in (c) ac	equired after 8/17/06	2d			
Numbe	er of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization	during	
the tax	xable year ▶					
Numbe	er of states where property subject to conserva	stion easement is located -				
Does t	the organization have a written policy regarding ement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	☐ Yes	┌ No
Staff a	nd volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents du	uring the year 🕨	<u> </u>	
A mour	nt of expenses incurred in monitoring, inspectii	ng, and enforcing conservation easements	s during	g the year 🟲 🕏 _		
	each conservation easement reported on line 2	/4/ -	_			_ N.
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	(d) above satisfy the requirements of sec	tion		☐ Yes	No
In Pari		onservation easements in its revenue and he footnote to the organization's financial	l expen	•	and	, NO
In Part balanc the org)(4)(B)(ı) and 170(h)(4)(B)(ıı)? t XIV, describe how the organization reports co e sheet, and include, if applicable, the text of t	onservation easements in its revenue and he footnote to the organization's financial nents ns of Art, Historical Treasures,	lexpen staten	nents that desc	and ribes	, No
In Pari balanc the org art III If the o)(4)(B)(I) and 170(h)(4)(B)(II)? t XIV, describe how the organization reports core sheet, and include, if applicable, the text of translation's accounting for conservation easen Organizations Maintaining Collection	onservation easements in its revenue and he footnote to the organization's financial nents ns of Art, Historical Treasures, 1/2 (Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue stateme for public exhibition, education or researce.	l expen staten or Oti	nents that desc ner Similar balance sheet	Assets. works of	
In Paribalance the org	(4)(B)(I) and 170(h)(4)(B)(II)? It XIV, describe how the organization reports of the seet, and include, if applicable, the text of the ganization's accounting for conservation ease of the seed of the seed of the organization answered organization elected, as permitted under SFAS storical treasures, or other similar assets held	onservation easements in its revenue and he footnote to the organization's financial nents ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in	or Othern and chin functions	ner Similar balance sheet rtherance of pu	Assets. works of blic services	
In Paribalance the organization If the cart, his provide histori provide	(4)(B)(I) and 170(h)(4)(B)(II)? t XIV, describe how the organization reports core sheet, and include, if applicable, the text of translation's accounting for conservation easem. Organizations Maintaining Collection Complete if the organization answered " organization elected, as permitted under SFAS storical treasures, or other similar assets held e, in Part XIV, the text of the footnote to its fin organization elected, as permitted under SFAS cal treasures, or other similar assets held for present the storic organization elected.	onservation easements in its revenue and he footnote to the organization's financial nents ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in	or Othern and chin functions	nents that desc ner Similar balance sheet rtherance of pu ance sheet work	Assets. works of blic services	· 2,
In Paribalance the organization of the organiz	(4)(B)(I) and 170(h)(4)(B)(II)? It XIV, describe how the organization reports of the sheet, and include, if applicable, the text of the spanization's accounting for conservation easen. Organizations Maintaining Collection Complete if the organization answered "organization elected, as permitted under SFAS storical treasures, or other similar assets held e, in Part XIV, the text of the footnote to its find organization elected, as permitted under SFAS call treasures, or other similar assets held for per the following amounts relating to these items	onservation easements in its revenue and he footnote to the organization's financial nents ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it 116, to report in its revenue statement a public exhibition, education, or research in	or Othern and chin functions	nents that desc ner Similar balance sheet rtherance of pu ance sheet work	Assets. works of blic service.	· 2,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Til Organizations Maintaining Co	ollections of Art,	Hist	coric	al Tre	easur	es, or C	<u>)the</u>	<u>r Similar</u>	Asse	ts (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	e follo	wing th	nat are	a sıgnıfıc	ant u	se of its co	llection		
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ı	Provide a description of the organization's co	ollections and explai	n how	they	further	the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	Γ,	r es	┌ No
a l	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an an											
a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions oi	other ass	ets r	not	Γ,	res	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollowi	ng tal	ble		Г					
_								_		A mou	πτ	
с 	Beginning balance							1c				
d	Additions during the year						}	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
3	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ,	fes	∏ No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete											
	Decimina of very halance	(a)Current Year 130,000	(b)	Prior Y	ear 100,000	(c)Iwo	Years Back	(a)	Three Years B	ack (e)	Four Ye	ars Back
1	Beginning of year balance	30,000		-	30,000			+				
)	Contributions	30,000			30,000							
	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	160,000		:	130,000							
	Provide the estimated percentage of the yea	r end balance held a	s					<u> </u>				
а	Board designated or quasi-endowment	%										
ь	Permanent endowment 100 000 % %											
		•										
c a	Term endowment % Are there endowment funds not in the posses	ssion of the organiza	tion th	hat ar	اماما م	and ad	lministere	d for	the			
	organization by	ssion of the organiza		iiat ai	C IICIG	unu uu		u 101	tiic		Yes	No
	(i) unrelated organizations			•					[3a(i)		Νο
	(ii) related organizations								ļ	3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							•	[3b		
	Describe in Part XIV the intended uses of th											
a I	t VI Investments—Land, Buildings	s, and Equipmer	ıt. Se									
	Description of investment				Cost or		(b)Cost or basis (ot		(c) Accum deprecia		(d) Bo	ok value
a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other			1			18	6,601		138,896		47,705

47,705

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,351,701
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,758,454
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,593,247
4	Net unrealized gains (losses) on investments	4	2,478
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,478
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,595,725
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	10,497,801
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	20,728
3	Subtract line 2e from line 1	3	10,477,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) -125,372		
c	Add lines 4a and 4b	4c	-125,372
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,351,701
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	8,902,076
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	143,622
3	Subtract line 2e from line 1	3	8,758,454
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment 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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,758,454
Par	t XIV Supplemental Information		

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

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, 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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	All earnings of the permanent endowment are reflected as temporarily restricted net assets, until appropriated for expenditure by the Board of Directors
Part X	Description of Uncertain Tax Positions Under FIN 48	On October 1, 2009, the Foundation adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated the Foundation's tax positions and concluded that the Foundation had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Foundation is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before September 30, 2007
Part XII, Line 4b - Other Adjustments		special event expenses -125372
Part XIII, Line 2d - Other Adjustments		special event expenses 125372

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DLN: 93493090005201

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals . .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** NATIONAL FOREST FOUNDATION 52-1786332 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in region agents in region service(s) in region the <u>region)</u> NORTH AMERICA -GRANTS TO Support U.S. National 40,000 CANADA RECIPIENTS LOCATED Forests and Grasslands IN REGION

0

40,000

Part IV	, line 15, for ar		nizations or Entiti eıved more than \$5, space ıs needed.					
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	Support US National Forests and Grasslands	40,000	Wire			
			L sted above that are se or counsel has pro					1
3 Enter total n	umber of other	organizations or er	ntities					E / Form 000\ 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Infor	mation provide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S	Retarinterence	Schedule F, Part I, Line 2 Grant receipants submit mid-term and end-of-term narrative and financial reports, which are reviewed by the National Forest Foundations staff Recipients are required to seek approval before making any changes to the original workplar or budget

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DLN: 93493090005201

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

licensing

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Employer identification number

TIONAL FOREST FOUNDA	TION					
					52-1786332	<u>!</u>
	ctivities. Comple ers are not require			ition answered "Yes" is part.	to Form 990, Part IV	/, line 17.
Indicate whether the orga	anızatıon raısed fund	s through a	any of the	following activities Ch	eck all that apply	
Mail solicitations			e	Solicitation of no	n-government grants	
Internet and e-mail s	olicitations		f	Solicitation of go	vernment grants	
Phone solicitations			g	Special fundraising	ng events	
I	ns					
Did the organization have or key employees listed i						Г Yes Г N
If "Yes," list the ten higher to be compensated at lea						
		(iii)	Dıd	1		1
		fundrais	erhave		(v) A mount paid to	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or entity (lunuralser)		contribi		I TOTAL ACTIVITY	col (i)	organization
		Yes	No]		
			1			
tal			>			

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, lir eipts greater than \$5,	ne 18, or r ,000.	eport	:ed
			(a) Event #1 ANNUAL SPORTING	(b) Event #2 RIDE FOR TWO	(c) O ther Events	(d) Tot (Add col col		
			(event type)	RIVERS (event type)	(total number)			
₽	1	Gross receipts	265,327				28	7,260
Revenue	2	Less Charitable contributions	250,657					8,385
	3	Gross income (line 1 minus line 2)	14,670	4,205			18	8,875
	4	Cash prizes						
မွာ	5	Non-cash prizes	810	1,230				2,040
Expenses	6	Rent/facility costs	89,362				8 9	9,362
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	26,907	7,063			3.3	3,970
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	•		12!	5,372
	11	Net income summary Combine lir	nes 3, column d, and line	10			-106	6,497
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more	than:	l
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota (Add col col		
_	1	Gross revenue						
	2	Cash prizes						
sesued	3	Non-cash prizes						
Direct Ex	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor	✓ Yes% ✓ No	∀es		_		
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Coml	oine lines 1, column d, ai	nd line 7				
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		e any of the organization's gaming l (es," Explain	censes revoked, susper	ded or terminated during	the tax year?	10a		
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity	. 11		
					Schedule G (Form	990 or 990-	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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 contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

Internal Revenue Service

Name of the organization

DLN: 93493090005201 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection Employer identification number

NATIONAL FOREST FOUNDATION						52-1786332	
Part I General Informatio 1 Does the organization maintain the selection criteria used to average and the selection criteria used to average and the selection criteria.	records to substantı vard the grants or as	ate the amount of the					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	ssistance to Go e 21 for any recip	vernments and O	rganizations in the more than \$5,000. Ch	United States. Cor	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga						<u>*</u> _	114

	·				
Part III	Grants and Other Assistance to Individuals in the United State	. Complete if the organization	answered "Yes"	to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant receipants submit mid-term and end-of-term narrative and financial reports, which are reviewed by the National Forest Foundations staff Recipients are required to seek approval before making any changes to the original workplan or budget

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493090005201

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NATIONAL FOREST FOUNDATION **Employer identification number**

52-1786332

Pa	It I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	·			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a	Yes	<u> </u>
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a	<u> </u>	No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A , line 1a, did the organization provide any non-fixed ' describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII				
	subject to the initial contract exception described in Part III	ın Regs section 53 4958-4(a)(3)? If "Yes," describe			l
			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
William J Possiel	(ı) (ıı)	178,577 0	71,743 0		12,837 0	22,484 0	285,641 0	0 0

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

Ident if ier	Ret urn Ref erence	Explanat ion
Pa	art I, Line 5	The board decides on an annual bonus for William Possiel based on the annual finances of the organization

Schedule J (Form 990) 2009

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DLN: 93493090005201

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization NATIONAL FOREST FOUNDATION Employer identification number

52-1786332

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		After preparation by the Foundation's independent accounting firm, the Form 990 will be reviewed by the president and the treasurer of the organization prior to filing with the Internal Revenue Service

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The President is responsible for monitoring potential conflict of interest and, when necessary, discusses concerns with the Chairman to determine if Executive Committee review is necessary

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		The board approves annual organizational performance objectives which create the mechanism to evaluate the performance of the executive director. At the end of the fiscal year, the Chairman seeks peer input by discussing performance with each member of senior staff, At its fall meeting the board goes into executive session for the Chairman to report on peer input and seek board input on ED performance. Following the board's executive session the Exc. Committee, which serves as the Compensation Committee meets to review staff and board input, performance against organization performance objectives and determines a bonus based on this information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABE UPON REQUEST

Software ID: Software Version:

EIN: 52-1786332

Name: NATIONAL FOREST FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) (C) Average Position (check all hours that apply) per							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
John Hendricks Chair	1 00	Х		х				0	0	0
Craig R Barrett Vice-Chair	1 00	Х		х				0	0	0
David Bell Vice-Chair	1 00	×		х				0	0	0
Bradley K Johnson Treasurer	1 00	х		х				0	0	0
Timothy P Schieffelin Secretary	1 00	Х		х				0	0	0
Peter Foreman Director	1 00	Х						0	0	0
Tıkı Barber Dırector	1 00	Х						0	0	0
thomas I tidwell Director	1 00	Х						0	0	0
Coleman Burke Director	1 00	х						0	0	0
Robert Cole Director	1 00	х						0	0	0
Bart Eberwein Director	1 00	Х						0	0	0
Robert Feitler Director	1 00	Х						0	0	0
Lee Fromson Director	1 00	Х						0	0	0
RO BERT KATZ Director	1 00	Х						0	0	0
ROJE S GOOTEE Director	1 00	Х						0	0	0
Jeff Paro Director	1 00	Х						0	0	0
SUsan Schnabel Director	1 00	Х						0	0	0
Chad Weiss Director	1 00	х						0	0	0
James Yardley Director	1 00	Х						0	0	0
JAMAL MASHBURN Director	1 00	Х						0	0	0
William J Possiel President	40 00			х				250,320	0	35,321
JEFFREY T OLSON VICE PRESIDENT	40 00					x		109,056	0	9,689

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
other expenses	275,983	9,853	265,630	500
special events	74,464	74,025	275	164
equipment rental & main	18,365	149	18,216	
Dues & Publications	7,990	5,620	2,370	
state registrations	4,610	4,535	75	

Software ID:

Software Version:

EIN: 52-1786332

Name: NATIONAL FOREST FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaska Geographic810 EAST NINTH AVENUE ANCHORAGE,AK 99501	92-0043154	501(c)(3)	10,000				Support US National Forests and Grasslands
Alliance of Forest Workers and HarvestersPO Box 6722 Albany,CA 94706	93-1268358	501(c)(3)	34,000				Support US National Forests and Grasslands
A meriCorps St Louis1315 Ann Avenue St Louis, MO 63104	43-1873533	501(c)(3)	68,512				Support US National Forests and Grasslands
Appalachian Mountain Club PO Box 298 Gorham, NH 03581	04-6001677	501(c)(3)	24,450				Support US National Forests and Grasslands
Arizona Sportsmen for Wildlife ConservationPO Box 13116 Phoenix,AZ 850023116	20-0867381	501(c)(3)	60,000				Support US National Forests and Grasslands
Arkansas Wildlife Federation 9108 Rodney Parham Rd ste 101 Little Rock, AR 72205	71-6059226	501(c)(3)	11,822				Support US National Forests and Grasslands
Banta dba RR DonnelleyPO Box 730216 Dallas,TX 753750216	16-0331690		34,560				Support US National Forests and Grasslands
Bat Conservation International IncPO Box 162503 Austin, TX 78716	74-1553144	501(c)(3)	50,000				Support US National Forests and Grasslands
Bitter Root RC&D Area Inc 1709 N 1st Street Hamilton, MT 59840	81-0360178	501(c)(3)	51,286				Support US National Forests and Grasslands
Blue Mtn Comm Renewal CouncilPO Box 1441 West Point, CA 95255	68-0346108	501(c)(3)	7,500				Support US National Forests and Grasslands

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 84-1512852 501(c)(3) Center for Native Support US National Ecosystems1536 Wynkoop Forests and 24,000 Street Grasslands Denver, CO 80202 cityWILDPO Box 883 84-1461964 501(c)(3) Support US National Denver, CO 80201 Forests and 17,068 Grasslands Clackamas River Basin 91-1838169 501(c)(3) Support US National CouncilPO Box 1869 Forests and 20,000 Clackamas, OR 97015 Grasslands Support US National Clearwater Resource Council 20-0526054 501(c)(3) PO Box 1471 Forests and 32,020 Seeley Lake, MT 59868 Grasslands Coalition for the Upper South 84-1469785 Support US National 501(c)(3) PlatteBox 726 Forests and 34,500 Lake George, CO 80827 Grasslands Colorado Fourteeners 84-1354844 Support US National 501(c)(3) Initiative607 Tenth Street Forests and 24,621 Suite 107N Grasslands Golden, CO 80401 84-0410760 501(c)(3) Support US National Colorado Mountain Club710 Tenth Street Forests and 22,000 Golden, CO 80401 Grasslands Columbia Gorge Ecology 93-1187452 Support US National 501(c)(3) InstitutePO Box 1104 Forests and 6,000 Hood River, OR 97031 Grasslands Community Forest TrustPO 20-3187446 501(c)(3) Support US National Box 10883 Forests and 10,000 Prescott.AZ 86304 Grasslands 501(c)(3) Support US National Continental Divide Trail 84-1325488 Forests and Alliance1200 Arpahahoe 59,540 Street Grasslands Golden, CO 80401

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Cottonwood Canyons 74-3058673 Support US National Foundation3165 E Millrock Forests and 50,451 Drste 190 Grasslands Holladay, UT 84121 Eagle County GovernmentPO 84-6000762 GOVERNMENT Support US National Box 850 Forests and 30,000 Grasslands Eagle, CO 81631 Ecology Project International 91-2163952 501(c)(3) Support US National PO Box 9192 Forests and 40,000 Grasslands Missoula, MT 59807 Forest GuildPO Box 519 85-0446866 501(c)(3) Support US National Santa Fe, NM 87504 Forests and 80,000 Grasslands Forest History Society 701 41-0762363 Support US National 501(c)(3) William Vickers Ave Forests and 20,000 Durham, NC 27701 Grasslands Four Corners School of 39-1509336 Support US National 501(c)(3) Outdoor EducationPO Box Forests and 40,000 1029 Grasslands Monticello, UT 84535 501(c)(3) Support US National Friends of Dillon Ranger 20-2343008 DistrictPO Box 1648 Forests and 70,000 Silverthorne, CO 80498 Grasslands Friends of Nevada 88-0211763 Support US National 501(c)(3) WildernessPO Box 9754 Forests and 000,08 Reno, NV 89507 Grasslands Friends of Pathways PO Box 83-0309897 501(c)(3) Support US National 2062 Forests and 30,000 Jackson, WY 83002 Grasslands 501(c)(3) Support US National Friends of the Boundary 36-3414821 Waters Wilderness 401 N 3rd Forests and 30,000 Street ste 290 Grasslands

Minneapolis, MN 55401

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Friends of the Eagles Nest WildernessPO Box 2458 Silverthorne, CO 80498	84-1305851	501(c)(3)	10,000				Support US National Forests and Grasslands	
Friends of the Inyo699 West Line St ste A Bishop, CA 93514	77-0389436	501(c)(3)	107,000				Support US National Forests and Grasslands	
Friends of the Teton RiverPO Box 768 Driggs,ID 83422	82-0527505	501(c)(3)	72,000				Support US National Forests and Grasslands	
Grand Canyon Wildlands CouncilPO Box 1594 Flagstaff, AZ 86002	86-0894042	501(c)(3)	42,400				Support US National Forests and Grasslands	
Great Burn Study Group1434 Jackson Street Missoula, MT 59802	55-0790103	501(c)(3)	99,795				Support US National Forests and Grasslands	
Great Old Broads for WildernessPO Box 2924 Durango,CO 81302	87-0479828	501(c)(3)	29,000				Support US National Forests and Grasslands	
Headwaters Trails Alliance PO Box 946 Granby,CO 80446	84-1363392	501(c)(3)	6,753				Support US National Forests and Grasslands	
Heart of O regon Corps Inc PO Box 279 Bend, OR 97709	93-1303879	501(c)(3)	112,190				Support US National Forests and Grasslands	
Hells Canyon Preservation CouncilPO Box 2768 LaGrande, OR 97850	93-0999442	501(c)(3)	8,400				Support US National Forests and Grasslands	
Henry's Fork FoundationPO Box 550 Ashton,ID 83420	82-0391884	501(c)(3)	11,900				Support US National Forests and Grasslands	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 74-3261833 501(c)(3) High Desert PartnershipPO Support US National Box 55 Forests and 7,500 Hines, OR 97738 Grasslands John J Hill Memorial Fund100 52-1552597 501(c)(3) Support US National Harborview Drive Forests and 10,712 Baltimore, MD 21230 Grasslands 501(c)(3) Juneau Watershed 92-0171846 Support US National Forests and PartnershipPO Box 20649 58,132 Juneau, AK 99802 Grasslands 501(c)(3) Klawock Watershed Council 03-0391940 Support US National PO Box 278 Forests and 20,000 Klawock, AK 99925 Grasslands 501(c)(3) Lake County Resources 93-1330699 Support US National Initiative 100 N D Street ste Forests and 100,000 202 Grasslands Lakeview, OR 97630 501(c)(3) Mancos Valley ResourcesPO 84-1232547 Support US National Box 204 Forests and 6,000 Mancos, CO 81328 Grasslands 501(c)(3) Mid Klamath Watershed 20-1501256 Support US National CouncilPO Box 409 Forests and 31,269 Orleans, CA 95556 Grasslands 501(c)(3) Middle Fork Willamette 26-0813058 Support US National Watershed CouncilPO Box Forests and 49,500 27 Grasslands Lowell, OR 97452 84-1182631 Mile High Youth Corps1801 501(c)(3) Support US National Federal Blvd Forests and 122,400 Denver, CO 80204 Grasslands 81-0523861 501(c)(3) Support US National Montana Discovery Foundation2880 Skyway Forests and 20,274 Grasslands Drive Helena, MT 59602

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Montana State University309 81-6010045 Support US National Montana Hall Forests and 25,000 Bozeman, MT 59717 Grasslands Mount St Helens Institute 91-1569993 501(c)(3) Support US National 42218 NE Yale Bridge Road Forests and 23,400 Amboy, WA 98601 Grasslands 501(c)(3) Mountains to Sound 91-1531234 Support US National Forests and Greenway Trust911 Western 100,000 Avenue Grasslands Seattle, WA 98104 Mt Adams Resource 51-0503978 501(c)(3) Support US National StewardsPO Box 152 Forests and 43,976 Glenwood, WA 98619 Grasslands National Wild Turkey 57-0564993 501(c)(3) Support US National FederationPO Box 530 Forests and 562,495 Edgefield, SC 29824 Grasslands 501(c)(3) Nat'l Sports Ctr for the 84-0738419 Support US National Disabled1801 Mile High Forests and 10,000 Stadium Cir Grasslands Denver, CO 80204 501(c)(3) 22-6065456 Support Restoration of New Jersey Conservation Foundation170 LONGVIEW New Jersey Highlands 125,000 ROAD FAR HILLS, NJ 07931 501(c)(3) New Mexico Wilderness 85-0457916 Support US National Alliance142 Truman Street Forests and 40,000 Albuquerque, NM 87108 Grasslands North Central Washington 91-1576415 501(c)(3) Support US National RC&D1251 South 2nd Ave Forests and 17,000 ste 101 Grasslands Okanogan, WA 98840 North Fork John Day 20-5460326 501(c)(3) Support US National Watershed CouncilPO Box Forests and 65,000 444 Grasslands Long Creek, OR 97856

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Northwest Connections PO 81-0512346 Support US National Box 1309 Forests and 49,960 Swan Valley, MT 59826 Grasslands Ohio UniversityHDL Center 31-6402113 501(c)(3) Support US National rm 280 Forests and 12,000 Athens, OH 45701 Grasslands Old Town CreativePO Box 26-2573718 Support US National 4420 Forests and 5,500 Whitefish, MT 59937 Grasslands 501(c)(3) Oregon State UniversityPO 48-1278540 Support US National Box 1086 Forests and 28,094 Corvallis, OR 973391069 Grasslands 94-3067291 501(c)(3) Support US National Oregon Youth Conservation CorpsCommunity Colleges Forests and 66,000 Workforce Dev Grasslands Salem, OR 97310 501(c)(3) Organized Village of Kasaan 92-0119632 Support US National PO BOX 26-KXA Forests and 20,000 Grasslands KETCHIKAN, AK 999500340 91-1023116 501(c)(3) Support US National Pacific Northwest Trail Assoc Forests and 24854 Charles Jones Mem 40,566 Cır 4 Grasslands Sedro Woolley, WA 98284 501(c)(3) Plateau Restoration3170 87-0533454 Support US National Rimrock Road Forests and 29,000 Moab, UT 84532 Grasslands Roaring Fork Outdoor 84-1302819 501(c)(3) Support US National VolunteersPO Box 1341 Forests and 43,750 Basalt, CO 81621 Grasslands 501(c)(3) Rocky Mountain Field 74-2225140 Support US National Institute3310 W Colorado Forests and 17,958 Grasslands Avenue Colorado Springs, CO 80904

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 84-0472090 501(c)(3) Rocky Mountain Nature Support US National AssociationPO Box 3100 Forests and 125,000 Estes Park, CO 80517 Grasslands Rocky Mountain Youth Corps 84-1483022 501(c)(3) Support US National PO Box 1960 Forests and 45,365 Ranchos De Taos, NM Grasslands 87557 Rocky Mountain Youth 84-1483022 501(c)(3) Support US National Corps-Colorado1709 N First Forests and 80,000 Grasslands Street Hamilton, MT 59840 501(c)(3) Sage Community Resources 82-0297631 Support US National 125 E 50th Street Forests and 7,500 Boise, ID 83714 Grasslands 20-2951677 501(c)(3) Salmon Drift Creek Support US National Forests and Watershed CouncilPO Box 45,000 112 Grasslands Neotsu, OR 97364 Salmon Valley Stewardship 20-3724466 501(c)(3) Support US National 513 Main Street Forests and 32,000 Grasslands Salmon, ID 83467 92-0096633 501(c)(3) Sitka Conservation Society Support US National Box 6533 Forests and 36,900 Sitka, AK 99835 Grasslands 501(c)(3) Sky Island Alliance 738 N 86-0796748 Support US National 5th Ave Ste 201 Forests and 13,588 Tucson, AZ 85705 Grasslands Southwest Oregon RC&D576 93-1140954 501(c)(3) Support US National NE E Street Forests and 7,500 Grants Pass, OR 97526 Grasslands 501(c)(3) Student Conservation 91-0880684 Support US National Forests and Association 1800 N Kent 23,700 Grasslands Street ste 102 Arlington, VA 22209

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Student Conservation Association1230 Preservation Park Way Oakland, CA 94612	91-0880684	501(c)(3)	64,607				Support US National Forests and Grasslands	
Student Conservation AssociationPO Box 577 Charlestown,NH 03603	91-0880684	501(c)(3)	90,000				Support US National Forests and Grasslands	
Superior Watershed Partnership2 Peter White Drive Marquette, MI 49855	38-3492677	501(c)(3)	87,975				Support US National Forests and Grasslands	
Sustainable Northwest831 SW Alder Street Portland, OR 97205	93-1152222	501(c)(3)	10,000				Support US National Forests and Grasslands	
Swan Ecosystem Center 6887 Hwy 83 Condon,MT 59826	81-0512368	501(c)(3)	20,000				Support US National Forests and Grasslands	
Taiya Inlet Watershed CouncilPO Box 826 Skagway,AK 99840	20-0240682	501(c)(3)	40,000				Support US National Forests and Grasslands	
Takshanuk Watershed CouncilPO Box 1029 Haines,AK 99827	33-1069246	501(c)(3)	20,000				Support US National Forests and Grasslands	
The Conservation Fund101 W 6th Street ste 601 Austin, TX 79701	52-1388917	501(c)(3)	7,500				Support US National Forests and Grasslands	
The Freshwater Trust65 SW Yamhill Street Portland, OR 97204	83-0843521	501(c)(3)	145,600				Support US National Forests and Grasslands	
The Land Conservancy of NJ 19 Boonton Ave Boonton, NJ 07005	22-2378868	501(c)(3)	186,750				Support Restoration of New Jersey Highlands	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Nature Conservancy821 SE 14th Avenue Portland, OR 97214	53-0242652	501(c)(3)	206,021				Support US National Forests and Grasslands		
The River ExchangePO Box 784 Dunsmuir, CA 96025	91-1818846	501(c)(3)	25,000				Support US National Forests and Grasslands		
The Southern Appalachian Highlands Conservancy34 Wall Street ste 502 Asheville, NC 288012710	62-1098890	501(c)(3)	100,000				Support US National Forests and Grasslands		
The Wetlands Initiative53 W Jackson Blvd ste 1015 Chicago,IL 60604	36-3942451	501(c)(3)	338,000				Support US National Forests and Grasslands		
Trout Unlimited151 N Ridge Ave ste 120 Idaho Falls,ID 83402	38-1612715	501(c)(3)	40,000				Support US National Forests and Grasslands		
UncompahgreCom IncPO Box 244 Delta,CO 81416	84-1545251	501(c)(3)	72,000				Support US National Forests and Grasslands		
Upper Deschutes River CoalitionPO Box 3042 Sunriver, OR 97707	30-0557393	501(c)(3)	12,000				Support US National Forests and Grasslands		
Upper Gila Watershed AlliancePO Box 383 Gila,NM 88038	85-0441412	501(c)(3)	7,725				Support US National Forests and Grasslands		
USDA Forest Service (tree plantingCCF)PO Box 894183 Los Angeles, CA 901894183		GOVERNMENT	530,917				Tree Planting and related cost		
Vermont Natural Resources CouncilPO Box 471 Waitsfield, VT 05673	03-0223731	501(c)(3)	7,500				Support US National Forests and Grasslands		

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vermont Youth Conservation Corps1949 East Main Street Richmond, VT 05477	03-0328834	501(c)(3)	52,004				Support US National Forests and Grasslands
Volunteers for Outdoor Colorado600 S Marion Parkway Denver,CO 80209	74-2357211	501(c)(3)	119,080				Support US National Forests and Grasslands
Wallowa Resources200 W North Street Enterprise, OR 97828	91-1794627	501(c)(3)	220,000				Support US National Forests and Grasslands
West VA Highlands ConservancyPO Box 306 Charleston, WV 25321	55-0523780	501(c)(3)	5,500				Support US National Forests and Grasslands
Wild Connections1420 Pinewood Road Florissant, CO 80816	14-1899876	501(c)(3)	37,285				Support US National Forests and Grasslands
Wild Places IHCPO Box 923 Malibu, CA 90265	33-0767921	501(c)(3)	9,020				Support US National Forests and Grasslands
Wild South16 Eagle Street ste 200 Asheville, NC 28801	56-2173810	501(c)(3)	37,233				Support US National Forests and Grasslands
Wild VirginiaPO Box 1065 Charlottesville, VA 22902	54-1841861	501(c)(3)	8,000				Support US National Forests and Grasslands
Wilderness Institute32 Campus Drive Missoula, MT 59812	81-6001713	501(c)(3)	113,536				Support US National Forests and Grasslands
Wildlands CPRPO Box 7516 Missoula, MT 59807	81-0512261	501(c)(3)	40,000				Support US National Forests and Grasslands

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Wildlands Restoration Volunteers 3012 Sterling Circle ste 201 Boulder, CO 80301	46-0505155	501(c)(3)	98,440				Support US National Forests and Grasslands			
Wildwest InstitutePO Box 7998 Missoula, MT 59807	81-0482675	501(c)(3)	10,000				Support US National Forests and Grasslands			
Wolftree Inc23606 S Woodview Lane Beavercreek, OR 97004	54-1841861	501(c)(3)	20,976				Support US National Forests and Grasslands			
Yakutat Salmon BoardPO Box 160 Yakutat, AK 99689	92-6001319	501(c)(3)	20,000				Support US National Forests and Grasslands			
Yosemite Sequoia RC&DPO Box 415 North Fork, CA 93643	91-2155866	501(c)(3)	7,500				Support US National Forests and Grasslands			
Youth Restoration CorpsPO Box 2416	91-1785386	501(c)(3)	28,800				Support US National Forests and Grasslands			

Grasslands

Kenai, AK 99611