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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public ...

- 4	FOL	ne 2014 catendar year, or tax year beginning and ending	, _	_				
В	Check applica	C Name of organization	D Employer ider	ntification number				
Г		ess COCTEMY OF AMEDICAN FORECHERC	}					
Ì	Nar cha		 53	-0204630				
Ī	Initi	Downs						
Ī	Fina	5400 CROCURNOR LAND		1-897-8720				
	tern	in-	G Gross receipts \$	25,060,841.				
[nded DEMUECDA MD 20011_2100	H(a) Is this a grou					
	App		for subordina					
	pen	ISAME AS C ABOVE	H(b) Are all subordina					
ī	Tax-e	xempt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527 If "No," attac	ch a list (see instructions)				
		ite: ▶ WWW.SAFNET.ORG		H(c) Group exemption number ▶				
K	Form	of organization: X Corporation Trust Association Other	Year of formation: 190	M State of legal domicile: MI				
	?aṛṭ:l							
	₂ 1	Briefly describe the organization's mission or most significant activities: THE MISS	SION OF THE	SOCIETY OF				
	2 3 4	AMERICAN FORESTERS (SAF) IS TO ADVANCE FORES	ST SCIENCE, '	TECHNOLOGY,				
į	E 2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its ne					
ز د ما	3	Number of voting members of the governing body (Part VI, line 1a)		3 14				
		Number of independent voting members of the governing body (Part VI, line 1b)		4 14				
\sim $\frac{1}{2}$	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5 24				
ල	5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Total number of volunteers (estimate if necessary)		6 24				
~~ *	₹ 7:	Total unrelated business revenue from Part VIII, column (C), line 12	·	7a 195,581.				
- ير		Net unrelated business taxable income from Form 990-T, line 34		7b 0.				
UE (,			Prior Year	Current Year 2, 207, 476.				
	8	Contributions and grants (Part VIII, line 1h)	3,177,230					
₩ .	9 10	Program service revenue (Part VIII, line 2g)	153,969					
2		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<51,25					
₹	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,827,590					
SCANNED	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and sımılar amounts paid (Part IX, column (A), lines 1-3)	49,424					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,435,878	· · · · · · · · · · · · · · · · · · ·				
, c	16:	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
Š	<u> </u>	Total fundraising expenses (Part IX, column (D), line 25)	A AND HOUSE	The state of the state of the state of				
ú	ا أ	Other expenses (Part IX, column (A), lines 11a-11d, 1.1f-24e)	2,059,399					
	18	Total expenses Add lines 13-17-(mgst-equal Partil X, column (A), line 25)	3,544,703	1. 3,462,948.				
	19	Revenue less expenses Subtract line 18 from line-12	1,282,89	5. 13,956,339.				
5	Balances 20		Beginning of Current Ye	ear End of Year				
sets	틡 20	Total assets (Part X, line 16) NOV 2 4 2015	5,906,200	0. 19,743,736.				
t As	뛴 21	Total liabilities (Part X, line 26)	1,660,434					
	리 22	Net assets or fund balances 'Subtract-line 21 from Jine 20\ \	4,245,766	6. 18,193,963.				
		Signature Block OGD						
		alties of perjury, Adeciate that I have examined this return, including accompanying schedules and st		if my knowledge and belief, it is				
tru	ie, corr	ct, and complete Declaration of preparer (ather tran officer) is based on all information of which pre	parer has any knowledge.	1.1.6				
		Supplied (100) Il would	Date	1/6/13				
	gn	MATT MENASHES, CHIEF EXECUTIVE OFFICER	Date /	/				
Н	ere	Type or print name and title	_ -					
_		Print/Type preparer's name Preparates fignature	Pate Check	T I PTIN				
Pa	aid	BERT L. SWAIN	11/16/15	P00238304				
	eparer	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN	7.7.				
	se Only	Firm's address 1410 SPRING HILL ROAD, STE 500						
	•	TYSONS, VA 22102-3056	Phone no.	703-970-0400				
M	ay the	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				
_	2001 11			Form 990 (2014)				
		SEE SCHEDULE O FOR ORGANIZATION MISSION STATE	MENT CONTINU	, ,				

	ired Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-=-	<u> </u>	├─
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۲,		 ^*
٠	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	⊢ٿ	 	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		 -
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	144		10.4
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		_ <u>X</u> _
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ <u></u>		- <u></u> -
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2014)

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Part IV Checklist of Required Schedules (continued)

			res	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 -	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
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 25a	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
ь	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ŀ	i	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	! .		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	100		The state of
	instructions for applicable filing thresholds, conditions, and exceptions):			40
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	and and	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	If "Yes," complete Schedule N, Part I	31	l	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete			
	Schedule N, Part II	32	l	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		$\neg \neg$	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2	2014
			٧-	

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		030		age C						
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V									
	Check if Goriedate C Contains a responde of historical and instance in the contains a respondence of the contains a respondenc		r	┸						
		- * · · · ·	Yes	No						
_	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	5.19	2.2							
Ь	· · · · · · · · · · · · · · · · · · ·									
С										
	(gambling) winnings to prize winners?	1c	X	0.10.00000 75						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 24	2b	X							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	L						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	WE COMPANY / MICH.	X						
b	If "Yes," enter the name of the foreign country: ►			y #)						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	340								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	L	L						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		ŀ							
	any contributions that were not tax deductible as charitable contributions?	6a	L	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7										
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
þ	, , ,									
С										
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 <u>. ∄</u>	<u>***</u>	X						
e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	±821/2	المناهد ال						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			10						
_	sponsoring organization have excess business holdings at any time during the year?	8	ender wie	and the o						
9	Sponsoring organizations maintaining donor advised funds.		(連奏)	1865						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		 						
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12									
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			\$ \$.						
11	Section 501(c)(12) organizations. Enter.		1.00	(Z*						
''a	Gross income from members or shareholders	3 4	1, ,							
_	Gross income from other sources (Do not net amounts due or paid to other sources against	* ,	, , ,							
b	amounts due or received from them)	,								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_						
	Note. See the instructions for additional information the organization must report on Schedule O									
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1						
_	organization is licensed to issue qualified health plans			ĺ						
c	Enter the amount of reserves on hand			İ						
14a		14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Form 990 (2014) SOCIETY OF AMERICAN FORESTERS 53-0204630 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	30	****
	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.		100	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- - -	†	-
	of officers, directors, or trustees, or key employees to a management company or other person?	з		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	┝▔
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	+	Х
6	Did the organization have members or stockholders?	6	\vdash	X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	 •	+-	
	more members of the governing body?	7a	X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/a	<u> </u>	
U	persons other than the governing body?			x
۰	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	Mar.	
8		H	X	TP-V
	The governing body?	8a		<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3,7
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		τ	T
40-	Did the assessment of the base of the state		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1	ļ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	Cu. or or 1 4
ь	• • • • • • • • • • • • • • • • • • • •		基代	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	- 1		٠
	in Schedule O how this was done	12c	ļ. <u></u>	X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	V 2/4
15	Did the process for determining compensation of the following persons include a review and approval by independent	4.5		300
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> 11</u>	- E - 7	
	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	Х	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	* * * , * .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		· .	اً ہے۔ امیا
	taxable entity during the year?	16a		<u>X</u>
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			•
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ن ـ ـ ـ ـ
	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 ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	y) avaılab	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	5400 GROSVENOR LANE, BETHESDA, MD 20814-2198			

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

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

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
- 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

 $oldsymbol{ol}}}}}}}}}}}}}}}}}$

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	Position do not check more than one ox, unless person is both an fficer and a director/trustee) Reportable compensation from		Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог те <i>г</i>	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVE WALTERS	32.00									_
PRESIDENT	40.00	Х		X		L		0.	0.	0.
(2) JOANN MEYER COX	15.00	ļ		l	ļ	ļ				
IMMEDIATE PAST PRESIDENT	40.00	X	<u> </u>	X	_			0.	0.	0.
(3) ROBERT ALVERTS	20.00			1						
VICE PRESIDENT	40.00	Х					<u> </u>	0.	0.	0.
(4) MATT MENASHES	40.00			.				05 005		6 607
CHEIF EXECUTIVE OFFICER	3.00	X		Х		<u> </u>	\vdash	95,025.	0.	6,687.
(5) JOHN WALKOWIAK DISTRICT 1 REPRESENTATIVE	40.00	v			l			0.	о.	0.
(6) EDWARD W. SHEPARD	15.00	Λ	-			-	_	<u> </u>	- 0.	
DISTRICT 2 REPRESENTATIVE	40.00	x	١,		l			0.	о.	0.
(7) J. LOPEZ	15.00	*	Н			-	Н	0.		0.
DISTRICT 3 REPRESENTATIVE	40.00	x						0.	0.	0.
(8) JOHNNY HODGES	5.00		├┤		\vdash	-	H			
DISTRICT 4 REPRESENTATIVE	40.00	x	li		ŀ			0.	0.	0.
(9) GARY VANDER WYST	8.00	-	H			\vdash	Н			
DISTRICT 5 REPRESENTATIVE	40.00	х						0.	0.	0.
(10) ANDREW J. HAYES	10.00					\vdash	Н			
DISTRICT 6 REPRESENTATIVE	40.00	х						0.	0.	0.
(11) KIM STEINER	0.00	,			_					
DISTRICT 7 REPRESENTATIVE	40.00	Х						0.	0.	0.
(12) JUDSON D. EDEBURN	12.00							-		
DISTRICT 8 REPRESENTATIVE	40.00	Х						0.	0.	0.
(13) GREGORY HOSS	15.00									
DISTRICT 9 REPRESENTATIVE	40.00	X						0.	0.	0.
(14) DAVE LEWIS	0.00								· · · · · · · · · · · · · · · · · · ·	
DISTRICT 10 REPRESENTATIVE	40.00	Х						0.	0.	0.
(15) DONALD L. GREBNER	8.00									
DISTRICT 11 REPRESENTATIVE		Х						0.	0.	0.
(16) DENNIS BECKER	0.50									
NON VOTING: CHAIR, COMMITTEE ON FORE		X				L		0.	0.	0.
(17) KURT GOTTSCHALK	5.00							_		
NON VOTING: CO-CHAIR, FORES SCIENCE &	40.00	Х				L		0.	0.	0.
432007 11-07-14										Form 990 (2014)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	•		 -			
(A) (B)					2) 2)			(D)	(E)		l.	(F)	
Name and title	Average hours per	(do	Position (do not check more than one box, unless person is both ar			than	one	Reportable	Reportable			ımate	
	week			ess per nd a d				compensation	compensation from related			ount (other	Οĭ
	(list any	ē		Π			ľ	the	organization				tion
	hours for	Individual trustee or director		1 1		<u></u>		organization	(W-2/1099-MIS		compensat c) from the		
	related	0 88	Stee	1 1	1	iş E	1	(W-2/1099-MISC)	(** =: *********************************	,		nızat	
	organizations	Irust	Institutional trustee		yee	Highest compensated employee		,			-	relate	
	below	wdua	totto	₅₅	Key employee	loyee	ē				orgar	nızatı	ons
	line)	Ē	Inst	Officer	Key	皇島	Former						
(18) ANNE HEISSENBUTTEL	12.00]	1		1		 	<u> </u>		- 1			_
NON VOTING: CHAIR, HSD		X				<u> </u>	L	0.		0.			0.
(19) LOUISE MURGIA	40.00]											
CHIEF OPERATIONS OFFICER	0.00	L	L			X	<u> </u>	110,642.		0.	23	9	<u>18.</u>
			l			ļ	ļ			-			
		L	ļ			L							
								1		ļ	'		
		L_	_	ш	<u> </u>	ļ	<u> </u>						
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		L_	L	\Box	L								
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		ļ											
	<u> </u>	<u>L</u> _	_	Ш			<u>L</u>	205 667	<u>-</u> -		2.0		
1b Sub-total							•	205,667.		0.	30	,6	
c Total from continuation sheets to Part V	II, Section A							0.		0.	- 2.0		0.
d Total (add lines 1b and 1c)			_				<u> </u>	205,667.		0.	30	,6	<u> </u>
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportabl	e			1
compensation from the organization											т,	/ I	1 No
0 0 0										ſ		Yes	NO
3 Did the organization list any former officer,		ıste	е, ке	y en	npio	yee,	orı	nighest compensated ei	mployee on				X
line 1a? If "Yes," complete Schedule J for s									u	- 1	3		
4 For any individual listed on line 1a, is the si			-					•	the organization	i		·	X
and related organizations greater than \$15	•		-						d 1 &	ŀ	4		
5 Did any person listed on line 1a receive or	-						elati	ed organization or indivi	dual for services	- 1	-		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedali	9 0 1	0/ 3/	JCII J	Jei S	UII					5		
Complete this table for your five highest co	mponsated in	1000	ndo	nt o	ontr			hat recoved more than	\$100,000 of com		otion fr		
the organization. Report compensation for	•									iperis	ation	וווע	
(A)	tric calcillation	cu.	51101			01 11	T	(B)	, ear		(C)		
Name and business	address						- }	Description of s	ervices	C	ompen:		1
WDD, INC.DESIGN SERVICES	. 9229 I	ŒI	ĿΕĊ	rA	ES	3	1	DATABASE & M					
ROW, STE 290, INDIANAPOL								PORTAL	,		145	. 50	00.
ESGUERRA & ESGUERRA CPAS							T					, -	
DEERFIELD AVENUE, SUITE				VNE	Ξ.	V	λk	CFO SERVICES	į.		130	.10	05.
							Ť				-	• - \	
							\dashv						
							Į		ļ				
							\dashv	- · · - · · · · · · · · · · · · · · · ·					
2 Total number of independent contractors (ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				2	2							

432008 11-07-14

Form **990** (2014)

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a Gifts, Grant ilar Amount **b** Membership dues 1,119,497. 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1,087,979 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 2,207,476 h Total. Add lines 1a-1f Business Code 2 a SUBSCRIPTIONS Program Service Revenue 999999 537,451 537,451 EDUCATIONAL REVIEW 611710 180,195 180,195 ADVERTISING 541800 174,656 174,656 999999 All other program service revenue 892,302 Total. Add lines 2a-2f Investment income (including dividends, interest, and 103,204 other similar amounts) 103,204. Income from investment of tax-exempt bond proceeds 17,463 Royalties 17,463. (i) Real (ii) Personal 6 a Gross rents 20,925 **b** Less rental expenses 20,925. Rental income or (loss) 20,925 d Net rental income or (loss) 20,925 7 a Gross amount from sales of (i) Securities (ii) Other 4,596,234. 17,220,500 assets other than inventory b Less: cost or other basis 4,508,117. and sales expenses 3,133,437 88,117. 14,087,063. c Gain or (loss) 14,175,180 14,087,063 88,117 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a 999999 d All other revenue 2,737 2,737 Total. Add lines 11a-11d 2,737 Total revenue. See instructions. 17,419,287 14,807,446. 195,581 208,784. Form 990 (2014)

Form 990 (2014) SOCIETY OF AM Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•	, , , , , , , , , , , , , , , , , , ,	
	and domestic governments. See Part IV, line 21	32,877.	32,877.	4 (, , ', ', ', ', ', ', ', ', ', ', ', ',	*
2	Grants and other assistance to domestic			,	>
	ındıviduals See Part IV, line 22			, , , , , , , , , , , , , , , , , , , ,	***
3	Grants and other assistance to foreign			Sugar State Control of the Control o	7,22
	organizations, foreign governments, and foreign				, , ,
	ındividuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<u> </u>		*,***	. #
5	Compensation of current officers, directors,	460 505			
	trustees, and key employees	169,587.	110,232.	59,355.	
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	925,867.	787,892.	137,975.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,633.	28,651.	5,982.	
9	Other employee benefits	187,958.	156,283.	31,675.	·
10	Payroll taxes	107,793.	86,234.	21,559.	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)			· · · · · · · · · · · · · · · · · · ·	·
а	Management				
b	Legal	18,252.	8,796.	9,456.	·
С	Accounting	26,660.		26,660.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		*. * *	40 M A 124	
f	Investment management fees -				
g	Other. (If line 11g amount exceeds 10% of line 25,			-	
	column (A) amount, list line 11g expenses on Sch 0.)	590,612.	338,967.	251,645.	
12	Advertising and promotion	1,563.	1,563.		
13	Office expenses	337,478.	126,149.	211,329.	
14	Information technology	9,241.		9,241.	
15	Royalties	·			
16	Occupancy				
17	Travel	140,689.	71,918.	68,771.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		40-40-		
19	Conferences, conventions, and meetings	18,902.	18,134.	768.	
20	Interest	11,609.		11,609.	
21	Payments to affiliates	120 070		120 070	
22	Depreciation, depletion, and amortization	139,279.	112 015	139,279.	
23	Insurance	239,890.	113,247.	126,643.	
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	OTHER PROGRAM EXPENSE	210,758.	210,758.	0.	
b	OPERATING EXPENSE (GPFB	85,102.	85,102.	0.	
C	BANK FEES	60,982.		60,982.	
d	INDIRECT COST ALLOCATIO	45,031.	80,114.	<35,083.	>
е	All other expenses	68,185.	25,835.	42,350.	
25	Total functional expenses. Add lines 1 through 24e	3,462,948.	2,282,752.	1,180,196.	0.
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)				

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		-					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	224,434.	1	212,508.		
1	2	Savings and temporary cash investments			42,642.	2	11,044,573.
	3	Pledges and grants receivable, net		3	<u> </u>		
	4	Accounts receivable, net	407,624.	4	255,424.		
	5	Loans and other receivables from current and fo	ormer o	fficers, directors,	,	237	,
		trustees, key employees, and highest compensations	5 2 3 4 8 4	2.			
		Part II of Schedule L		. ,		5	
- 1	6	Loans and other receivables from other disquali	fied per	sons (as defined under	, 1, ,5, , -		11 32 41
		section 4958(f)(1)), persons described in section	-			"	*****
		employers and sponsoring organizations of sect	ion 50	(c)(9) voluntary	* * * * * * * * * * * * * * * * * * * *		
ध		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	•		- "	7	
Ž	8	Inventories for sale or use			92,586.	8	85,550.
	9	Prepaid expenses and deferred charges		·	178,535.	9	70,383.
	10a	Land, buildings, and equipment cost or other		•	3	*	**
- 1		basis. Complete Part VI of Schedule D	10a	1,954,000.	, , , , ,	ľ	*
1	b	Less: accumulated depreciation	10b	519,932.	1,441,012.	10c	1,434,068.
	11	Investments - publicly traded securities	3,519,367.	11	6,575,142.		
	12	Investments other securities See Part IV, line 1		12	<u> </u>		
ĺ	13	Investments - program-related. See Part IV, line		13	8,075.		
	14	Intangible assets		14	-		
	15	Other assets See Part IV, line 11			0.	15	58,013.
$oldsymbol{\bot}$	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	5,906,200.	16	19,743,736.
	17	Accounts payable and accrued expenses	445,742.	17	336,322.		
	18	Grants payable		18			
	19	Deferred revenue			904,253.	19	916,686.
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,	****	3	** * * * * * * * * * * * * * * * * * * *
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.	· * * * * * * * * * * * * * * * * * * *		* * *
ja		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third j	oarties	310,439.	24	250,000.
	25	Other liabilities (including federal income tax, pages	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	_		
		Schedule D			0.	25	46,765.
	26	Total liabilities. Add lines 17 through 25			1,660,434.	26	1,549,773.
		Organizations that follow SFAS 117 (ASC 958		k here X and			, ,
Ses		complete lines 27 through 29, and lines 33 an	d 34.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>ia</u>	27	Unrestricted net assets			4,245,766.	27_	18,193,963.
Ва	28	Temporarily restricted net assets			<u> </u>	28	
2	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here			
0 0	00	and complete lines 30 through 34.					· · · · · · · · · · · · · · · · · · ·
% I	30	Capital stock or trust principal, or current funds			·	30	<u> </u>
ا <u>۲</u>	31	Paid-in or capital surplus, or land, building, or eq	•			31	
او	32	Retained earnings, endowment, accumulated in	come, o	or other tunds	4,245,766.	32	10 102 062
-	33	Total net assets or fund balances			5,906,200.	33 34	18,193,963. 19,743,736.
I .	34	Total liabilities and net assets/fund balances			5 Una ////		

	990 (2014) SOCIETY OF AMERICAN FORESTERS	<u>53-0</u>	204630	Page 12
Pai	t XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI		.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,419	.287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3.462	,948.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,956	.339.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,245	
5	Net unrealized gains (losses) on investments	5		,142.
6	Donated services and use of facilities	6		<u></u>
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>	0.
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	┝╩┝		
•	column (B))	10	18,193	963
Pai	t(XIII Financial Statements and Reporting		10,100	7505
	Check if Schedule O contains a response or note to any line in this Part XII			X
	Check is Schedule of Contains a response of note to any line in this Falt XII		.	res No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[.c. 1 - 3 9)	in the second
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-	4 7
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
-4	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d a.a.a	2a	AL Windson
	separate basis, consolidated basis, or both	on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?		2b	X
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separation of the year were all years and year were all years and year were all years and years are all years and years and years are all years and years are all years and years are all years and years are all years and years are all years and years are years.	la basia	· 20	^-
	consolidated basis, or both	ie oasis,	.	
	X Separate basis Consolidated basis Both consolidated and separate basis		3 -	1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		\$ \$, , t	
·	review, or compilation of its financial statements and selection of an independent accountant?	ie audit,	244	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	۸ ماریام ۸		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
Ja	As a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the SI Act and OMB Circular A-133?	ngie Audit		$\frac{x}{x}$
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3a	- ^ -
Ø		iirea auait		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	00 (00)
			Form S	90 (2014

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

		SOCI	ETY OF AME	RICAN FOREST	ERS			5	3-0204630			
Pa	は「漢	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is (For lines 1 through 11, o	check only	one box)						
1		A church, convention of chi	urches, or association	on of churches describe	d ın sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative	hospital service orga	anization described in si	ection 170)(b)(1)(A)(ii	i).					
4		A medical research organiza						i). Enter t	the hospital's name,			
		city, and state		•				•	•			
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental un	t describ	ed in			
-		section 170(b)(1)(A)(ıv). (C		,		, 5	-					
6				nental unit described in	section 17	70(h)(1)(A)	(v)					
7	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•	_	section 170(b)(1)(A)(vi). (Co		iniai part of its support	nom a gov	Citingina	dille of from the	general	public described in			
8		A community trust describe	•	(1)(A)(vi) (Complete Per	4 II V							
9	$\overline{\mathbf{x}}$											
9		An organization that normal										
		activities related to its exem		•					-			
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	iired by the orga	nızatıon	after June 30, 1975.			
		See section 509(a)(2). (Cor	•									
10	님	An organization organized a			-							
11	ш	An organization organized a			•			•				
		more publicly supported or	-						heck the box in			
	r	lines 11a through 11d that	• • •			•		•				
а	L								•			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees	of the s	upporting			
	_	organization. You must c										
b			anization supervised	l or controlled in connec	tion with it	ts support	ed organization	(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage	the sup	ported			
	_	organization(s) You mus	t complete Part IV,	Sections A and C.								
С			grated. A supportin	g organization operated	ın connec	tion with, a	and functionally	ıntegrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.					
d			, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	d organiz	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and a	an attenti	veness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III				
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g	Prov	ride the following information	about the supporte	ed organization(s)								
	(1) Name of supported	(iı) EIN	(iii) Type of organization	(IV) Is the o		(v) Amount of m	onetary	(vi) Amount of			
		organization		(described on lines 19 above or IRC section	listed i governing o	document?	support (s		other support (see			
				(see instructions))	Yes	No	Instruction	ıs)	Instructions)			
			'	,]		1				
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				ı								
_												
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I c	or if the organization	n failed to qualify	under Part III If the	organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	III }			
Se	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Ï			
	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					Ï	
5	The portion of total contributions	*) .	* . 4			
	by each person (other than a	, ,	* \$ * .	\$ 1		; * ·	
	governmental unit or publicly		e e .		·, 二分。		
	supported organization) included		* *	· XIII		y.	
	on line 1 that exceeds 2% of the		ξ, , , , , , , , , , , , , , , , , , ,	*			
	amount shown on line 11,	ā	* *	(47)	*, * , * , * , *	,	
	column (f)						
	Public support. Subtract line 5 from line 4		,		*		
Sec	ction B. Total Support				-		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
						1	
	and income from similar sources						
9	and income from similar sources Net income from unrelated business						
9							
9	Net income from unrelated business						
	Net income from unrelated business activities, whether or not the						
	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain						
	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital		> .				
10 11 12	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities,	,	•			12	
10 11 12	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	,	•	d, fourth, or fifth ta	ax year as a sectic		
10 11 12 13	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio		▶□
10 11 12 13	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio		▶ □
10 11 12 13 Sec 14	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Publi Public support percentage for 2014 (the organization's here ic Support Pe ine 6, column (f) d	s first, second, thir rcentage ivided by line 11, o		ax year as a section		▶ □
10 11 12 13 Sec 14 15	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage for 2014 (Public support percentage from 2013)	the organization's here ic Support Pe ine 6, column (f) d Schedule A, Part	rcentage Ivided by line 11, o	column (f))		14 15	%
10 11 12 13 Sec 14 15	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014. If the contraction of the public support percentage from 2013 and 31/3% support test - 2014.	the organization's before ic Support Pe ine 6, column (f) dischedule A, Part organization did not be the first time in t	rcentage Ivided by line 11, o II, line 14 ot check the box of	column (f)) n line 13, and line		14 15	%
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 31/3% support test - 2014. If the costop here. The organization qualifies	the organization's before ic Support Pe ine 6, column (f) dischedule A, Partorganization did no as a publicly supp	rcentage Ivided by line 11, o II, line 14 ot check the box of	column (f)) n line 13, and line	14 is 33 1/3% orr	14 15 nore, check this box	% and
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 33 1/3% support test - 2014. If the costop here. The organization qualifies 33 1/3% support test - 2013. If the costop here is not provided in the costop here.	the organization's before ic Support Pe ine 6, column (f) dischedule A, Partorganization did no as a publicly supporganization did no organization	rcentage ivided by line 11, of the line 14 bit check the box of corted organization of the check a box on line in the line in	column (f)) n line 13, and line ine 13 or 16a, and	14 is 33 1/3% orr	14 15 nore, check this box	% and
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopction C. Computation of Public Support percentage for 2014 (Public support percentage for 2014 (Public support percentage for 2014 if the computation of Public support test - 2014. If the computation qualifies 3 33 1/3% support test - 2013. If the computation qualifies and stop here. The organization qualifies and stop here. The organization qualifies	the organization's before in Support Pe ine 6, column (f) dischedule A, Partorganization did no as a publicly supporganization did notifies as a publicly	rcentage ivided by line 11, of the line 14 of check the box of the line of th	column (f)) In line 13, and line June 13 or 16a, and	14 is 33 1/3% or r line 15 is 33 1/3%	14 15 nore, check this box	% and s box
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 31/3% support test - 2014. If the costop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies of 33 1/3% support test - 2013. If the costop here. The organization qualifies and stop here. The organization qualifies of 33 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here.	the organization's here ic Support Pe ine 6, column (f) di Schedule A, Partorganization did no as a publicly supporganization did no offies as a publicly it - 2014. If the organization contact is the organization did no offies as a publicly it - 2014. If the organization did no offies as a publicly it - 2014.	rcentage Ivided by line 11, of the line 14 of check the box of the line of th	column (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line	14 is 33 1/3% or r l line 15 is 33 1/3%	14 15 nore, check this box 6 or more, check this and line 14 is 10% of	% and s box pr more,
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 31/3% support test - 2014. If the control of the public support percentage from 2013 and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "factivities of the properties the organization's here ic Support Pe ine 6, column (f) di Schedule A, Partorganization did no as a publicly supporganization did no iffies as a publicly it - 2014. If the orgatisand-circumstant	rcentage Ivided by line 11, of the line 14 of check the box on the line of th	column (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line Ins box and stop h	14 is 33 1/3% or r line 15 is 33 1/3% e 13, 16a, or 16b, iere. Explain in Pa	14 15 nore, check this box 6 or more, check this and line 14 is 10% of	% and s box pr more,	
10 11 12 13 Sec 14 15 16a	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 and 31/3% support test - 2014. If the costop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies of 33 1/3% support test - 2013. If the costop here. The organization qualifies and stop here. The organization qualifies of 33 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here. The organization qualifies of 34 1/3% support test - 2013. If the costop here.	the organization's between the organization's between the following of the following of the following organization did not as a publicly supporganization did not files as a publicly standard organization did not files as a publicly standard organization organizatio	rcentage Ivided by line 11, of the street and the street are street as a superior of the street are superior and the superior and the superior and the superior and the superior and the street area.	column (f)) In line 13, and line Ine 13 or 16a, and ation Check a box on line his box and stop hopolicly supported	14 is 33 1/3% or r line 15 is 33 1/3% e 13, 16a, or 16b, iere. Explain in Pa d organization	14 15 nore, check this box or more, check this and line 14 is 10% of tVI how the organi	s box or more, zation

Schedule A (Form 990 or 990-EZ) 2014

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990 EZ) 2014 SOCIETY OF AMERICAN FORESTERS 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

Se	ction A. Public Support	siow, piease comp	iete <u>r art</u> ii j				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and					, , , , , , , ,	
	membership fees received (Do not	ŀ					
	include any "unusual grants.")	1,486,860.	1,347,035.	2,315,480.	3,177,238.	2,207,476.	10,534,089.
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	1,473,132.	1,400,413.	1,594,389.	1,547,641.		6,910,614.
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	2,959,992.	2,747,448.	3,909,869.	4,724,879.	3,102,515.	17,444,703.
78	a Amounts included on lines 1, 2, and						-
	3 received from disqualified persons						0.
ì	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.						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	No. of the last	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CALABOR SATE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Caralle March of	17,444,703.
	ction B. Total Support					The second secon	
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	2,959,992.	2,747,448.	3,909,869.	4,724,879.	3,102,515.	17,444,703.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					141,592.	141,592.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses			i			
	acquired after June 30, 1975		_	ŀ			
	Add lines 10a and 10b					141,592.	141,592.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	51,620.	59,239.	74,666.	16,039.		201,564.
13	Total support. (Add lines 9 10c 11, and 12)	3,011,612.	2,806,687.	3,984,535.	4,740,918.	3,244,107.	17,787,859.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here			<u></u>			<u> </u>
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	98.07 %
<u>16</u>	Public support percentage from 2013	Schedule A, Part I	II, line 15			16	98.49 %
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	14 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	.80 %
18	Investment income percentage from 2	2013 Schedule A, F	Part III, line 17			18	%
19:	a 33 1/3% support tests - 2014. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qualif	fies as a publicly si	upported organiza	ation	$\triangleright X$
ı	o 33 1/3% support tests - 2013. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and sto	op here. The orga	nization qualifies a	s a publicly supp	orted organization	▶□
20	Private foundation. If the organization		=	•		-	
4320	23. 09-17-14				Sch	edule A (Form 99	0 or 990-EZ) 2014

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	NO_
2		
3a		
3b		
3c		
4a		
4b		784. 7
4c		
5a		
		N/A
50		
5C	2.200	A 100000 64
0		
		*
8		
ٽ ا		
9a		
9b		
9c		
10a		
10b		
990 or 99	0-F71	2014

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

3

4

5

6

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Pai	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	janizations (continued)	, ago .				
Sect	ion D - Distributions		<u> </u>	Current Year				
1	Amounts paid to supported organizations to accomplish ex	cempt purposes						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	Administrative expenses paid to accomplish exempt purposes of supported organizations						
_4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is responsi	/e					
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·	+					
9	Distributable amount for 2014 from Section C, line 6			<u> </u>				
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2014	Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6		1, 3,70,33, 5463					
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)	À 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
3	Excess distributions carryover, if any, to 2014	492 - X						
<u>a</u>		" \$ ' V	***	· Professional Control of the Contro				
<u>b</u>		* / * * * * *	m is a significant					
c		- ' ' ' '	* * * * .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>d</u>	1	, ", ",	**					
<u>e</u>	From 2013	<u> </u>	,1 \$5					
	Total of lines 3a through e		. #5,2,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>g</u>	Applied to underdistributions of prior years	3.477.5		THE PROPERTY OF THE PARTY OF TH				
<u>h</u>	Applied to 2014 distributable amount	* /· · · · · · · · · · · · · · · · · · ·						
i_	Carryover from 2009 not applied (see instructions)	****	8 14 7 7	10. 14 数数数数 第序。				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section D,	- ~ · · · · · · · · · · · · · · · · · ·						
	line 7 \$. 5.3 # 2						
	Applied to underdistributions of prior years	1 1 2 2 2						
b	Applied to 2014 distributable amount	*	4 %, \$7					
c	Remainder Subtract lines 4a and 4b from 4.		* 4	1 (1 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5	Remaining underdistributions for years prior to 2014, if	* * * * * * * * * * * * * * * * * * * *						
	any. Subtract lines 3g and 4a from line 2 (if amount	*		* ,				
	greater than zero, see instructions)		<u> </u>					
6	Remaining underdistributions for 2014 Subtract lines 3h	* *.						
	and 4b from line 1 (if amount greater than zero, see	* *	,					
	instructions)		*					
7	Excess distributions carryover to 2015. Add lines 3j		,	* . *				
	and 4c			>				
8	Breakdown of line 7							
a	<u> </u>							
b	·							
С		1	1					

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 SOCIETY OF AMERICAN FOREST	ERS 53-0204630 Page 1
Part VI	(Form 990 or 990-EZ) 2014 SOCIETY OF AMERICAN FOREST Supplemental Information. Provide the explanations required by Part II.	, line 10, Part II, line 17a or 17b, and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
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	<u> </u>	**************************************
		
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form.990.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number 53-0204630

De	SUCTETY OF AMERICAN		53-0204630
'L'a	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0.75
	Į.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	·	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	~	ised only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferrina
	impermissible private benefit?	,	Yes No
Pa	Conservation Easements. Complete if the org.	anization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		ncally important land area
	Protection of natural habitat	Preservation of a certification	lea nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		- 990 m.d.c.
			Held at the End of the Tax Year
а	Total number of conservation easements		· 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		•
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	_	
8	Does each conservation easement reported on line 2(d) abov		
0	•	e satisfy the requirements of section 170(i	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's accounting for
Б	conservation easements	Art Historical Traceurs or Oth	hay Cimilay Assats
Pa	rt III Organizations Maintaining Collections of	•	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	``	
1 a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	lic service, provide the following amounts
	relating to these items		,
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$8,075.
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	-
_	the following amounts required to be reported under SFAS 1		3
а	Revenue included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		\$
U	, ascts included in Form 550, Fall A		9
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Schedule D (Form 990) 2014

		OF AMERIC						53-02	04630	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	er Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	c	╸╚	Loan or exc	hange progra	ams				
b	Scholarly research	e	. 🗀	Other						
С	Preservation for future generations							_	_	
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	ion's exer	mpt purp	ose in Pa	rt XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be m] Yes	X No
Pai	tstly⊫ Escrow and Custodial Arran	gements. Comple	ete if th	e organizatio	n answered	"Yes" to	Form 990), Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?	·				_			Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year				_		1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or ci	ustodial acco	ount liabili	rty?	X	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanati	on has been	provided in	Part XIII				X
Par	Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance							-		
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for th	ne organi:	zation		
	by								<u> </u>	'es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment	funds.					<u> </u>	
Par	t VI Land, Buildings, and Equipm	nent.					•			
	Complete if the organization answere	d "Yes" to Form 990	, Part I\	/, line 11a S	ee Form 990	, Part X, I	line 10			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (investr			(other)		preciation		. ,	
1a	Land			1,07	6,697.		* ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,076	,697.
	Buildings				2,939.		52,9	34.		,005.
	Leasehold improvements									<u> </u>
	Equipment			79	4,364.	4	166,9	98.	327	,366.
	Other			Î						
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	(OC)			ightharpoonup	1,434	,068.

Schedule D (Form 990) 2014

(1) Federal income taxes
(2) FUNDS HELD ON THE BEHALF OF OTHERS 46,765.
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 46,765.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

432053 10-01-14 SOCIETY OF AMERICAN FORESTERS

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 SOC Part XIII Supplemental Informatio	IETY OF	AMERICAN	FORESTERS	53-0204630 Page
Part XIII Supplemental Informatio	n (continued)			
				
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		 	 	Schedule D (Form 990) 20

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Intermation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Open to Public Inspection

Name of the organization

SOCIETY OF AMERICAN FORESTERS

Employer identification number 53-0204630

BOCIETI OF AMERICAN FORESTERS 33-0204030
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRACTICE, EDUCATION, AND A CONSERVATION ETHIC TO BENEFIT SOCIETY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MEMBER SERVICES: CONDUCT AGGRESSIVE AND VIBRANT PUBLIC OUTREACH
PROGRAMS, PROVIDE ADVICE ON FORESTRY ISSUES FACING NATIONAL
LEGISLATORS, AND PROVIDE THE LATEST SCIENCE BASED INFORMATION FOR
MEMBERS.
EXPENSES \$ 538,226. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,119,497.
FORESTRY POLICY, PUBLIC AFFAIRS, AND GRANTS
EXPENSES \$ 187,590. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4:
ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED DURING 2014 (SEE
ATTACHMENTS FOR REVISED ORGANIZING DOCUMENTS)
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS HAVE THE POWER TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THERE IS A REVIEW PROCESS BY WHICH THE ORGANIZATION'S OFFICER'S AND KEY

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

Schedule O (Form 990 or 990-EZ) (2014)