



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the 2011 calendar year, or tax year beginning , 2011, and ending ,

Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AMERICAN FOREST FOUNDATION</u>		D Employer Identification Number <u>52-1235124</u>
	Doing Business As		E Telephone number <u>(202) 463-2462</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1111 19TH STREET, NW</u> <u>780</u>		
	City, town or country State ZIP code + 4 <u>WASHINGTON</u> <u>DC</u> <u>20036</u>		
	F Name and address of principal officer <u>TOM MARTIN 1111 19th ST, NW, #780 WASHINGTON DC 20036</u>		G Gross receipts \$ <u>43,164,592.</u>
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
Website: <u>www.forestfoundation.org</u>		H(c) Group exemption number	
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation <u>1981</u>	M State of legal domicile <u>DC</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>THE AMERICAN FOREST FOUNDATION WORKS ON-THE-GROUND WITH FAMILIES, TEACHERS, AND ELECTED OFFICIALS TO PROMOTE STEWARDSHIP AND PROTECT OUR NATION'S FOREST HERITAGE.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>17</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>17</u>
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>38</u>
	6 Total number of volunteers (estimate if necessary)	<u>7,600</u>
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>67,555.</u>
	7b Net unrelated business taxable income from Form 990-T, line 34	<u>0.</u>
	8 Contributions and grants (Part VIII, line 1h)	<u>2,214,145.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>806,198.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,490,324.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,510,667.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,833,037.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,411,590.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>1,454,575.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>2,904,927.</u>
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) <u>638,493.</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>4,379,680.</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>9,926,309.</u>
	19 Revenue less expenses Subtract line 18 from line 12	<u>-4,185,530.</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>135,406,838.</u>
	21 Total liabilities (Part X, line 26)	<u>1,305,135.</u>
	22 Net assets or fund balances Subtract line 21 from line 20	<u>134,101,703.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>[Signature]</u> Date <u>5/9/12</u>			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <u>Robert E. Lane</u>	Preparer's signature <u>[Signature]</u>	Date <u>5/8/12</u>	Check <input checked="" type="checkbox"/> if PTIN self-employed
	Firm's name <u>Lane & Company, CPAs</u>			
	Firm's address <u>1920 N Street NW, Suite 320</u> <u>Washington DC 20036</u>	Firm's EIN <u>52-1738520</u>		
		Phone no <u>(202) 463-6500</u>		

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

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

SCANNED JUN 20 2012

18

2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission

WE ENSURE THE SUSTAINABILITY OF AMERICA'S FAMILY FORESTS FOR PRESENT
AND FUTURE GENERATIONS IN CONJUNCTION WITH OUR STRATEGIC
PARTNERS.

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

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

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 4,133,663. including grants of \$ 1,051,808.) (Revenue \$ 1,065,655.)

WOODLANDS: THE AMERICAN FOREST FOUNDATION (AFF) WORKS NATIONWIDE AND IN
PARTNERSHIP WITH LOCAL, STATE, AND NATIONAL GROUPS TO PROVIDE HANDS-ON SUPPORT
FOR AMERICA'S 10 MILLION FAMILY FOREST OWNERS, GIVING THEM THE
TOOLS THEY NEED TO MANAGE HEALTHY AND SUSTAINABLE WOODLANDS. THE
AMERICAN TREE FARM SYSTEM, A PROGRAM OF AFF, IS A NETWORK OF MORE THAN
95,000 WOODLAND OWNERS SUSTAINABLY MANAGING 26 MILLION ACRES OF FOREST LAND.
IT IS THE LARGEST AND OLDEST SUSTAINABLE WOODLAND SYSTEM IN AMERICA,
INTERNATIONALLY RECOGNIZED, MEETING STRICT THIRD-PARTY CERTIFICATION
STANDARDS.

4b (Code _____) (Expenses \$ 2,107,298. including grants of \$ 382,767.) (Revenue \$ 714,693.)

EDUCATION: PROJECT LEARNING TREE (PLT), A PROGRAM OF AFF, WORKS WITH TENS OF
THOUSANDS OF TEACHERS EACH YEAR, PROVIDING THEM WITH TOOLS, TRAINING,
AND RESOURCES TO ENGAGE THEIR STUDENTS IN LEARNING ABOUT THE
ENVIRONMENT, AND TO TAKE THEIR STUDENTS OUTDOORS TO LEARN. PLT
USES FORESTS AS A WINDOW ON THE WORLD AND PROVIDES EDUCATORS WITH ENVIRONMENTAL
EDUCATION CURRICULUM RESOURCES THAT CAN BE INTEGRATED INTO LESSON PLANS
FOR ALL GRADES AND SUBJECT AREAS. PLT TEACHES STUDENTS HOW TO
THINK, NOT WHAT TO THINK, ABOUT COMPLEX ENVIRONMENTAL ISSUES, AND
HELPS THEM ACQUIRE THE SKILLS THEY NEED TO MAKE SOUND CHOICES ABOUT
THE ENVIRONMENT.

4c (Code _____) (Expenses \$ 1,730,257. including grants of \$ 0.) (Revenue \$ 99,203.)

AFF'S COMMUNICATION PROGRAM RAISES AWARENESS OF AFF'S GOALS AND STRATEGIC
PRIORITIES, SUPPORTS ITS SIGNATURE PROGRAMS, PROMOTES SUSTAINABILITY TO
A LARGER PUBLIC AUDIENCE, AND DEVELOPS NEW PARTNERSHIPS WITH THE FORESTRY,
CONSERVATION, AND EDUCATION COMMUNITIES.

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

(Expenses \$ 645,042. including grants of \$ 20,000.) (Revenue \$ 2,610.)

4e Total program service expenses ► 8,616,260.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 88		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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	2a 38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
a 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:			
a 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	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	17	
1 b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued)

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ SCOTT SMILEY 1111 19th Street, N.W. Washington DC 20036 (202) 463-2796

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH STEWART INDIVIDUAL TRUSTEE	1.00	X		X				0.	0.	0.
(2) CONNIE BEST INDIVIDUAL TRUSTEE	1.00	X		X				0.	0.	0.
(3) JUDD BROOKE INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(4) JUDY BRAUS INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(5) SHORNA BROUSSARD ALLRED INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(6) JOHN W. BURKE III INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(7) FRANK GALLAGHER INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(8) DAVID GRAY INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(9) SALLY COLLINS INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(10) NAT FRAZER INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(11) STEVEN P. QUARLES INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(12) COLIN MOSELEY INDIVIDUAL TRUSTEE	1.00	X		X				0.	0.	0.
(13) CLINTON BENTZ INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(14) SARA VICKERMAN INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICK HOLLEY INDIVIDUAL TRSUTEE	1.00	X						0.	0.	0.
(16) JAMES BUZZARD INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(17) DANIEL BEARD INDIVIDUAL TRUSTEE	1.00	X						0.	0.	0.
(18) THOMAS D. MARTIN PRESIDENT & CEO	40.00			X				245,559.	0.	52,543.
(19) SCOTT SMILEY VP, FINANCE/ASST. SECRETARY	40.00			X				131,805.	0.	21,564.
(20) KATHY MCGLAUFILIN SVP, EDUCATION	40.00				X			183,460.	0.	30,295.
(21) ROBERT SIMPSON SVP, WOODLANDS	40.00				X			182,949.	0.	32,402.
(22) JERRY GREENBERG SVP, CONSERVATION	40.00				X			162,326.	0.	30,222.
(23) RITA HITE VP, POLICY	40.00					X		147,707.	0.	22,762.
(24) JENNIFER JONES VP, COMMUNICATION	40.00					X		141,014.	0.	24,089.
(25) PAUL TRIANOSKY INTERIM VP, WOODLANDS	40.00					X		102,913.	0.	20,640.
1b Sub-total								1,297,733.	0.	234,517.
c Total from continuation sheets to Part VII, Section A								105,864.	0.	30,205.
d Total (add lines 1b and 1c)								1,403,597.	0.	264,722.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MERCURY PUBLISHING 1300 PICCARD DR. ROCKVILLE MD 20850	PRINTING SERVICES	239,397.
GRAPHTEC 8620 OLD DORSEY RUN RD. JESSUP MD 20794	PRINTING/DESIGN SERVICES	235,343.
PRICEWATERHOUSECOOPERS 250 HOWE ST. #700 VANCOUVER, BC	CERTIFICATION AUDITS	161,405.
FENTON COMMUNICATIONS 1000 VERMONT AVE. NW, #200 WASHINGTON DC 20005	COMMUNICATIONS ADVICE	132,369.
IVY HILL ASSOCIATES PO BOX 162 ROUND HILL VA 20142	MEETING PLANNING	114,977.

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

2011

Name of the Organization

Employer Identification number

AMERICAN FOREST FOUNDATION

52-1235124

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 16,882.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 905,138.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,032,520.					
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f			1,954,540.				
PROGRAM SERVICE REVENUE	2a SUBSCRIPTIONS		Business Code 900099	114,484.	114,484.	0.	0.
	b ADVERTISING		541800	67,555.	0.	67,555.	0.
	c MEETING REVENUES		900099	143,986.	143,986.	0.	0.
	d SALES OF MATERIALS		900099	424,032.	424,032.	0.	0.
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			750,057.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			3,468,757.	0.	0.	3,468,757.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		36,991,238.				
	b Less: cost or other basis and sales expenses		40,331,555.				
	c Gain or (loss)		-3,340,317.				
	d Net gain or (loss)			-3,340,317.	0.	0.	-3,340,317.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				2,833,037.	682,502.	67,555.	128,440.

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,448,672.	1,448,672.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5,903.	5,903.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,080,505.	874,869.	162,303.	43,333.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,926,903.	1,559,969.	178,148.	188,786.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	149,418.	118,371.	15,035.	16,012.
9 Other employee benefits	211,920.	172,026.	18,657.	21,237.
10 Payroll taxes	194,182.	157,059.	23,556.	13,567.
11 Fees for services (non-employees):				
a Management	107,660.	0.	107,660.	0.
b Legal	30,800.	19,638.	11,162.	0.
c Accounting	39,950.	0.	39,950.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	85,712.	0.	85,712.	0.
g Other	1,178,473.	950,039.	173,358.	55,076.
12 Advertising and promotion	108,683.	98,703.	0.	9,980.
13 Office expenses	109,174.	94,970.	11,589.	2,615.
14 Information technology	166,465.	0.	166,465.	0.
15 Royalties				
16 Occupancy	383,368.	0.	383,368.	0.
17 Travel	574,308.	465,445.	67,828.	41,035.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338,291.	316,787.	19,482.	2,022.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	314,078.	0.	314,078.	0.
23 Insurance	63,215.	0.	63,215.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATION OF INDIRECT	0.	1,110,761.	-1,209,459.	98,698.
b DESIGN/PRODUCTION	247,010.	229,378.	1,950.	15,682.
c RESEARCH	88,435.	86,679.	0.	1,756.
d PRINTING	611,745.	545,480.	13,083.	53,182.
e All other expenses	461,439.	361,511.	24,416.	75,512.
25 Total functional expenses. Add lines 1 through 24e	9,926,309.	8,616,260.	671,556.	638,493.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	413,014.	2	491,288.
	3 Pledges and grants receivable, net	309,950.	3	480,268.
	4 Accounts receivable, net	147,399.	4	178,530.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,135.	8	158,046.
	9 Prepaid expenses and deferred charges	171,263.	9	105,025.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,174,540.		
b Less accumulated depreciation	10b 794,720.	682,410.	10c 379,820.	
11 Investments — publicly traded securities	133,661,667.	11	126,938,751.	
12 Investments — other securities. See Part IV, line 11		12		
13 Investments — program-related. See Part IV, line 11		13		
14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	135,406,838.	16	128,731,728.	
LIABILITIES	17 Accounts payable and accrued expenses	1,219,699.	17	1,171,152.
	18 Grants payable		18	
	19 Deferred revenue	85,436.	19	116,300.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,305,135.	26	1,287,452.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	134,093,857.	27	127,435,595.
	28 Temporarily restricted net assets	7,846.	28	8,681.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	134,101,703.	33	127,444,276.
	34 Total liabilities and net assets/fund balances	135,406,838.	34	128,731,728.

BAA

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,833,037.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,926,309.
3	Revenue less expenses Subtract line 2 from line 1	3	-7,093,272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,101,703.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	435,845.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	127,444,276.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

Yes No

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

2a X

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

2b X

- c** If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c X

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

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

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

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a X

- 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 X

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,381,492.	1,773,545.	1,791,856.	2,235,534.	1,954,540.	10,136,967.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,381,492.	1,773,545.	1,791,856.	2,235,534.	1,954,540.	10,136,967.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						10,136,967.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,381,492.	1,773,545.	1,791,856.	2,235,534.	1,954,540.	10,136,967.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,664,933.	4,768,455.	3,087,886.	3,236,939.	3,468,757.	23,226,970.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	103,123.	92,366.	76,436.	93,134.	67,555.	432,614.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,769.	0.	0.	0.	0.	2,769.
11 Total support. Add lines 7 through 10						33,799,320.
12 Gross receipts from related activities, etc (see instructions)					12	3,024,647.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	29.99 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	33.82 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

Other Income Part II, Line 10

Description: OTHER REVENUE

2007: 2769.

2008: 0.

2009: 0.

2010: 0.

2011: 0.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545 0047

2011

**Open to Public
Inspection**

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	37,410.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	40,049.													
c Total lobbying expenditures (add lines 1a and 1b)	77,459.													
d Other exempt purpose expenditures	8,538,800.													
e Total exempt purpose expenditures (add lines 1c and 1d)	8,616,259.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	580,813.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	145,203.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying non-taxable amount	0.	580,089.	524,983.	580,813.	1,685,885.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,528,828.
c Total lobbying expenditures	0.	34,414.	35,787.	77,459.	147,660.
d Grassroots nontaxable amount	0.	145,022.	131,246.	145,203.	421,471.
e Grassroots ceiling amount (150% of line 2d, column (e))					632,207.
f Grassroots lobbying expenditures	0.	1,824.	2,383.	37,410.	41,617.

BAA

Schedule C (Form 990 or 990-EZ) 2011

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545 0047

2011

**Open to Public
Inspection**

Employer identification number

AMERICAN FOREST FOUNDATION

52-1235124

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

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

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		290,302.	193,113.	97,189.
d Equipment		884,238.	601,607.	282,631.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				379,820.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,833,037.
2	Total expenses (Form 990, Part IX, column (A), line 25)	9,926,309.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-7,093,272.
4	Net unrealized gains (losses) on investments	435,845.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	435,845.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-6,657,427.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,268,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	435,845.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	435,845.
3	Subtract line 2e from line 1	3	2,833,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,833,037.

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

1	Total expenses and losses per audited financial statements	1	9,926,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,926,309.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,926,309.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALABAMA FORESTRY_FDN. 555 ALABAMA ST. MONTGOMERY AL 36104	63-0756161	501(c)3	10,600.				ENVIRON. ED.
(2) ALABAMA STFC 555 ALABAMA ST. MONTGOMERY AL 36104	63-0272060	501(c)3	19,991.				OWNER OUTREACH
(3) ALDO LEOPOLD_FDN, INC. E. 13701 LEVEE RD. BARABOO WI 53913	39-1423225	501(c)3	46,000.				ENVIRON. ED.
(4) ALDO LEOPOLD_FDN, INC. E. 13701 LEVEE RD. BARABOO WI 53913	39-1423225	501(c)3	13,000.				OWNER OUTREACH
(5) ARKANSAS FORESTRY ASSOC. 1213 WEST 4TH ST. LITTLE ROCK AR 72201	62-1665530	501(c)3	10,700.				ENVIRON. ED.
(6) ARKANSAS STFC 410 S. CROSS ST. LITTLE ROCK AR 72201	N/A		16,583.				OWNER OUTREACH
(7) BARINGER 9TH GRADE ACA 24 CRANE ST. NEWARK NJ 07104	22-6002140		6,000.				ENVIRON. ED.
(8) BENJAMIN FRANKLIN_HS 1201 CAMBRIA ST. BALTIMORE MD 21225	52-1790695		6,000.				ENVIRON. ED.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

36

3 Enter total number of other organizations listed in the line 1 table

62

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

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 1 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMFIELD TECHNICAL HS 209 FRANKLIN ST. BLOOMFIELD NJ 07003	22-6002441		6,000.				ENVIRON. ED.
BOYD MIDDLE SCHOOL 305 WEST 35TH ST. SAND SPRINGS OK 74063	73-0121420		6,000.				ENVIRON. ED.
BROKEN ARROW 1901 EAST ALBANY BROKEN ARROW OK 74012	73-6060638		6,000.				ENVIRON. ED.
CCFF PO BOX 1384 SACRAMENTO CA 95812	68-0388295	501 (c) 3	8,000.				ENVIRON. ED.
CALIFORNIA STFC 1777 LAKESIDE DRIVE REDDING CA 96001	94-3272196	501 (c) 3	12,001.				OWNER OUTREACH
CENTRAL HIGH SCHOOL 246 18TH AVE. NEWARK NJ 07180	22-6002140		6,000.				ENVIRON. ED.
CHARLESTON COLLEGIATE SCH 2024 ACADEMY DRIVE JOHN'S ISLAND SC 29455	57-0524957	501 (c) 3	6,000.				ENVIRON. ED.
CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD CLEMSON SC 29634	57-6000254		33,750.				ENVIRON. ED.
COLE MIDDLE SCHOOL 3240 HUMBOLT ST. DENVER CO 80205	84-9800755		6,000.				ENVIRON. ED.
COLORADO ALLIANCE FOR 15260 S. GOLDEN RD. GOLDEN CO 80401	84-1134814	501 (c) 3	8,000.				ENVIRON. ED.

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

2011

Continuation Page 2 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STFC 1000 RIM DRIVE DURANGO CO 81301	58-2667238		8,326.				OWNER OUTREACH
CONNECTICUT FOREST & PARK 16 MERIDEN ROAD ROCKFALL CT 06481	06-0613430	501 (c) 3	8,000.				ENVIRON. ED.
EMPIRE STATE FORESTRY 47 VAN ALSTYNE DRIVE RENSSELAER NY 12144	14-1801693	501 (c) 3	9,950.				ENVIRON. ED.
FEANM PO BOX 36958 ALBUQUERQUE NM 87176	85-0435778	501 (c) 3	11,200.				ENVIRON. ED.
ESSEX COUNTY VOCATIONAL 209 FRANKLIN ST. BLOOMFIELD NJ 07003	22-6002441		8,070.				ENVIRON. ED.
FLORIDA STFC 402 E. JEFFERSON ST. TALLAHASSEE FL 32301	N/A		17,789.				OWNER OUTREACH
FOREST & WOODLAND ASSOC. 503 E. NIJONG COLUMBIA MO 65201	27-2707991		15,000.				OWNER OUTREACH
GEORGIA FORESTRY FDN. PO BOX 1217 FORSYTH GA 31029	58-1888283	501 (c) 3	7,907.				ENVIRON. ED.
GEORGIA STFC 551 N. FRONTAGE RD. FORSYTH GA 31029	N/A		20,863.				OWNER OUTREACH
GEORGE MASON HIGH SCHOOL 7124 LEESBURG PIKE FALLS CHURCH VA 22043	54-6000332		6,000.				ENVIRON. ED.

TEEA4001 08/25/11

Schedule I (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 3 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT LAKES FOREST ALLIAN 1992 FOLWELL AVE. ST. PAUL MN 55108	39-1616359	501(c)3	13,500.				ENVIRON. ED.
GUTHRIE CENTER ELEMENTARY 900 N. 4TH ST. GUTHRIE CENTER IA 50115	42-6023557		6,000.				ENVIRON. ED.
HINKLEY HIGH SCHOOL 1250 CHAMBERS RD. AURORA CO 80011	82-9802610		6,000.				ENVIRON. ED.
HUBBARD BROOK RESEARCH 16 BUCK ROAD HANOVER NH 03755	02-0474938	501(c)3	47,843.				OWNER OUTREACH
IDAHO FOREST PROD. COMMIS 350 N. 9TH ST. #304 BOISE ID 83702	82-0454604	501(c)3	9,000.				ENVIRON. ED
IDAHO STFC 204 E. SHERMAN AVE. COEUR'D ALENE ID 83814	N/A		19,339.				OWNER OUTREACH
IL ENVIRONMENTAL EDU. ASS 1505 N. BROADWAY AVE. URBANA IL 61801	36-2837731	501(c)3	10,000.				ENVIRON. ED
ILLINOIS STFC 2317 E. LINCOLN WAY STERLING IL 61081	N/A		16,404.				OWNER OUTREACH
INDIANA STFC 2896 CENTENNIAL ROAD MARTINSVILLE IN 46151	N/A		15,506.				OWNER OUTREACH
INDIANLAND MIDDLE SCHOOL 8631 CHARLOTTE HWY. INDIANLAND SC 29707	57-6000371		6,000.				ENVIRON. ED

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

2011

Continuation Page 4 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STFC 4331 DOVE ROAD ELGIN IA 52141	N/A		13,365.				OWNER OUTREACH
KACEE 2610 CLAFLIN RD. MANHATTAN KS 66502	48-0850919	501(c)3	10,000.				ENVIRON. ED
KENTUCKY STFC 106 PROGRESS DRIVE FRANKFORT KY 40601	N/A		10,039.				OWNER OUTREACH
KICKAPOO WOODS COOP PO BOX 71 LA FARGE WI 54369	39-1999027		25,000.				OWNER OUTREACH
LOUISIANA FORESTRY ASSOC. PO BOX 5067 ALEXANDRIA LA 71307	72-0428001	501(c)6	10,000.				ENVIRON. ED
LOUISIANA STFC 2316 S. MACARTHUR DR. ALEXANDRIA LA 71301	N/A		18,455.				OWNER OUTREACH
MAINE STFC 407 WELD ST. DIXFIELD ME 04224	01-0530256		12,554.				OWNER OUTREACH
MAINE TREE FOUNDATION 153 HOSPITAL ST. AUGUSTA ME 04332	01-0453264	501(c)3	10,000.				ENVIRON. ED.
MANOMET PO BOX 1770 MANOMET MA 02345	22-3051362	501(c)3	42,210.				OWNER OUTREACH
MARYLAND STFC 13403 BLACK VALLEY RD. NE FLINTSTONE MD 21530	25-1917645		22,160.				OWNER OUTREACH

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 5 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS STFC 93 LENOX AVE. PITTSFIELD MA 01201	N/A		9,587.				OWNER OUTREACH
MCKINLEY TECH HIGH SCHOOL 15 T ST. NE WASHINGTON DC 20002	53-6001131		6,000.				ENVIRON. ED
MCLAIN MAGNET HIGH SCHOOL 4929 N. PEORIA AVE. TULSA OK 74126	73-6021242		6,000.				ENVIRON. ED
MI SOCIETY OF AMERICAN FO 8717 N. ROSCOMMON RD. ROSCOMMON MI 48653	53-0204630	501 (c) 3	8,000.				ENVIRON. ED
MICHIGAN STFC 6865 W. 10 MILE RD. DAFTER MI 49724	N/A		8,072.				OWNER OUTREACH
MN FOREST RESOURCES COUN. 2003 UPPER BUFORD CR. ST. PAUL MN 55108	41-6007162		10,000.				OWNER OUTREACH
MINNESOTA STFC 20 NORTH 22ND ST. CLOQUET MN 55720	N/A		17,744.				OWNER OUTREACH
MISSISSIPPI STFC BOX 9680 MISSISSIPPI STAT MS 39762	N/A		42,531.				OWNER OUTREACH
MISSOURI STFC 611 E. CAPITOL AVE. #1 JEFFERSON CITY MO 65101	N/A		13,177.				OWNER OUTREACH
MONTANA STFC 21 COLUMBINE COURT MISSOULA MT 59802	81-0456078	501 (c) 3	9,693.				OWNER OUTREACH

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 6 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part II. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSU_EXTENSION_FORESTRY 32_CAMPUS_DRIVE MISSOULA MT 59812	81-6010045		8,000.				ENVIRON. ED.
NEW_HAMPSHIRE_STFC 54_PORTSMOUTH_ST. CONCORD NH 03301	N/A		13,847.				OWNER OUTREACH
NEW_JERSEY_STFC 136_COZY_LAKE_RD. OAK RIDGE NJ 07438	22-3501427		5,292.				OWNER OUTREACH
NEW_YORK_STFC 6_GARDEN_ST. WALTON NY 13856	22-3497160		15,921.				OWNER OUTREACH
NC_FORESTRY_ASSOC. CAMPUS_BOX_8008 RALEIGH NC 27606	04-3626382	501 (c) 6	7,400.				ENVIRON. ED
NORTH_CAROLINA_STFC 1807_DUNWICK_COURT CARY NC 27523	N/A		23,461.				OWNER OUTREACH
NH_PLT 54_PORTSMOUTH_ST. CONCORD NH 03301	02-0493547	501 (c) 3	10,000.				ENVIRON. ED.
OHIO_STFC 4080_S_HIGH_ST. COLUMBUS OH 43207	31-6050550		16,053.				OWNER OUTREACH
OREGON_STFC 5600_STATE_ST. SALEM OR 97310	93-1116398	501 (c) 3	52,977.				OWNER OUTREACH
OWASSO_7TH_GRADE_CENTER 1501_N_ASH_ST. OWASSO OK 74055	73-0773051		24,000.				ENVIRON. ED.

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 7 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWASSO RAM ACADEMY 1501 N. ASH ST. OWASSO OK 74055	53-6001131		6,000.				ENVIRON. ED.
PEASLEY MIDDLE SCHOOL 2885 HICKORY FORD RD. GLOUCESTER VA 23061	54-6001313		6,000.				ENVIRON. ED.
PENNSYLVANIA STFC 340 LIBERTY ST. CLARION PA 16214	N/A		29,714.				OWNER OUTREACH
PROJECT LEARNING TREE OHI 2045 MORSE ROAD COLUMBUS OH 43229	31-1286951	501 (c) 3	8,000.				ENVIRON. ED.
RALPH CHANDLER MIDDLE SCH 4231 FORK SHOALS RD. SIMPSONVILLE SC 29680	57-6000234		6,000.				ENVIRON. ED.
RHODE ISLAND STFC 5 DARTMOUTH AVE RIVERSIDE RI 02915	05-0467224		7,677.				OWNER OUTREACH
SCHLAGLE HIGH SCHOOL 2214 NORTH 59TH ST. KANSAS CITY KS 66104	48-6031181		6,000.				ENVIRON. ED.
SOUTH DAKOTA PLT 10164 W HIGHWAY 14 SPEARFISH SD 57783	80-0046020	501 (c) 3	8,000.				ENVIRON. ED.
SOCIETY OF AMER. FORESTER 5400 GROSVENOR LANE BETHESDA MD 20814	53-0204630	501 (c) 3	22,884.				OWNER OUTREACH
SOUTH CAROLINA STFC 5500 BROAD RIVER ROAD COLUMBIA SC 29221	N/A		38,502.				OWNER OUTREACH

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

2011

Continuation Page 8 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA STFC 10164 HIGHWAY 14 SPEARFISH SD 57783	23-7333341		9,379.				OWNER OUTREACH
ST. COLUMBUS CATHOLIC SCH 1801 E. 3RD AVE. DURANGO CO 81301	74-2723439		6,000.				ENVIRON. ED.
SWOAM 153 HOSPITAL ST. AUGUSTA ME 04332	01-0360072	501(c)3	30,000.				OWNER OUTREACH
TENNESSEE STFC PO BOX 290693 NASHVILLE TN 37229	N/A		12,631.				OWNER OUTREACH
TEXAS FORESTRY ASSOC. PO BOX 1488 LUFKIN TX 75902	27-2501071	501(c)3	8,500.				ENVIRON. ED.
TEXAS STFC 1903 ATKINSON DR. LUFKIN TX 75901	N/A		30,915.				OWNER OUTREACH
UNIVERSITY OF FLORIDA PO BOX 110410 GAINESVILLE FL 32611	59-6002052	501(c)3	9,056.				ENVIRON. ED.
UNIVERSITY OF MASS. 70 BUTTERFIELD TERRACE AMHERST MA 01003	04-3167352	501(c)1	20,000.				RESEARCH
VT DEPT. OF FORESTS & PAR 103 S. MAIN ST. WATERBURY VT 05761	03-6000274	501(c)3	8,000.				ENVIRON. ED.
VERMONT STFC 19 SPELLMAN TERR. RUTLAND VT 05701	N/A		14,710.				OWNER OUTREACH

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

2011

Continuation Page 9 of 10

Name of the organization		Employer identification number					
AMERICAN FOREST FOUNDATION		52-1235124					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA STFC PO BOX 121 WOODSTOCK VA 22664	N/A		29,584.				OWNER OUTREACH
VIRGINIA TECH 228 CHEATHAM HALL BLACKSBURG VA 24061	54-6001805	501 (c) 3	10,000.				OWNER OUTREACH
WASHINGTON STFC 2943 STATE RT. 6 RAYMOND WA 98577	26-1191417	501 (c) 3	12,356.				OWNER OUTREACH
WEBSTER HIGH SCHOOL 1919 W. 40TH ST. TULSA OK 74114	73-6021242	501 (c) 6	6,000.				ENVIRON. ED.
WEST VIRGINIA STFC PO BOX 718 RIPLEY WV 25271	N/A		7,419.				OWNER OUTREACH
WESTERN FOOTHILLS LAND TR PO BOX 107 NORWAY ME 04270	01-6083123	501 (c) 3	28,497.				OWNER OUTREACH
WEPA 724 COLUMBIA ST. NW OLYMPIA WA 98501	91-0460820	501 (c) 6	8,000.				ENVIRON. ED.
WHITE RIVER PARTNERSHIP PO BOX 705 SOUTH ROYALTON VT 05068	03-0371746	501 (c) 3	13,075.				OWNER OUTREACH
WISCONSIN STFC N. 3312 RIVER BEND DRIVE PESHTIGO WI 54157	01-0822757	501 (c) 3	21,996.				OWNER OUTREACH
WORLD RESOURCE INSTITUTE 10 G ST. NE WASHINGTON DC 20002	52-1257057	501 (c) 3	8,393.				OWNER OUTREACH

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

2011

Continuation Page 10 of 10

[illegible]

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATION GRANT	2	5,903.			
2					
3					
4					
5					
6					
7					

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

Pt I Line 2 SMALL GRANTS REQUIRE A REPORT AT THE END OF THE GRANT PERIOD AFTER THE PROJECT IS COMPLETED. LARGER GRANTS REQUIRE MULTIPLE REPORT DATES AND ARE ESTABLISHED ON A CASE BY CASE BASIS DEPENDING ON THE PROJECT. GRANTEES ARE NOT ELIGIBLE TO APPLY FOR OTHER GRANTS UNTIL ANY CURRENT GRANTS HAVE BEEN FULFILLED AND ALL REQUIRED REPORTS ARE FILED.

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

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

OMB No 1545-0047

2011**Open to Public Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2011

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 THOMAS D. MARTIN	(i) 245,559.	0.	0.	26,950.	25,593.	298,102.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
2 SCOTT SMILEY	(i) 131,805.	0.	0.	14,688.	6,876.	153,369.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
3 KATHY MCGLAUFLIN	(i) 181,750.	0.	1,710.	24,018.	6,277.	213,755.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT SIMPSON	(i) 182,949.	0.	0.	19,132.	13,270.	215,351.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
5 JERRY GREENBERG	(i) 162,326.	0.	0.	14,300.	15,922.	192,548.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
6 RITA HITE	(i) 147,707.	0.	0.	15,939.	6,823.	170,469.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
7 JENNIFER JONES	(i) 141,014.	0.	0.	10,260.	13,829.	165,103.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
8 BOB KIRSHNER	(i) 3,044.	0.	0.	0.	0.	3,044.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

TEEA4102 01/24/12

Schedule J (Form 990) 2011

BAA

1003

Pt I Line 4a ROBERT SIMPSON RECEIVED \$29,421 IN SEVERANCE PAY.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

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

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

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

Name of the organization

AMERICAN FOREST FOUNDATION

Employer identification number

52-1235124

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

Pt VI, Line 19 THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON AFF'S
WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

Pt XI OTHER CHANGES IN NET ASSETS CONSIST OF \$435,845 OF UNREALIZED GAINS.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	THROUGH ITS POLICY PROGRAM, AFF SERVES AS AN
Expenses	645,042.	ADVOCACY LEADER; WORKING WITH DIVERSE GROUPS OF
Grants Of	20,000.	ORGANIZATIONS, PARTICIPATING IN CONSENSUS
Revenue	2,610.	DIALOGUES, AND PRESENTING MEMBERS OF CONGRESS
		IDEAS ON LEGISLATIVE PLATFORMS THAT BALANCE
		ENVIRONMENTAL INTEGRITY AND ECONOMIC VIABILITY.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 6, Line 17 (continued)

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
District of Columbia
Florida
Georgia
Illinois
Kansas
Kentucky
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin
Missouri
North Dakota
Colorado
Hawaii

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MATERIALS	87,065.	87,065.	0.	0.
POSTAGE/FREIGHT	274,091.	215,242.	5,956.	52,893.
MISCELLANEOUS	100,283.	59,204.	18,460.	22,619.