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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



A F	or the	e 2011 calendar year, or tax year beginning OCT 1 2011 and	ending s	EP 30, 2012	
Bc	heck if pplicab	© Name of organization	PQ	D Employer identifi	cation number
	_Addre	NATIONAL FOREST FOUNDATION	'		
	Name chang	Doing Business As		52-178	6332
]Initial return	Number and street (or P 0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termi	BUILDING 27 SUITE 3 FORT MISSOULA RD	406-54	2-2805	
\mathbf{x}	Amen return		G Gross receipts \$	19,952,363.	
	Application	a- MISSOULA_ MT 59804	H(a) Is this a group re		
	pendi	F Name and address of principal officer WILLIAM J. POSSIEL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1 7	ax-ex	empt status x 501(c)(3) $\sqrt{ 501(c)(c)}$ (insert no.) $\sqrt{ 4947(a)(1)}$	or 527	1	list (see instructions)
		te: Www.natlforests.org		H(c) Group exemptio	,
		organization: x Corporation Trust Association Other	L Year	-1 -	State of legal domicile. DC
	ırt I	Summary			, out or logal commono. DC
		Briefly describe the organization's mission or most significant activities. THE NAT	TONAL FO	REST FOUNDATION	
Activities & Governance	'	IS THE OFFICIAL NON-PROFIT PARTNER OF THE U.S. FOREST SERVICE		KEBI TOUNDATION	
nai	2	Check this box If the organization discontinued its operations or dispose		than 25% of its net as	sets
Ž	l	Number of voting members of the governing body (Part VI, line 1a)	300 01 111010	3	
ၓ	l	Number of independent voting members of the governing body (Part VI, line 1b)		 1	21
∞ ŏ	l	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		4	21
ţį				5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	950
Ϋ́	t .	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelated business taxable income from Form 990-T, line 34. Y 11 T E	•	7b	0.
	_	RECEIVE	′ ⊢	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) APR 1 9 2016	- ⊢	11,432,081.	11,069,298,
Revenue		, , , , , , , , , , , , , , , , , , ,		108,833.	161,038.
ž		Investment income (Part VIII, column (A), lines 3, 4, and ACCOUNT MANAGEMEN	τ	18,114.	46,942.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and OGDEN	٠	<52,401	<35, 275.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,506,627.	11,242,003.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,21 <u>0</u> ,755.	8,934,054.
	14	Benefits-paid-te-or-for-members-(Part IX, column (A), line 4)	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,243,767.	1,408,155.
Expenses	16a	Professional fundraising fees (Partix, column (A), line 11e)		0.	0.
ф	ь	Tota Bundrajs pope spenses (Rart la Column (D), line 25)	614.		
ш	17	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)		902,430.	2,700,559,
				8 356 952	13 042 768
	19	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses (Subtract line 18 from line 12		3,149,675.	<1,800,765.>
-Se			Be	ginning of Current Year	End of Year
aŭ	20	Total assets (Part X, line 16)		14,864,877,	12,800,058.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		4,407,789	4 159 641.
E Se	22	Net assets or fund balances Subtract line 21 from line 20		10 457 088	8 640 417
	ırt II	Signature Block	· ·	10, 757, 000 1	0,040,417.
_		lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of my	knowledge and helief it is
		et, and complete. Deglaration of prepare other than officer is based on all information of wh		-	Miowicage and belief, it is
,	001100	the and complete. Began all of the period of period of the first states of all information of which	non proparci	A Q	1/ 2 2//
o:		Signature of philose		Date	14, 616
Sigr		1.			
Her	е	WILLIAM J. POSSIEL PRESIDENT Type or print name and title			
			<u>Lr</u>	Date _ Check [PTIN
) a : -		Print/Type preparer's name	APR	1 3 2016 self-employe	-
Paid		WILLIAM E. TURCO, CPA	7	seif-employe	
•	arer	Firm's name RSM US LLP		Firm's EIN	42-0714325
JSE	Only	Firm's address > 9737 washingtonian blvd., #400			
		GAITHERSBURG, MD 20878-7340		Phone no (3	01) 296-3600
Vlay	the IF	RS discuss this return with the preparer shown above? (see instructions)		.	X Yes No
13200	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2011) NATIONAL FOREST FOUNDATION	<u>52-1786332</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u>_</u>
1	Briefly describe the organization's mission		
	THE FOUNDATION, CHARTERED BY CONGRESS AS THE OFFICIAL NON-PROFIT		
	PARTNER OF THE US FOREST SERVICE ENGAGES AMERICANS IN COMMUNITY BASED		
	AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF		
	THE 193 MILLION ACRE NATIONAL FOREST SYSTEM, AND ADMINISTER PRIVATE		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	\Y	′es Lx_lNo
	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?	\Y	'es 🗓 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 exper	ises
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocation	ns to
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 6,436,272, including grants of \$ 6,866,451.) (Revenue	ie \$)
	FOREST SERVICE GRANTS: MAINTAIN AND UPGRADE VISITOR AMENITIES TRAILS		
	AND INTERPRETIVE DISPLAYS; IMPROVE ACCESS TO AND UNDERSTANDING OF		
	NATIONAL FORESTS RESOURCES; RESTORE HABITAT OF NATIVE SPECIES; PROMOTE		
	RECREATIONAL FISHERIES; AND RESPONSIBLE APPRECIATION OF WILDLIFE,		
		-	
4b	(Code) (Expenses \$ 4,685,828, including grants of \$ 2,067,603,) (Revenue	ie \$	161 038.)
	CONSERVATION: PROTECT AND RESTORE NATURAL RESOURCES AND FOREST		<u></u>
	LANDSCAPES, METHODS INCLUDE PRESCRIBED BURNING, EROSION CONTROL		
	RE-VEGETATION AND ERADICATION OF EXOTIC SPECIES.		
		_	
		_	
			
			
		_	
4c	(Code) (Expenses \$1 149 092. Including grants of \$) (Revenue		
46		.е ъ	
	MEMBERSHIP & EDUCATION: PROVIDE INFORMATION AND LEARNING OPPORTUNITIES		
	TO INCREASE AWARENESS OF IMPORTANCE OF CONSERVATION WITH AN EMPHASIS ON		
	YOUTH OUTREACH. THIS YEAR INCLUDED A LARGE CAMPAIGN FOR THE GENERAL		
	PUBLIC,		
		_ 	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses 12,271,192.		
10000	•	Form	n 990 (2011)

Form 990 (2011) NATIONAL FOREST FOUNDATION Part IV Checklist of Required Schedules

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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				Yes	No
2 x be organization required to complete Schedule B, Schedule of Controbutors? Dot the organization engage and meter or indirect political campagin activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)(4) organizations. Did the organization assection 501(c)(4). So1(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 81979 If 'Yes,' complete Schedule C, Part III by the organization maintain any dinor advised funds or any similar funds or accounts for which dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advise on the distribution or investment or any similar funds or accounts for which dinors have the right to provide advised to present the environment, histonical draess, or histonical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV Dot the organization risport an amount in Part X, line 121, serve as a custodian for amounts not listed in Part X, in Part X, Ind 102 If 'Yes,' complete Schedule D, Part V V If the organization server to many of the followed organization betweeness? If 'Yes,' complete Schedule D, Part V V If the organization server for through a related organization had assets in temporarily restricted endowments, permanent endowments, pe	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If Virsi, "Complete Schedule C, Part I I as the organization assertion SOI(N) election in effect during the tax yea?" If Virsi, "Complete Schedule C, Part II I is the organization assertion SOI(N), SOI(S), or SOI(c)(R) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Procedure 88-19 If Virsi, "Complete Schedule C, Part II I Did the organization review any donor advised funds or any semilar 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 Virsi, "complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide redit counseling, debt management, credit repair, or debt negotiation services? If Virsi, "complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide redit counseling, debt management, credit repair, or debt negotiation services? If Virsi, "complete Schedule D, Part II Did the organization report an amount for Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide redit counseling, debt management, credit repair, or debt negotiation services? If Virsi, "complete Schedule D, Part V II II the organization report an amount for line, buildings, and equipment in Part X, line 10? If Virsi, "complete Schedule D, Part V II II the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Virsi, "complete Schedule D, Part V II II II 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 Virsi, "complete Schedule D, Part V II II II X II II X II II		If "Yes," complete Schedule A	1_	x	1
Section 501(R)3 organizations. Dul 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	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
Section 501(x)30 organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part If If It 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 Rivereure Procedure 98-19? If "Yes," complete Schedule C, Part If If Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts on which denors 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 If Did the organization report and areas, or historic structure? If "Yes," complete Schedule D, Part II If 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 V If 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 If If the organization report an amount for investments of the complete Schedule D, Part V, If VII, VII, VII, VII, VII, VII, VII	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year "If "Yea," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(5) or 501 (c)(6) organization that receives membership diues, assessments, or similar amounts as defined in Revenue Procedure 98 197 If "Yea," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic failar dreas, or instoric structures of "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide orded college of the organization report an amount for investments of the services of the services of the services of the organization report an amount for line following questions is "Yes," then complete Schedule D, Part IV Did the organization report an amount for investments or other securities in Part X, line 107 If "Yes," complete Schedule D, Part IVI Did the organization report an amount for investments or other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5%		public office? If "Yes," complete Schedule C, Part I	_3		х
5 Is the organization is section 501 (c)(4), 501 (c)(6), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Pics," complete Schedule C, Part II of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? "Pics," complete Schedule D, Part II of the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV of the organization, directly or through a related organization. hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part VI of the organization, electry or through a related organization. Part X, the complete Schedule D, Part VI of the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII be of the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII of the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII of the organization report an amount for investments - other securities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII of the organization report an amount for other assets in Part X, line 15 that is 5% or more o	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 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 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 III 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 dobt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, cirectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization, cirectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for investments - other securities 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 VII 11 Did the organization report an amount for investments or the securities 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 X 11 Did the organization report an amount for other liabilities 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 X 11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in P	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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7 Dut 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 III 8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 9 Dut 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 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 III If the organization export an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V III Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V III Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of ris total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of ris total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X III Did the organization report and amount for other lashifities in Part X, line 25? If 'Yes,' complete Schedule D, Part X III Did the organization or neared and acco	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts or instead in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization report an amount for limiting the part IV 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 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 14 Did the organization report an amount for other liabilities 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 VII 15 Did the organization or a mount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization is lability for uncertain tax positions under Fith 86 (ASC 740)? If "Yes," complete Schedule D, Part X 17 Did the organization organization as consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 18 Did the organization as achool described in section 170(b)(1)(A)(W)? If "Yes," complete Schedule D, Part X 19 Did the organization as achool described in section 170(b)(1)(A)(W)? If "Yes," complete Schedule D, Part X 19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or or on this located outside the United States? If "Yes," complete Schedule F, Parts II and IV 19 Did the organizatio		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
De the organization maintain collections of works of art, instoncial treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 negotation services? If "Yes," complete Schedule D, Part IV Did the organization device for virtuoing in eralled organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II be the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II 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 V II Did the organization report an amount for oriversiments - 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 V II Did the organization report an amount for oriver assets 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 V II Did the organization report an amount for other hassets 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 X II Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization report an amount for other hasset line and the organization organization asserted and the organization and separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III II Was the organization part and program service activities or th	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 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 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 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 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	b		401	,	
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a x 20a			19		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a				
				990 (2	2011)

52-1786332

Form 990 (2011)

NATIONAL FOREST FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ <u>.</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		_ х
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)	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		X
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>_x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X	204.41
		Form 9	JJU (∠	(110)

Form **990** (2011)

13b 13c

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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.

500	tion A. Governing Rody and Management						<u> </u>
sec	tion A. Governing Body and Management					V	N.
4	Enter the number of victing members of the governing hody at the and of the tay year	40		٦٠٢		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a		21			
	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.	46					
	Enter the number of voting members included in line 1a, above, who are independent	1b	any other	21			
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?		t au manuara		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	unec	t supervision	ı	_		
	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9	00	o filod?	H	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior form a Did the organization become aware during the year of a significant diversion of the organization's ass		s illeu '	<u> </u>	5		<u> </u>
5		CIS,			6		<u>X</u>
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint	one or		•		Х
/a		роши	orie or		7.		
_	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st	hockho	ldere or	l	7a		Х
D		OCKIIC	nuers, or		76		
_	persons other than the governing body?	r hy th	following	H	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ı by un	: TOROWING.		.		
	The governing body? Find committee with authority to get an hehalf of the governing body?			H	8a	<u>x</u> _	
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	shod a	+ +h.a	H	8b	Х	
9		JIICU A	c trie		9	İ	.,
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	wanue	Code)		9		Х
<u> </u>	tion b. 1 onoice (mis dection b requests information about policies not required by the internal ne		00007			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	_103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	. affiliates.	ŀ			Λ_
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	ĺ	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form		11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3 ··				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	Г	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			Γ			
_	In Schedule O how this was done			- 1	12c	x	
13	Did the organization have a written whistleblower policy?			Γ	13	х	
14	Did the organization have a written document retention and destruction policy?			F	14	х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-			İ		
а	The organization's CEO, Executive Director, or top management official				15a		х
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				
	taxable entity during the year?			L	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			ļ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıor	ı's				
	exempt status with respect to such arrangements?				16b		_
Sec	tion C. Disclosure				_		_
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s on	ly) av	aılabl	е	
	for public inspection Indicate how you made these available Check all that apply						
	Own website Another's website x Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	nflict c	f interest policy,	and	fınan	cıal	
	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 an	d reco	rds of the organ	nizatio	on 🕨		
	WILLIAM POSSIEL - 406-542-2805			_			
132006	BUILDING 27 SUITE 3 FORT MISSOULA RD MISSOULA MT 59804				_	000	

01-23-12

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

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

- 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

Name and Title	(A)	(B)	(C)						(D)	(E)	(F)
Week Glescribe Nours for related organizations Nours for related o		Average		not c	Pos heck	ition more	than		'		Estimated
(1) JOHN HENDRICKS CHAIR (2) CRAIG R, BARRETT VICE-CHAIR (3) DAVID BELL VICE-CHAIR (4) BRADLEY K, JOHNSON TREASURER (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY (6) FETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (10) ROBERT COLE DIRECTOR (11) ROBERT COLE DIRECTOR (10) ROBERT COLE DIRECTOR (11) RABAT EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEE FROMSON DIRECTOR (14) ROBERT SERWEIN DIRECTOR (15) JACK SALL DIRECTOR (10) X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 :							•	1	
(1) JOHN HENDRICKS CHAIR (2) CRAIG R, BARRETT VICE-CHAIR (3) DAVID BELL VICE-CHAIR (4) BRADLEY K, JOHNSON TREASURER (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY (6) FETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (10) ROBERT COLE DIRECTOR (11) ROBERT COLE DIRECTOR (10) ROBERT COLE DIRECTOR (11) RABAT EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEE FROMSON DIRECTOR (14) ROBERT SERWEIN DIRECTOR (15) JACK SALL DIRECTOR (10) X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 '	rector							•	compensation
(1) JOHN HENDRICKS CHAIR (2) CRAIG R. BARRETT VICE-CHAIR (3) DAVID BELL VICE-CHAIR (4) ERADLEY K. JOHNSON TREASURER (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY (6) FETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (10) ROBERT COLE DIRECTOR (10) ROBERT COLE DIRECTOR (10) ROBERT FEITLER DIRECTOR (11) BART EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEE FROMSON DIRECTOR (10) X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ee or d	stee			nsated			(W-2/1099-MISC)	
(1) JOHN HENDRICKS CHAIR (2) CRAIG R. BARRETT VICE-CHAIR (3) DAVID BELL VICE-CHAIR (4) ERADLEY K. JOHNSON TREASURER (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY (6) FETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (10) ROBERT COLE DIRECTOR (10) ROBERT COLE DIRECTOR (10) ROBERT FEITLER DIRECTOR (11) BART EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEE FROMSON DIRECTOR (10) X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			al trust	nal tru		loyee	Эфшо		,		1 -
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(2) CRAIG R. BARRETT VICE-CHAIR (3) DAVID BELL VICE-CHAIR (4) BRADLEY K. JOHNSON TREASURER (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY (6) PETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (9) COLEMAN BURKE DIRECTOR (10) ROBERT COLE DIRECTOR (11) BART EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEF FRONSON (13) LEF FRONSON (14) ROBERT FEITLER DIRECTOR (15) AGO X (16) COLEMAN BURKE DIRECTOR (10) ROBERT FEITLER DIRECTOR (10) ROBERT FEITLER DIRECTOR (11) ROBERT FEITLER DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEF FRONSON DIRECTOR (14) ROBE S. GOOTEE DIRECTOR (15) JACK SAHL DIRECTOR (16) JEFF FRANO (16) JEFF FRANO DIRECTOR (16) JEFF FRANO DIRECTOR (10) C. C. C. C. C. C. C. C. C. C. C. C. C.	(1) JOHN HENDRICKS			_	Ť	Ī	1				
VICE-CHAIR	CHAIR	1.00	Х	<u> </u>	x		<u> </u>	<u> </u>	0.	0.	0.
(3) DAVID BELL VICE-CHAIR (4) BRADLEY K. JOHNSON TREASURER 1.00 X X 0. 0. 0. (5) TIMOTHY PROCTOR SCHIEFFELIN SECRETARY 1.00 X X 0. 0. 0. (6) PETER FOREMAN DIRECTOR (7) MIKE BROWN, JR. DIRECTOR (8) THOMAS L. TIDWELL DIRECTOR (9) COLEMAN BURKE DIRECTOR (10) ROBERT COLE DIRECTOR (11) BART EBERWEIN DIRECTOR (12) ROBERT FEITLER DIRECTOR (13) LEE FROMSON DIRECTOR 1.00 X 0. 0. 0. (13) LEE FROMSON DIRECTOR 1.00 X 0. 0. 0. (14) ROJER S. GOOTEE DIRECTOR 1.00 X 0. 0. 0. (15) JACK SAHL DIRECTOR 1.00 X 0. 0. 0. (16) LEE FROMSON DIRECTOR 1.00 X 0. 0. 0. (17) SUSAN SCHNABEL	(2) CRAIG R. BARRETT							ŀ			
VICE-CHAIR 1,00	VICE-CHAIR	1.00	Х		х			_	0.	0.	0.
(4) BRADLEY K, JOHNSON	(3) DAVID BELL										
TREASURER	VICE-CHAIR	1.00	Х	<u> </u>	х	_	<u> </u>		0,	0.	0.
SECRETARY	(4) BRADLEY K. JOHNSON					1		-			
SECRETARY	TREASURER	1.00	X_	<u> </u>	x	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
Column	(5) TIMOTHY PROCTOR SCHIEFFELIN										
DIRECTOR	SECRETARY	1,00	х		х				0.	0.	0.
The triangle of the triangle of the triangle of tria	(6) PETER FOREMAN					l					
DIRECTOR 1,00 X 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	DIRECTOR	1.00	х						0,	0.	0.
(8) THOMAS L. TIDWELL DIRECTOR 1.00 X 0. 0. 0. 0. (9) COLEMAN BURKE DIRECTOR 1.00 X 0. 0. 0. (10) ROBERT COLE 0. 0. 0. 0. (10) ROBERT COLE 0. 0. 0. 0. (11) BART EBERWEIN 0. 0. 0. 0. (12) ROBERT FEITLER 0. 0. 0. 0. (12) ROBERT FEITLER 0. 0. 0. 0. (13) LEE FROMSON 0. 0. 0. (14) ROJE S. GOOTEE 0.00 X 0. 0. 0. (14) ROJE S. GOOTEE 0.00 X 0. 0. 0. (14) ROJE S. GOOTEE 0.00 0. 0. (15) JACK SAHL 0. 0. 0. 0. (16) JEFF PARO 0. 0. 0. (16) JEFF PARO 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. 0. (18) SUSAN SCHNABEL 0. 0. (18) SUSAN SCHNABEL 0. 0. (18) SUSAN SCHNABEL 0. (18) SUSAN SCHNABEL	(7) MIKE BROWN, JR.										
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O	(8) THOMAS L. TIDWELL										
DIRECTOR 1.00 X 0. 0. (10) ROBERT COLE DIRECTOR 1.00 X 0. 0. (11) BART EBERWEIN DIRECTOR 1.00 X 0. 0. (12) ROBERT FEITLER DIRECTOR 1.00 X 0. 0. (13) LEE FROMSON DIRECTOR 1.00 X 0. 0. (14) ROJE S. GOOTEE DIRECTOR 1.00 X 0. 0. (15) JACK SAHL DIRECTOR 1.00 X 0. 0. (16) JEFF PARO DIRECTOR 1.00 X 0. 0. (16) JEFF PARO DIRECTOR 1.00 X 0. 0. (17) SUSAN SCHNABEL	DIRECTOR	1.00	X		_	-	ļ	<u> </u>	0.	0,	0.
DIRECTOR	(9) COLEMAN BURKE	1									
DIRECTOR	DIRECTOR	1,00	X		_	-		<u> </u>	0.	_0.	0.
DIRECTOR	(10) ROBERT COLE										1
DIRECTOR 1.00 X 0. 0. (12) ROBERT FEITLER	DIRECTOR	1.00	Х			_	<u> </u>	<u> </u>	0.	0.	0.
DIRECTOR	(11) BART EBERWEIN					1					
DIRECTOR 1.00 X 0. 0. 0. (13) LEE FROMSON 0. 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. (14) ROJE S. GOOTEE 0. 0. 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. (15) JACK SAHL 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. (16) JEFF PARO 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. (17) SUSAN SCHNABEL 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	1.00	Х			_	ļ		0.	0.	0.
Color	(12) ROBERT FEITLER										
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(14) ROJE S. GOOTEE DIRECTOR 1.00 X 0. 0. 0. 0. (0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(13) LEE FROMSON										
DIRECTOR 1.00 X 0.	DIRECTOR	1.00	Х	_			<u> </u>		0.	0.	0.
Column	(14) ROJE S. GOOTEE										
DIRECTOR 1,00 X 0.	DIRECTOR	1.00	х		<u> </u>	_	<u> </u>		0.	0.	0.
(16) JEFF PARO DIRECTOR	(15) JACK SAHL				1				,		
DIRECTOR 1.00 X 0. 0. ((17) SUSAN SCHNABEL	DIRECTOR	1.00	X_	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
(17) SUSAN SCHNABEL	(16) JEFF PARO										
	DIRECTOR	1.00	X_				_	 	0.	0.	0.
DIRECTOR 1 00 1 0 0 0	(17) SUSAN SCHNABEL										
	DIRECTOR	1.00	X			<u> </u>		L	0.	0.	Eorm 990 (2011)

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Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	
	(describe hours for related organizations in Schedule O)	_ =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC	>)	fr org and	pensa om th anızat d relat anızatı	e ion ed
(18) CHAD WEISS													
DIRECTOR	1,00	Х	├			-	-	0.		0.			0,
(19) JAMES YARDLEY	1 00	,,							•				
DIRECTOR	1,00	X	┢	├	-	\vdash		0.		0.			0.
(20) BLAISE CARRIG DIRECTOR	1.00							0.		0.			0.
(21) MARY SMART	1.00	<u> </u>		_	 	1		· ·		*		_	
DIRECTOR	1.00	x						0.		0.			0.
(22) WILLIAM J. POSSIEL										1		•	
PRESIDENT	40,00			х				276,148.		0.		89	764.
										+			
1b Sub-total						•		276,148,		0.		89,	764.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	no re	276,148. eceived more than \$100	,000 of reportable	0.1		89,	764,
compensation from the organization									-			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplc	yee	, or	highest compensated e	mployee on		3	_	х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4	_х_	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services		5		х
Section B. Independent Contractors	· · · · · ·												
Complete this table for your five highest co the organization. Report compensation for	=								•	ensa	tion fi	rom 	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	Со	(C omper		n
•													
									-				
		_										-	
2 Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	_	ot lu	mite	d to		se li:	sted	l above) who received m	ore than				
												200	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	89,330,				
A B	С	Fundraising events	1c	302,273.				
ā	d	Related organizations	1d					
Ξ	е	Government grants (contributi	ons) 1e	5,413,977.				
S	f	All other contributions, gifts, grant	s, and					
重		similar amounts not included above	/e 1f	5,263,718,				
9	g	Noncash contributions included in lines	1a-1f \$	43,540.				Ì
la la	<u>h</u>	Total. Add lines 1a-1f		. •	11 069 298.			
				Business Code				
:	2 a	CONTRACT REVENUE		900099	161,038.	161,038,	_	
0	b			_				
킱	c							
ě	d							
Revenue	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		•	161,038.			
ŀ	3	Investment income (including	dıvıdends, ıntei	rest, and				
		other similar amounts)		>	9,242.			9,242,
	4	Income from investment of tax	exempt bond	proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	8,633,917					
İ	b	Less cost or other basis						
		and sales expenses	8,596,217			•		
	С	Gain or (loss)	37,700					
	d	Net gain or (loss)		•	37,700,			37,700.
<u>a</u>	8 a	Gross income from fundraising						
בַּ		including \$302						
Otner Revenue		contributions reported on line	1c) See					
- -		Part IV, line 18	á	23.045.				
5		Less direct expenses		114,143.				
		Net income or (loss) from fund	-	>	<91,098.	>		<91,098,
	9 a	Gross income from gaming ac	tıvıtıes. See					
		Part IV, line 19	á	1				
		Less direct expenses		·				
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	á					
		Less cost of goods sold		·				
-	<u>c</u>	Net income or (loss) from sales		<u> </u>				
-		Miscellaneous Revenue		Business Code				
		REFUND OF PRIOR YEAR G		900099	54,593.			54,593.
	b	OTHER INCOME		900099	1,230.			1,230.
	С							
		All other revenue						
	_	Total. Add lines 11a-11d		▶ _	55,823.			
	·	Total revenue. See instructions.						

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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)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	-	expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21	8,929,681.	8,929,681.		
2	Grants and other assistance to individuals in	0,525,001,	0,525,001.		
_	the United States See Part IV, line 22	4,373.	4,373.		
3	Grants and other assistance to governments,		1,0,0,	-	·
Ū	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	282,500.	176,810,	82,135	23_555
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	881,079.	692,477.	106,512.	82,090
8	Pension plan accruals and contributions (include				- 52,030
-	section 401(k) and section 403(b) employer contributions)	38,241.	31,465.	3.041.	3,735
9	Other employee benefits	122 181	100 485.	9,677.	12.019
10	Payroll taxes	84.154.	68,900.	6,930.	8,324
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·		0,300	0,324
a	Management				
b	Legal	5,743.	2.085.	196.	3,462
C	Accounting	137,772.		137,772	<u> </u>
_	Lobbying			207,772	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		-		
g	Other	552,785.	543,146.	5,090.	4,549
12	Advertising and promotion	12,293,	9,075.		3,218
13	Office expenses	145,432.	97,090.	31,344.	16,998
14	Information technology	40,531.	22,400.	15,111.	3,020
15	Royalties			10,111	<u> </u>
16	Occupancy	43 780.	37,261.	2,979.	3,540
17	Travel	157 157	119,341,	14,611.	23,205
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		. "		·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,985.	10,256.	1,236.	1,493
23	Insurance	3,391.	1 159	2,232.	
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.)				
а	CONSERVATION PROJECT DI	1,212,571.	1,212,571.		
b	OTHER EXPENSES	234,360.	110,644.	121,836.	1,880
С	SPECIAL EVENTS	93,559.	85,872,	5,161.	2,526
d	EQUIPMENT RENTAL & MAIN	43,021.	10,937.	32,084.	
е	All other expenses	5,179.	5 164.	15.	
25	Total functional expenses Add lines 1 through 24e	13,042,768.	12,271,192.	577.962.	193,614
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

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Form 990 (2011)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			10,086,424.	2	9,188,633
	3	Pledges and grants receivable, net			4,474,836.	3	3,411,122
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section	<u> </u>		
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru		· ·		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			53,827.	8	8,037
•	9	Prepaid expenses and deferred charges			35,144.	9	15.810
	10a		1	ı			15,010
		basis Complete Part VI of Schedule D	10a	186,601,			
	l b	Less accumulated depreciation	10b	183 357.	16,172.	10c	3,244
	11	Investments - publicly traded securities		100,007.	198 474.	11	173,212
	12	Investments other securities See Part IV, line 1	1	<u> </u>		12	
	13	Investments - program-related See Part IV, line		<u> </u>		13	
	14	Intangible assets		<u></u>		14	
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	34)	14.864.877.	16	12,800,058	
	17	Accounts payable and accrued expenses	,,	171.352.	17	821,290	
	18	Grants payable			18	021,290,	
	19	Deferred revenue		4,236,437.	19	3,338,351	
	20	Tax-exempt bond liabilities	<u> </u>	4,230,437,	20		
ß	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
i <u>≓</u>	22	Payables to current and former officers, director			-		
Liabilities		highest compensated employees, and disqualifi					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa		•			
		parties, and other liabilities not included on lines					
		Schedule D		, ,		25	
	26	Total liabilities. Add lines 17 through 25			4.407.789.	26	4 159 641.
		Organizations that follow SFAS 117, check he	re 🕨	x and complete			X,107,011,
Ś		lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets			898.788.	27	789,488.
Net Assets or Fund Balances	28	Temporarily restricted net assets			9,350,175.	28	7,577,804.
о В	29	Permanently restricted net assets			208 125.	29	273 125
Ę	İ	Organizations that do not follow SFAS 117, cl	neck h	ere 🕨 🔲 and	,		
P.		complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31	
¥.	32	Retained earnings, endowment, accumulated in	•			32	
ž	33	Total net assets or fund balances	,	-	10,457,088.	33	8,640,417.
	34	Total liabilities and net assets/fund balances			14.864.877.	34	12 800 058

Form	990 (2011) NATIONAL FOREST FOUNDATION	52-1786332		Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI				$\begin{bmatrix} \mathbf{x} \end{bmatrix}$					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	. 242	003.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	042	768.					
3	3 Revenue less expenses Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	457	.088.					
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<15	906.					
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	8	640	417.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1							
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	х						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,								
	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 Scho	edule O								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	}							
	separate basis, consolidated basis, or both									
	x Separate basis Consolidated basis Both consolidated and separate basis									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt								
	Act and OMB Circular A-133?		3a	х						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u>x</u>						
			Form	990 (2011)					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

Employer identification number

			OREST FOUNDATION						52	-1786332	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.			
The organ	ization is not a	private foundation	because it is (For lines	1 through	11, check	only one b	oox)				
1 🗔	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ıı). (Attach Sc	hedule E)							
з 🗀	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	rıbed ın s e	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital'	s name,
	city, and state	e									
5	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a govern	mental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 x	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	oublic descr	ıbed ın
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔲	An organizati	on that normally rec	eives (1) more than 33 ⁻	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	d gross rec	eipts from
	activities rela-	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33	1/3% of its	support	from gross i	nvestment
	income and u	ınrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon a	fter June 30), 1975
	See section	509(a)(2). (Complete	Part III)								
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety S	See sect io	on 509(a)(4	4) .			
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the I	purposes of	one or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See see	ction 509(a)(3). Che	ck the box	that
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h					
	a Type I	b	Type II c	р 🗔 Тур	e III - Fund	tionally in	tegrated		d 🔲	Type III - O	ther
e 🗔	By checking t	this box, I certify tha	it the organization is not	controlled	l directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509(a)(2)
f	If the organization	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting or	rganization, check th	nis box								
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foli	owing pers	sons?	_	
	(i) A persor	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (III) below,		Yes No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Am	ount of
• •	inization	(,	organization (described on lines 1-9		sted in your		ion in col.	organization (i) organiz	ed in the	supp	
			above or IRC section	governing	document?	(i) of you	r support?	(i) organız U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
					1		1				
								_			
	<u> </u>									1.1	
	_		_								_
										-	
Γota <u>l</u>											
HA For D	anarwark Ba	dustion Act Notice	see the Instructions for					Schodul	0 A /E 0	990 or 900	E7\2044

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 NATIONAL FOREST FOUNDATION 52-1786332

| 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)

<u>Se</u>	ction A. Public Support				·		
Cale	ndar 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 ")	7,394,160.	9,814,614.	10,361,107.	11,432,081.	11,069,298.	50,071,260,
2	Tax revenues levied for the organ-						
	ızatıon'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	7,394,160.	9,814,614.	10,361,107.	11,432,081.	11,069,298.	50,071,260.
5	The portion of total contributions		1				
	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)						1,855,217,
	Public support. Subtract line 5 from line 4			•			48,216,043.
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	7,394,160.	9,814,614.	10,361,107.	11,432,081.	11,069,298.	50,071,260.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	190,337.	28,120.	18,808.	18,114.	9,242.	264,621.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10			_			50,335,881,
	Gross receipts from related activities,	•	•			12	745,398,
13	First five years. If the Form 990 is for	=	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
50.	organization, check this box and stor		rcontago				
	ction C. Computation of Publ						
	Public support percentage for 2011 (I	• • • • • • • • • • • • • • • • • • • •	-	olumn (f))		14	95.79 %
	Public support percentage from 2010				4 - 00 4 (00)	15_	97,10 %
16a	33 1/3% support test - 2011. If the c	-			4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		_				لعا<
b	33 1/3% support test - 2010. If the c	-			line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual		-		10 10 10		
17a	10% -facts-and-circumstances tes	_					· ·
	and if the organization meets the "fac			•	•	t IV now the organi	zation
	meets the "facts-and-circumstances"	ŭ	•		•	7- and her 45 - 4	00/ ==
b	10% -facts-and-circumstances test	_					U% Or
	more, and if the organization meets the				•		<u> </u>
10	organization meets the "facts-and-circ		-		-		
10	Private foundation. If the organization	п ощ поселеска с	JOX OIT HITE TO, TO	a, 100, 17a, 01 17D			
					Scrie	dule A (Form 990	UI 23U-LK/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)

Se	ction A. Public Support						
Cale	ndar 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	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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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)						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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				İ		
	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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)					1	
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration
•	check this box and stop here	and organization o	5 mot, 0000ma, triii	a, 10a/a/, 01 mar :	an your do a coom	511 00 1 (0)(0) 01 ga 112	.ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2011 (column (fl)		15	%
	Public support percentage from 2010		•	(1)		16	
	ction D. Computation of Inves					110 1	
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from			ie 15, column (ij)		18	<u>%</u>
	33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than		
198	more than 33 1/3%, check this box a	-					, 19 HOL
L	33 1/3% support tests - 2010. If the						and
10	line 18 is not more than 33 1/3%, che	=					and .
20	Private foundation, If the organization			•		•	
20	rrivate foundation, if the organization	n did not check a	DOX 011 IIII 14, 19	a, or 190, check t	IIIS DOX AND SEE IN	SUUCTIONS	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

NATIONAL FOREST FOUNDATION 52-1786332 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 Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 > \$ 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 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 (continue) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ite (check all that apply) a Public exhibition d Loan or exchange programs b Scholarly research 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					
(check all that apply) a Public exhibition b Scholarly research 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.					
a Public exhibition b Scholarly research 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.	No_				
b Scholarly research 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.	□ No				
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.	<u>] No</u>				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.	□ No				
	No_				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	No_				
	<u> No</u>				
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or					
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?	No				
b If "Yes," explain the arrangement in Part XIV and complete the following table					
Amount					
c Beginning balance					
d Additions during the year					
e Distributions during the year 1e					
f Ending balance	٦				
2a Did the organization include an amount on Form 990, Part X, line 21? Let # 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 year					
	5 Dack				
1a Beginning of year balance 171,363 161,266 128,809 88,627 b Contributions 65,000 48,125 30,000 30,000					
c Net investment earnings, gains, and losses 23,753. <38,028. 2,457. 10,182. d Grants or scholarships					
e Other expenditures for facilities					
and programs f Administrative expenses					
· · · · · · · · · · · · · · · · · · ·					
 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 100.00 %					
c Temporarily restricted endowment \(\bigsim_{					
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 Yes	No				
(i) unrelated organizations 3a(i)	х				
(ii) related organizations 3a(ii)	x				
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b	<u> </u>				
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 (b) Cost or other (c) Accumulated (d) Book value	ie				
basis (investment) basis (other) depreciation					
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
	244.				
	244.				
Schedule D (Form 990					

1.	(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. col (B) line 25.)	

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)

2. FIN 132053 01-23-12

Schedule D (Form 990) 2011

Part XI	Reconciliation of Change in N	EST FOUNDATION et Assets from For	m 990 to Auc	lited Financ	ial State	52-17863 ments	332 Pag
	revenue (Form 990, Part VIII, column (A),	-	11 000 to Auc	The drill and	1		11 242 04
	expenses (Form 990, Part IX, column (A),	·		-	2		11,242,00
	ss or (deficit) for the year Subtract line 2 f			-	3		13,042,70
	unrealized gains (losses) on investments			<u> </u>	4		<1,800,76 <15,90
	ated services and use of facilities			<u> </u>	5		
	stment expenses				6		·
	period adjustments				7		
	r (Describe in Part XIV)			1	8		
	adjustments (net) Add lines 4 through 8				9		<15,9
	ss or (deficit) for the year per audited finar	icial statements. Combine	e lines 3 and 9	_	10		<1.816.6
Part XII	Reconciliation of Revenue per	Audited Financial	Statements \	With Revenu	ıe per F	leturn	
1 Total	revenue, gains, and other support per au	dited financial statements	i.			1	11,915,2
2 Amou	unts included on line 1 but not on Form 99	0, Part VIII, line 12					
a Netu	inrealized gains on investments		2a	1	<15,906.	}	
b Dona	ated services and use of facilities		2b)	629,63 <u>5</u>]	
c Reco	overies of prior year grants		20	:			
d Othe	r (Describe in Part XIV)		20	<u>. </u>	<54 593.	▶	
e Add l	lines 2a through 2d					2e	559 13
3 Subt	ract line 2e from line 1					3	11,356,14
4 Amou	unts included on Form 990, Part VIII, line 1	2, but not on line 1					
a Inves	stment expenses not included on Form 996), Part VIII, line 7b	4a				
b Othe	r (Describe in Part XIV)		4b	<	114 143.		
c Add I	lines 4a and 4b				•	4c	<114.14
5 Total	revenue Add lines 3 and 4c. (This must e	qual Form 990, Part I, line	12.)			5	11,242,00
Part XII	Reconciliation of Expenses pe	r Audited Financial	Statements	With Expen	ses per	Return	
1 Total	expenses and losses per audited financia	l statements				1	13,731,95
2 Amou	unts included on line 1 but not on Form 99	0, Part IX, line 25					
a Dona	ited services and use of facilities		2a		629,635.		
b Prior	year adjustments		2b				
c Othe	r losses		20			}	
d Othe	r (Describe in Part XIV)		2d		59 550.		
e Add I	lines 2a through 2d				•	2e	689.18
3 Subta	ract line 2e from line 1					3	13,042,76
4 Amou	unts included on Form 990, Part IX, line 25	, but not on line 1 [.]					
a Inves	stment expenses not included on Form 990), Part VIII, line 7b	4a				
b Other	r (Describe in Part XIV)		4b				
/	lines 4a and 4b					4c	
-	expenses Add lines 3 and 4c. (This must	egual Form 990, Part I, Iır	ne 18)			5	13 042 76
	/ Supplemental Information					<u> </u>	13,012,70
K, line 2, Pa	his part to provide the descriptions require art XI, line 8, Part XII, lines 2d and 4b, and LINE 4: ALL EARNINGS OF THE PERM	Part XIII, lines 2d and 4b	Also complete th				
S TEMPO	RARILY RESTRICTED NET ASSETS, UN	TIL APPROPRIATED FO	OR EXPENDITUR	E			
BY THE BO	DARD OF DIRECTORS.						
PART X, I	LINE 2: THE FOUNDATION IS GENERA	LLY EXEMPT FROM FEI	DERAL INCOME	- <u>-</u> -	_		_
'AXES_UNI	DER_THE_PROVISIONS OF SECTION 50	1(C)(3) OF THE INTE	ERNAL REVENUE				
	ADDITION THE FOUNDATION QUALIF						
	NS AND HAS BEEN CLASSIFIED AS AN		•				
32054	10 THE WIND PROPERTY OF HE	CHOIM TON THAT	TO HOL A			Schedule i	O (Form 990) 20
1-23-12		0044 07777	24				
30412	703287 7341814	2011.05090 N	JATIONAL	FOREST F	OUNDA	MOIT	7341814

Part XIV Supplemental Information (continued)	raye 5
PRIVATE FOUNDATION, INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS	
	
APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME	
TAXES. THE FOUNDATION DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR	
THE YEAR ENDED SEPTEMBER 30, 2012.	
THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR	
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER	
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE	
RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION	
MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS	<u>-</u>
MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON	_
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE	
POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM	
SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A	
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.	
THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES	
DE-RECOGNITION CLASSIFICATION INTEREST AND PENALTIES ON INCOME TAXES,	
AND ACCOUNTING IN INTERIM PERIODS.	
MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE	
FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO	
THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.	
GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS	
BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE	
2009.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
REFUND OF PRIOR YEAR GRANTS -54,593.	

Schedule D (Form 990) 2011 NATIONAL FOREST FOUNDATION		52-1786332	Page 5
Part XIV Supplemental Information (continued)		·	
PART XII LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	-114,143.		
PART XIII LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES REPORTED ON LINE 8B	114,143.		
REFUND OF PRIOR YEAR GRANTS	-54,593.		
TOTAL TO SCHEDULE D. PART XIII, LINE 2D	59.550,		
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization						Employer ide	ntification number
NATIONAL FO	DREST FOUNDATION					52-1786332	
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" to	o Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates are considered and solicitates. The solicitates are considered and solicitates are solicitates and solicitates are solicitates. The solicitates are solicitates and solicitates are solicitates are solicitates are solicitates and solicitates are solicitates are solicitates are solicitates and solicitates are solicitated are solicitates are solicitates are solicitated are sol	tion of tion of fundra (includ	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							<u> </u>
Total			>				
3 List all states in which the organization or licensing	on is registered or licensed to solicit o	contrib	utions	s or has been notified	l it is	exempt from re	egistration ————————————————————————————————————
						 	
							
			-				
_							

Schedule G (Form 990 or 990-EZ) 2011

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

_F6	irt i	of fundraising events. Complete if the	_		·	•
		or randomy event commoditions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			1	RIDE FOR TWO	NONE	(d) Total events
			CLAYS	RIVERS	HONE	(add col (a) through
Φ			(event type)	(event type)	(total number)	col (c))
eun						
Revenue	1	Gross receipts	285,193,	40,125.		325,318
	2	Less Charitable contributions	267,263,	35,010.		302,273
	3	Gross income (line 1 minus line 2)	17,930.	5,115.		23,045
	۳	Cross mosmic (mile 1 militas mile 2)	17,550,	3,113,		25.045
	4	Cash prizes				
S	5	Noncash prizes	7,614,	3,090.		10,704
ense						
ă	6	Rent/facility costs	74,210.	_		74,210
Direct Expenses	_					
	7	Food and beverages				
		Entertainment				
	8 9	Other direct expenses	19,966.	9,263.		29,229
	10	Direct expense summary Add lines 4 through		J, 203.		(114,143
	11	Net income summary Combine line 3, colum			•	<91.098
Pa	irt I			990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) omgo	bingo/progressive bingo	(c) other gaming	col (a) through col (c)
Revenue						
_	1	Gross revenue				<u> </u>
ses	2	Cash prizes				
Direct Expenses	_	Noncash prizes				
Ä	3	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	-
ect	4	Rent/facility costs				
ے	7	Tiong admity decid				
	5	Other direct expenses				
-			Yes %	Yes%	Yes%	
	6	Volunteer labor	□ No	No	No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary Combine line 1	, column d, and line 7			L
_	En4	er the state(s) in which the organization opera	too goming gotilution			
-		he organization licensed to operate gaming ac	-	etates?		Yes No
		No," explain.				1es1N0
, L	•	NO, Explain.				
	_				-	
10a	We	re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain			 	
						
13208	32 01	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes Ni	Schedule G (Form 990 or 990-EZ) 2011 NATIONAL FOREST FOUNDATION 52	<u>2-1786332</u>	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 39 Indicate the percentage of gaming activity operated in: 3	11 Does the organization operate gaming activities with nonmembers?	Yes	□ No
to administer charitable gaming?			
33 Indicate the percentage of gaming activity operated in a The organization's facility 34 Pan outside facility 45 An outside facility 46 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 46 Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
a The organization's facility b An outside facility b An outside facility b An outside facility b An outside facility b An outside facility b Enter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address Address Address Address It's Does the organization have a contract with a third party from whom the organization receives gaming revenue? It's a Does the organization have a contract with a third party from whom the organization receives gaming revenue? It's a Does the organization have a contract with a third party from whom the organization receives gaming revenue? It's a Does the organization have a contract with a third party from whom the organization is and the amount of gaming revenue retained by the third party Name Address Gaming manager information Name Address Description of services provided Director/officer Employee Independent contractor The Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Independent contractor The Mandatory distributions required under state law to be distributions from the gaming proceeds to retain the state gaming license? Independent contractor The Mandatory distributions required under state law to be distributions from the gaming proceeds to retain the state gaming license? Description of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Sequences. Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Supplemental Information. Complete this part to provide the explanations required by Part II, line 2b, columns (iii) and (v), and Part III,		1 1	
b An outside facility If Enter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address Address If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address of the third party Name Address C if "Yes," enter name and address of the third party Name Address Description of services provided Director/officer		13a	9
Name ►			9
Name ►	·		
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14 Enter the name and address of the person who propared the organization organizat		
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Nama N		
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by \$ and the amount of gaming revenue? ▶ \$ because it is the organization of services provided ▶ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Name -		
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by \$ and the amount of gaming revenue? ▶ \$ because it is the organization of services provided ▶ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Address N		
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of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,			
c if "Yes," enter name and address of the third party Name ▶ Address ▶ If Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		i	
Name ► Address ► If Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer			
Address Gaming manager information Name Gaming manager compensation \$ Complete the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	c If "Yes," enter name and address of the third party		
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Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	Name		
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer			
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Address >		
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,			
Gaming manager compensation \$	16 Gaming manager information		
Gaming manager compensation \$			
Director/officer	Name		
Director/officer			
Director/officer	Gaming manager compensation ▶ \$		
Director/officer			
Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Description of services provided		
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a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,			
retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year • Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	17 Mandatory distributions		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	retain the state gaming license?	Yes	☐ No
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	organization's own exempt activities during the tax year > \$		
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (III) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional inform	nation (see instruc	ctions)
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SCHEDULEI (Form 990)

Department of the Teasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
NATIONAL FOREST FOUNDATION	ST FOUNDATION						52-1786332
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of	ocedures for monit	toring the use of grant	grant funds in the United States	d 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	Governments and	d Organizations in th	e United States. C	omplete if the orga	anization answered "	res" 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.	\$5,000 Check this	box if no one recipier	nt received more th		can be duplicated if	Part II can be duplicated if additional space is needed	pape
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
2012 ROCKY MOUNTAIN FOREST SERVICE							
ION - 3206 RED							
MOUNTAIN DRIVER - FORT COLLINS, CO 80525			10 000	O			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ALESSIO & SONS COMPANY							_
AVE,	,		,				NS N
ROCKDALE, IL 60436	36-2680476		279,590.	0			FORESTS AND GRASSLANDS
AMERICAN CHESNUT FOUNDATION							
160 ZILLICOA ST., SUITE D							SUPPORT US NATIONAL
ASHEVILLE, NC 28801	41-1483019	501C(3)	40,528.	0			FORESTS AND GRASSLANDS
APPALACHIAN MOUNTAIN CLUB 5 JOY ST., BOSTON				- "			SUPPORT US NATIONAL
BOSTON, MA 02108	04-6001677	501C(3)	52,800.	0			FORESTS AND GRASSLANDS
ARAPAHO-ROOSEVELT & PAWNEE NAT'L GRASSLANDS FOUNDATION - PO BOX							SUPPORT US NATIONAL
1443 - FORT COLLINS, CO 80522	83-0369361	501C(3)	15,000.	0			FORESTS AND GRASSLANDS
ARIZONA ELK SOCIETY P.O. BOX 190							
PEORIA AZ 85380	86-2035639	5010(3)	17 500	C			BOURGE ON INTIONAL
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	le line 1 table				FORESTS AND GRASSLANDS
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					10
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2011)

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Schedule	e I (Form 990)	NATIONAL FOREST FOUNDATION	52-1786332	Page
Part II	Continuation of Gr	f Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)		

(a) Name and address of (b) EIN (c) IRC section or government if applicable	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	on (d) Amount of cash grant non-cash (f) Method of (g) Met	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA WILDERNESS COALITION P.O. BOX 40340 TUSCON, AZ 85717	20-0412328	501C(3)	75,740,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARIZONA WILDLIFE FEDERATION P.O. BOX 51510 MESA, AZ 85208	86-0076994	501C(3)	57,440,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARKANSAS WILDLIFE FEDERATION 9108 RODNEY PARHAM ROAD LITTLE ROCK, AR 72205	71-6059226	501C(3)	26,125,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BAT CONSERVATION INTERNATIONAL P.O. BOX 162603 AUSTIN, TX 78716	74-1553144	501C(3)	60,582,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BERNUTH AND WILLIAMSON 1720 N. STREET, NW WASHINGTON, DC 20036	20-2641394		27,538,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501C(3)	8,257,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CALIFORNIA INVASIVE PLANT COUNCIL 1442-A WALNUT STREET #462 BERKELEY, CA 94709	68-0289333	501C(3)	10,000	0	į		SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CASCADE PACIFIC RC&D, INC. 31978 NORTH LAKE CREEK DRIVE TANCENT, OR 97389	93-0722979	501C(3)	23,540,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CENTRAL OREGON FOREST STEWARDSHIP FOUNDATION - C/O COIC 334 NE HAWTHORNE AVE, - BEND, OR 97701	27-2703426	5010(3)	57,927,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
							Schedule I (Form 990)

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Schedule I (Form 990) NATIONAL FOREST FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and	T FOUNDATION Assistance to Go	wernments and Organ	izations in the Un	Inted States (Sche	d Organizations in the United States (Schedule I (Form 990), Part II.)		52-1786332 Page 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
CENTRAL OREGON INTERGOVERNMENTAL COUNCIL - 334 NE HAWTHORNE - BEND, OR 97701			11,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CITY OF THORNE BAY PO BOX 19110 THORNE BAY, AK 99919	92-0088485		24,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CITY WILD P.O. BOX 883 DENVER, CO 80201	84-1461964	501c(3)	20,557,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CLEAR WATER RESOURCE CONSERVATION & DEV - P.O. BOX 9576 - MOSCOW, ID 83483	94-3112966	501C(3)	10,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COALITION FOR THE UPPER SOUTH PLATTE - P.O. BOX 726 - LAKE GEORGE, CO 80827	84-1469785	501C(3)	976,500	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO FOURTEENERS INITIATIVE 1600 JACKSON ST. STE 352 GOLDEN, CO 80401	84-1354844	501C(3)	285,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO MOUNTAIN CLUB 710 10TH STREET GOLDEN, CO 80401	84-0410760	501C(3)	25,945,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO STATE UNIVERSITY COLORADO NATURAL HERITAGE PROGRAM, 1475 CAMPUS DELIVERY - FORT COLLINS, CO 8	84-6000545		38 000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	95-4302067	501C(3)	8,175,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS Schedule I (Form 990)

Schedule I (Form 990)	NATIONAL FOREST FOUN	T FOUNDATION					52	52-1786332	Page
Part II Continuation	of Grants and Other	Assistance to Go	vernments and Organic	anizations in the United State	Inited States (Schedul	dule I (Form 990), Part II)	t)		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to GC	vernments and Organ	nizations in the U	nited States (SCITE	sadio i (i oi i i soo), i d	ne 11 /	
(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
COTTONWOOD CANYONS FOUNDATION 3165 E. MILLROCK DRIVE, STE 190 HOLLADAY, UT 84121	74-3058673	501c(3)	67,342,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CROOKED RIVER WEED MANAGEMENT AREA 498 SE LYNN BLVD, PRINEVILLE PRINEVILLE, OR 97754	43-1964363	501c(3)	7,600.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EAGLE RIVER WATERSHED COUNCIL PO BOX 7688 AVON, CO 81620	20-4448864	501c(3)	63,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EVERGREEN MOUNTAIN BIKE ALLIANCE 418 NE 72ND STREET SEATTLE, WA 98115	91-1553023	501C(3)	30,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FOREST GUILD PO BOX 519 SANTA FE, NM 87504	85-0446866	501c(3)	90,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FOUR CORNERS SCHOOL OF OUTDOOR EDUCATION - PO BOX 1029 - MONTICELLO, UT 84535	39-1509336	501c(3)	80,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF DILLON RANGER DISTRICT PO BOX 1648 SILVERTHORNE, CO 80498	20-2343008	501C(3)	75,000,	.0			
FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 89507	88-0211763	501c(3)	108,000	0			
FRIENDS OF PATHWAYS PO BOX 2062 JACKSON, WY 83002	83-0309897	501C(3)	80,000.	0			SUPPORT US NATIONAL

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Schedule I (Form 990) NATIONAL FOREST FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and	ST FOUNDATION Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	d Organizations in the United States (Schedule I (Form 990), Part II)		52-1786332 Page 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
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS - PO BOX 2061 - SANDPOINT ID 83864	74-3202365	501C(3)	19 000	0			SUPPORT US NATIONAL FORESTS AND GRASSIANDS
		501c(3)		0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE EAGLE NEST WILDERNESS - PO BOX 2458 - SILVERTHORNE, CO 80498	84-1305851	501c(3)	10,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE INYO 819 N. BARLEW LANE BISHOP, CA 93514	77-0389436	501C(3)	75,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE METOLIUS PO BOX 101 CAMP SHERMAN, OR 97730	93-1046038	501C(3)	5,200,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GRAND CANYON TRUST 2601 N. FORT VALLEY ROAD FLAGSTAFF, AZ 86001	86-0512633	501C(3)	27,910,	0,			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GREAT BURN STUDY GROUP 1434 JACKSON STREET MISSOULA, MT 59802	55-0790103	501C(3)	99,830,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
HEADWATERS TRAILS ALLIANCE PO BOX 946 GRANBY, CO 80446	84-1363392	501C(3)	7,944.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
HEART OF OREGON CORPS, INC. PO BOX 279 BEND, OR 97709	93-1303879	501C(3)	113,148,	*0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
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IDAHO TRAILS ASSOCIATION P.O. BOX 165 BOISE, ID 83701	36-4667290	501C(3)	14,358,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
JOHN J HILL MEMORIAL FUND 100 HARBORVIEW DRIVE BALTIMORE, MD 21230	52-1552597	501C(3)	10,712.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
JUNEAU WATERSHED PARTNERSHIP PO BOX 20649 JUNEAU, AK 99802	92-0171846	501C(3)	25,659.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LAKE COUNTY RESOURCES INITIATIVE 100 NORTH D STREET LAKEVIEW, OR 97630	93_1330699	501C(3)	112,240,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LOMAKATSI RESTORATION PROJECT PO BOX 3084 ASHLAND, OR 97520	93-1163452	501C(3)	24,000,	0,			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
9 5 1	20-1501256	501C(3)	. 25, 356.	0			US N
MID-COLUMBIA FISHERIES ENHANCEMENT GROUP - PO BOX 1271 - WHITE SALMON, WA 98672	20-0024733	501c(3)	50,800	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MILE HIGH YOUTH CORPS 1801 FEDERAL BLVD DENVER, CO 80204	84-1182631	501c(3)	.000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501C(3)	19,570,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS Schedule I (Form 990)

le (Form 990) NATIONAL FOREST FOUNDATION 52-178 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Page 1	
le (Form 990) NATIONAL FOREST FOUNDATION Continuation of Grants and Other Assistance to Governments and Organizations in the United States (S	52-1786332	
립) NATIONAL FOREST FOUNDATION	Assistance to Governments and Organizations in the United States (S

SAND BOLINT WAY NE ULE, WA 98115 TAINS TO SOUND GREENWAY TRUST TEL, WA 98114 TAINS TO SOUND GREENWAY TRUST TEL, WA 98114 TAINS TO SOUND GREENWAY TRUST TEL, WA 98114 SOUC(3) 12,000, 00 TEL, WA 98115 11-531214 SOLC(3) 20,000, 0 TAINS TO SOUND GREENWAY TRUST TAIN WILLD TURKEY FEDERATION XX 530 THAY 17 SOCONTY TO COUNTY TO	(a) Name and address of (b) EIN (c) IRC section organization or government if applicable cash grant assistance appraisal, other)	(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
THE TO SOUND GREENMAN TRUST THE NA 98104 THE ON PARENCE STEWARDS THE	MOUNTAINEERS 7700 SAND POINT WAY NE SEATTLE, WA 98115	27-3009280	501C(3)	12,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NALEY RESOURCE STEWARDS NALEY ASSELS NALEY ASSELS NALEY ASSELS S1-0503978 501C(3) 24,000, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	MOUNTAINS TO SOUND GREENWAY TRUST 911 WESTERN AVENUE, SUITE 203 SEATILE, WA 98104	91-1531234	501C(3)	200,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NAL WILD TURKEY FEDERATION X 530 ITELD SC 29924 ST-0564993 501C(3) COUNTY COUNTY COUNTY COUNTY STACOWILDENNESS ALLIANCE NUMBAN ST. NB, STE B-1 UNERQUE, NM 97108 SS-0457916 SOLC(3) SS-0400 TLL - GIO N, HWY 395 - LONG TLL	MT. ADAMS RESOURCE STEWARDS PO BOX 152 GLENWOOD, WA 98619	51-0503978	501C(3)_		0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
OCCUNTY 1. CODE TALKERS DR. S. HWY 77 1. CODE TALKERS DR. S. HWY 77 1. CODE TALKERS DR. S. HWY 77 1. CODE TALKERS DR. S. HWY 77 1. EXILOR AZ 96025 1. CODE TALKERS DR. S. HWY 77 1. CODE T	NATIONAL WILD TURKEY FEDERATION PO BOX 530 EDGEFIELD, SC 29824	57-0564993	501c(3)	159,275,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EXICO WILDERNESS ALLIANCE RUMAN ST. NE, STE B-1 UUERQUE, NM 87108 1 FORK JOHN DAY WATERSHED 1. C 610 N. HWY 395 - LONG 2. C 5460326 501C(3) 1. C 610 N. HWY 395 - LONG 2. C 5460326 501C(3) 1. C 87856 2. C 5460326 501C(3) 2. C 5460326 501C(3) 2. C 5460326 501C(3) 3. C 60 000, 0. 4. C 7 10 N. HWY 395 - LONG 4. C 87856 4. C 87856 5. C 87856 5. C 87856 5. C 87856 6. C 87856 6. C 87856 6. C 87856 7. C 87856	NUNTY NDE TALKERS DR. S. AZ 96025	86-6000541		10,000,	0			US P
IL - 610 N. HWY 395 - LONG L. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 97856 C. OR 978570 C. OR 9	NEW MEXICO WILDERNESS ALLIANCE 142 TRUMAN ST. NE, STE B-1 ALBUQUERQUE, NM 87108	85-0457916	501c(3)	85,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EAST WASHINGTON FORESTRY TION - 565 WEST 5TH AVE LLE, WA 99114 WEST CONNECTIONS BOX 1309 VALLEY, MT 59826 81-0512346 60.000, 0.	OHN DAY WATER 0 N. HWY 395 856	20-5460326	501C(3)		0			US N
WEST CONNECTIONS BOX 1309 VALLEY, MT 59826 81-0512346 501C(3)	1	81-0628015	501C(3)	24,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
	NORTHWEST CONNECTIONS P.O. BOX 1309 SWAN VALLEY, MT 59826	81-0512346	501C(3)	60,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

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Schedule I (Form 990) NATIONAL FOREST FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	T FOUNDATION Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pa		52-1786332 Page 1
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ORGANIZED VILLAGE OF KAKE PO BOX 316	187LUU-CO		22 500	C			SUPPORT US NATIONAL
1 1 1 1 1 1 1	91-1023116	501C(3)	11,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PARTNERS OF JOYCE KILMER-SLICKROCK WILDERNESS - P.O. BOX 984 - ROBBINSVILLE, NC 28771	20-0104276	501c(3)	7,680.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PARTNERSHIP FOR YOUTH DBA AMERICORPS ST. LOUIS - 1315 ANN AVE, - ST. LOUIS, MO 63104	43-1873533	501C(3)	42,266,	o			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PINCHOT PARTNERS P.O. BOX 442 MORTON, WA 98356	20-3689613	501C(3)	24,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
RANCHO SANTA ANA BOTANIC GARDEN 1500 NORTH COLLEGE AVENUE CLAREMONT, CA 91711	95-1664113	501C(3)	80,429	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROARING FORK OUTDOOR VOLUNTEERS PO BOX 1341 BASALT, CO 81621	84-1302819	501c(3)	20,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN BIRD OBSERVATORY PO BOX 1232 BRIGHTON, CO 80601	84-1079882	501c(3)	30,000,	.0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN FIELD INSTITUTE 815 SOUTH 25TH ST., SUITE 101 COLORADO SPRINGS, CO 80904	74-2225140	501C(3)	139,712	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS Schedule I (Form 990)

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Schedule I (Form 990) NATIONAL FOREST FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ST FOUNDATION Assistance to Go	vernments and Organ	lizations in the Ur	nited States (Sche	dule I (Form 990), Par		52-1786332 Page 1
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ROCKY MOUNTAIN YOUTH CORP- NEW MEXICO - PO BOX 1960 - RANCHOS DE TAOS, NM 87557	85-0404817	501C(3)	30,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN YOUTH CORPS - COLORADO - PO BOX 775504 - STEAMBOAT SPRINGS, CO 80477	84-1483022	501C(3)	180,500	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAN BERNARDINO NATIONAL FOREST ASSOC, - 602 S, TIPPECANOE AVE, - SAN BERNARDINO, CA 92408	33-0556414	501C(3)	101,920.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAN JUAN RC&D 31 SUTTLE STREET DURANGO, CO 81303	74-2408579	501c(3)	7,500.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SANDY RIVER BASIN WATERSHED COUNCIL - PO BOX 868 - SANDY, OR 97055	93-1294148	501C(3)	17,765,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SELWAY-BITTERROOT FRANK CHURCH FOUNDATION - PO BOX 8103 - MISSOULA, MT 59807	27-2868220	501C(3)	70,280	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SISTERS PARK AND RECREATION DISTRICT - PO BOX 2215 - SISTERS, OR 97759	93-1214147	501C(3)	37,430,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SITKA CONSERVATION SOCIETY PO BOX 6533, 201 LINCOLN ST SITKA, AK 99835	92-0096633	501C(3)	90,734,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 22231 MULHOLLAND HWY - CALABASAS, CA 91302	95-4116679	501C(3)	47,087,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

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SOUTH SANTIAM WATERSHED COUNCIL 4431 HIGHWAY 20 SWEET HOME, OR 97386	91-1787357	501c(3)	20,665.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTH UMPQUA RURAL COMM, PARTNERSHIP - 34620 TILLER TRAIL HWY - TILLER, OR 97484	33-1131242	501c(3)	23,400.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTHEAST ALASKA CONSERVATION COUNCIL - 419 SIXTH STREET - JUNEAU, AK 99801	92-0062992	501c(3)	63,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTHERN OREGON SMALL DIAMETER STEWARDSHIP COLLABORATIVE - 13401 HIGHWAY 66 - ASHLAND, OR 97520	56-2431473	501C(3)	24,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
STANISLAUS WILDERNESS VOLUNTEERS 1 PINECREST LAKE ROAD PINECREST, CA 95364	42-1586210	\$0 <u>1</u> C(3)	7,725.	0		:	SUPPORT US NATIONAL FORESTS AND GRASSLANDS
STUDENT CONSERVATION ASSOCIATION P.O. BOX 550, 689 RIVER ROAD CHARLESTOWN, NH 03603	91-0880684	501C(3)	265,303,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SUPERIOR WATERSHED PARTNERSHIP 2 PETER WHITE DRIVE MARQUETTE, MI 49855	38-3492677	501c(3)	99,400.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SUSTAINABLE NORTHWEST 620 SW MAIN STREET, #112 PORTLAND, OR 97205	93-1152222	501c(3)	19,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TAIYA INLET WATERSHED COUNCIL P.O. BOX 826 SKAGWAY, AK 99840	20-0240682	501c(3)	7,362,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS Schedule I (Form 990)

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TAKSHANUK WATERSHED COUNCIL PO BOX 1029 . HAINES, AK 99827	33-1069246	501C(3)	133,927,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE NATURE CONSERVANCY - ALASKA 715 L STREET ANCHORAGE, AK 99501	53-0242652	501C(3)	240,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE NATURE CONSERVANCY IN WA 1917 FIRST AVENUE SEATTLE, WA 98101	53-0242652	501C(3)	9,293,	0,			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE NATURE CONSERVATORY OF NEW MEXICO - 212 E. MARCY ST., SUITE 200 - SANTA FE, NM 87501	53-0242652	501C(3)	10,000,	0	·		SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TREE PEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	5015(3)	80,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TROUT UNLIMITED 1300 N. 17TH STREET, STE 500 ARLINGTON, VA 22209	38-1612715	501c(3)	9.400	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRUCKEE RIVER WATERSHED COUNCIL P.O. BOX 8568 TRUCKEE, CA 96162	91-1818748	501C(3)	21,250,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TUOLUMNE RIVER PRESERVATION TRUST 111 NEW MONTGOMARY, STE 205 SAN FRANCISCO, CA 94105	94-2834151	501C(3)	28,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UNCOMPAHGRE/COM, INC. PO BOX 244 DELTA, CO 81416	84-1545251	501c(3)	53,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
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UPPER DESCHUTES RIVER COALITION P.O. BOX 3042 SUNRIVER, OR 97707	30-0557393	501C(3)	10,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UPPER DESCHUTES WATERSHED COUNCIL P.O. BOX 1812 BEND, OR 97709	91-1757262	501C(3)	120,000,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
USDA FOREST SERVICE (TREE PLANTING/CCF) - C/O CITIBANK, P.O. BOX 894183 - LOS ANGELES, CA 90189	:		976,165,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VENTANA WILDERNESS ALLIANCE PO BOX 506 SANTA CRUZ, CA 95061	77-0532467	501C(3)	122,750.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VOLUNTEERS FOR OUTDOOR COLORADO 600 SOUTH MARION PARKWAY DENVER, CO 80209	74-2357211	501C(3)	162,958,	o			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALAMA RESTORATION PROJECT PO BOX 894 EUGENE, OR 97440	93-1321979	501C(3)	7,764.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALKING MOUNTAIN SCIENCE CENTER PO BOX 9469 AVON, CO 80631	84-1436731	501C(3)	52,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALLOWA RESOURCES 401 NE FIRST, SUITE A ENTERPRISE, OR 97828	91-1794627	501c(3)	122,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE., STE. 300 SEATTLE, WA 98104	91-0900134	501C(3)	41,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
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WATERSHED RESEARCH & TRAINING CENTER - PO BOX 356 - HAYFORK, CA 96041	94-3116339	501C(3)	27,000.	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WESTERN NORTH CAROLINA ALLIANCE 29 N. MARKET STREET, STE. 610 ASHEVILLE, NC 28801	56-1422691	501c(3)	38,559,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WETLANDS INITIATIVE 53 WEST JACKSON BLVD. CHICAGO, IL 60604	36-3942451	501c(3)	200,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WHITE RIVER PARTNERSHIP PO BOX 705 ROYALTON, VT 05068	03-0371746	501C(3)	40,000	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILD SOUTH 16 EAGLE STREET, STE. 200 ASHEVILLE, NC 28801	56-2173810	501C(3)	102,870,	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
	85-0406306	501C(3)	70,400,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILDERNESS INSTITUTE UNIVERSITY OF MONTANA MISSOULA, MT 59812	81-6001713	501C(3)	109,838,	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILDERNESS SOCIETY - NORTHERN ROCKIES - 503 W MENDENHALL ST BOZEMAN, MT 59715	53-0167933	501C(3)	.096,69	0			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILDERNESS SOCIETY-WASHINGTON, DC 1615 M STREET, NW WASHINGTON, DC 20036	53-0167933	501C(3)	73,800,	0		:	SUPPORT US NATIONAL FORESTS AND GRASSLANDS Schedule I (Form 990)

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52- <u>1</u> 786332 Page	(h) Purpose of grant or assistance	SUPPORT US NATIONAL FORESTS AND GRASSLANDS	SUPPORT US NATIONAL FORESTS AND GRASSLANDS	SUPPORT US NATIONAL FORESTS AND GRASSLANDS	SUPPORT US NATIONAL FORESTS AND GRASSLANDS	SUPPORT US NATIONAL FORESTS AND GRASSLANDS	SUPPORT US NATIONAL FORESTS AND GRASSLANDS		
	(g) Description of non-cash assistance	SUI	SUI	SUI	SUI	SUI	SUI		
- 1000 Li,	(f) Method of valuation (book, FMV, appraisal, other)								
	(e) Amount of non-cash assistance	0	0	0	0	0	0		
	(d) Amount of cash grant	57,500.	35,000,	167,700,	32,000,	.000,000	7,500,		
overnments and Organ	(c) IRC section if applicable	501C(3)	501C(3)	501C(3)	501C(3)	501C(3)	501C(3)		
T FOUNDATION	Assistance to go	91-1821692	81-0512261	46-0505155	81-0517993	92-6001319	91-2155866	200	
Schedule I (Form 990) NATIONAL FOREST FOUNDATION	(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of cash grant non-cash (book, FMV, assistance (book, FMV, assistance (book, FMV, assistance (book, FMV, appraisal, other)	WILDERNESS VOLUNTEERS P.O. BOX 526197 SALT LAKE CITY, UT 84152	WILDLANDS CPR P.O. BOX 7516 MISSOULA, MT 59807	WILDLANDS RESTORATION VOLUNTEERS 3012 STERLING CIRCLE BOULDER, CO 80301		YAKUTAT SALMON BOARD PO BOX 160 YAKUTAT, AK 99689	YOSEMITE SEQUOIA RC&D P.O. BOX 415 NORTH FORK, CA 93643		

Schedule I (Form 990)

Schedule (Form 990) (2011) NATIONAL FOREST FOUNDATION	TION				52-1786332 Page 2
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	ited States. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22	
(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS SUBMIT MID-TERM AND	T MID-TERM AND				
END-OF-TERM NARRATIVE AND FINANCIAL REPORTS, WHICH	WHICH ARE REVIEWED BY THE	BY THE			
NATIONAL FOREST FOUNDATIONS STAFF, RECIPIENTS ARE REQUIRED		TO SEEK APPROVAL			
BEFORE MAKING ANY CHANGES TO THE ORIGINAL WORKPLAN OR BUDGET	OR BUDGET.				

Schedule I (Form 990) (2011)

77

132102 01-27-12

SCHEDULE J (Form 990)

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

NATIONAL FOREST FOUNDATION

Questions Regarding Compensation

Employer identification number

52-1786332

			Yes	No
1a	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		•	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	_2_		
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			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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.			
		4a_		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			
	The organization?	5a_	х	
b	Any related organization?	5b		_X
	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			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
_	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		l	
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		_x
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	8		<u>x</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Part II 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 column (D) and (E) amounts for that individual

		(B) Breakdown of W-2	V-2 and/or 1099-MIS	and/or 1099-MISC compensation	(<u>O</u>	(D)	(E)	(£)
(A) Name	-	(i) Base	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(I) (D)	Compensation reported as deferred
		compensation	incentive compensation	reportable compensation	compensation			ın prıor Form 990
	Ξ	201.148.	75,000,	0.	64,125,	25,639,	365,912,	0
1 WILLIAM J. POSSIEL	(11)	0	0	0	0	0	0	0
	Ξ							
2	(ii)							
	(i)							
3	: <u>(ii</u>							
	(i)							
4	(ii)							
	(1)							
5	(ii)							
	Ξ							
9	Œ							
	Θ							
7	Œ							
	Ξ							
8	3							
	ε				i			
6	Ξ							
	Ξ							
10	(ii)							
	Ξ							
11	(1)							
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16	3					,		

Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

Open to Public

990, Part IV, lines 29 or 30. Attach to Form 990.

Inspection Employer identification number

Name of the organization

NATIONAL FOREST FOUNDATION

52-1786332

OMB No 1545-0047

Pai	t I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d			
		Check if applicable	contributions or	amounts reported on	Method of o		•	ts
		шррошоо	items contributed	Form 990, Part VIII, line 1g	Tronodon Continu			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	_						
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	300	13_062,	FMV			
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -						-	
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			·				
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION/GIVEA)	Х	0	30,478.	FMV		_	
26	Other ()							
27	Other (
28	Other (-,			
29	Number of Forms 8283 received by the organiz	zation durine	the tax vear for c	contributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rec	oorted in Part I, lines 1-28 th	at it must hold for		100	
	at least three years from the date of the initial of							l
	the entire holding period?		,		,p. pa. padao .a.	30a		х
h	If "Yes," describe the arrangement in Part II					000		
31	Does the organization have a gift acceptance p	policy that re	eauires the review	of any non-standard contrib	utions?	31	x	
	Does the organization hire or use third parties					-	Δ.	
JZd	contributions?	or related Of	94.1124(10)13 (0 30)1	on, process, or sen noncasin		32a		v
h	If "Yes," describe in Part II					32a		<u> </u>
33	If the organization did not report an amount in	column (c) f	or a type of proper	rty for which column (a) is ch	ackad			
55	describe in Part II	column (c) i	o. a type of proper	ity for willon column (a) is ci	ooned,			
L HA		the Instruc	tions for Form 99	0	Schedule M	/Eorm	990) (2011)

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.

2011
Open to Public Inspection

Employer identification number Name of the organization NATIONAL FOREST FOUNDATION 52-1786332 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION'S PRIMARY PURPOSES ARE TO GENERATE FUNDING FOR THE PROTECTION MANAGEMENT AND CONSERVATION OF FORESTS AND RANGE RESOURCES; TO STIMULATE PUBLIC INVOLVEMENT IN THE STEWARDSHIP OF PUBLIC LANDS; AND TO INCREASE AWARENESS OF THE LEGACY OF THE NATIONAL FORESTS AND THE BENEFITS OF SUSTAINABLE MANAGEMENT OF NATURAL RESOURCES FORM 990, PAGE 1, AMENDED RETURN THE FORM 990 IS BEING AMENDED TO INCLUDE PRORATED DEFERRED COMPENSATION THAT WAS INADVERTENTLY OMMITTED FROM THE ORIGINALLY FILED RETURN IN PART VII OF THE FORM 990 AS WELL AS SCHEDULE J. FORM 990 PART III. LINE 1. DESCRIPTION OF ORGANIZATION MISSION: GIFTS OF FUNDS AND LAND FORM 990 PART VI SECTION B LINE 11: AFTER PREPARATION BY THE FOUNDATION'S INDEPENDENT ACCOUNTING FIRM. THE FORM 990 WILL BE REVIEWED BY THE PRESIDENT AND THE TREASURER OF THE ORGANIZATION PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE FORM 990, PART VI. SECTION B. LINE 12C: THE PRESIDENT IS RESPONSIBLE FOR MONITORING POTENTIAL CONFLICT OF INTEREST AND, WHEN NECESSARY, DISCUSSES CONCERNS WITH THE CHAIRMAN TO DETERMINE IF EXECUTIVE COMMITTEE REVIEW IS NECESSARY.

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

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization NATIONAL FOREST FOUNDATION	Employer identification number 52-1786332
FORM 990 PART VI SECTION B. LINE 15: THE BOARD APPROVES ANNUAL	
ORGANIZATIONAL PERFORMANCE OBJECTIVES WHICH CREATE THE MECHANISM TO	
EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. AT THE END OF THE	
FISCAL YEAR, THE CHAIRMAN SEEKS PEER INPUT BY DISCUSSING PERFORMANCE WITH	
EACH MEMBER OF SENIOR STAFF, AT ITS FALL MEETING THE BOARD GOES INTO	
EXECUTIVE SESSION FOR THE CHAIRMAN TO REPORT ON PEER INPUT AND SEEK BOARD	
INPUT ON ED PERFORMANCE, FOLLOWING THE BOARD'S EXECUTIVE SESSION THE EXC.	
COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE MEETS TO REVIEW STAFF	
AND BOARD INPUT, PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES	
AND DETERMINES A BONUS BASED ON THIS INFORMATION.	
FORM 990 PART VI LINE 17 LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MS, MN, MT, ND, NJ, NH, NM, NY, OH	
OK OR PA RI SC TN UT VA VT WA WI WV	
FORM 990 PART VI SECTION C LINE 19: THE ORGANIZATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
AVAILABE UPON REQUEST.	
FORM 990, PART VI. SECTION B. LINE 15	
COMPENSATION POLICY THE POARD APPROVED ANNUAL ORGANIZATIONAL PERFORMANCE OF TECHTIVES WHICH	
THE BOARD APPROVES ANNUAL ORGANIZATIONAL PERFORMANCE OBJECTIVES WHICH	
CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE	
DIRECTOR, AT THE END OF THE FISCAL YEAR, THE CHAIRMAN SEEKS PEER INPUT	
BY DISCUSSING PERFORMANCE WITH EACH MEMBER OF SENIOR STAFF AT ITS FALL	
MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIRMAN TO	
REPORT ON PEER INPUT AND SEEK BOARD INPUT ON ED PERFORMANCE, FOLLOWING	
THE BOARD'S EXECUTIVE SESSION THE EXC. COMMITTEE WHICH SERVES AS THE 132212 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization NATIONAL FOREST FOUNDATION	Employer identification number 52-1786332
COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT	
PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES AND DETERMINES	
A BONUS BASED ON THIS INFORMATION.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS: -15,906.	