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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 Open to Public Inspection

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 A For the 2014 calendar year, or tax year beginning and ending APR 30, 2015 MAY 1, 2014 D Employer identification number Check if C Name of organization Address Ichange Northern Forest Center, Inc. Name 22-3458955 Doing business as Indual Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 18 North Main Street 204 (603)229-0679 termin-ated 1,815,850. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amend H(a) Is this a group return Applica-F Name and address of principal officer: Rob Riley Yes 🗓 No for subordinates? same as C above H(b) Are all subordinates included? Yes No Tax-exempt status, X 501(c)(3) 4947(a)(1) or (insert no.) If "No." attach a list, (see instructions) J Website: ▶ www.northernforest.org **H(c)** Group exemption number ▶ K Form of organization, X Corporation Association Other > L Year of formation; 1996 M State of legal domicile; NH Trust Part I Summary Bnefly describe the organization's mission or most significant activities: The Northern Forest Center Governance advocates for the Northern Forest region and helps its communities Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) ∞ಶ 17 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,551,654 1,646,767. Program service revenue (Part VIII, line 2g) 66,727 166,702. 3 068 2 381. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,621,449 1,815,850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 358,036 518 170. Grants and similar amounts paid (Part IX, column (A), lines 1-3) n 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 940,837 953,953. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ... 16a Professional fundraising fees (Part IX, column (A), line 11e) n 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 304 584 280,468. Other expenses (Part IX, column (2), (Inc.) 14-1/(2-11)24e) 1,603,457 1,752,591, Total expenses Add lines 13-17 (must oqual Par A). line 25) Revenue less expenses. Subtract line 18 from line 12 17,992. 63,259. OCT 2 3 2015 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,586,783 1,776,545. 318,972. 21 Total liabilities (Part X. line 26) 192,469 Net assets or fund balances. Subtractiline 21 m 1 394 314 1,457,573 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ure of officer Sign Here Rob Riley, President Type or print name and title Prepare Print/Type preparer's name Paid Oreste J. Mosca P00366101 Nathan Wechsler & Company, Firm's EIN Preparer Firm's name 02-0327524 Firm's address > 70 Commercial Street, 4th Floor Use Only Phone no.603-224-5357 Concord, NH 03301 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form 990 (2014)

Form	1990 (2014) Northern Forest Center, Inc.	22-3458955	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х х
1	Briefly describe the organization's mission:		
	The Northern Forest Center advocates for the Northern Forest region		
	and helps its communities benefit from forest-based economic and		
	conservation initiatives.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X 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	moscured by e	vnencec
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		•
		ns, the total exp	erises, ariu
	revenue, if any, for each program service reported. (Code) (Expenses \$ 915,469. including grants of \$ 484,230.) (Revenue)		149,880.)
44	(Code) (Expenses \$ 915,469. including grants of \$ 484,230.) (Revenue Forest Economy Programs - The Center's Forest Economy programs are	Je 2	
	creating new economic opportunity and community vitality by helping		
	<u></u>		
	people in the region generate revenue from the sustainable use of the	 	·
	forest, including:		
	Modern Wood Heating: In FY15, the Center provided incentives for 37		
	modern wood pellet boiler installations, retaining more than \$82,000 in		
	the region that would otherwise have been spent on heating oil. Since		
	inception, this program has generated \$3.3 million in positive economic		
	benefit for the region and contributed to a 3,069-ton net reduction in		
	carbon dioxide emissions. In FY15, we launched the Adirondack Model		
	Neighborhood Wood Heat Project with a goal of supporting 35	<u></u>	
4b	(Code) (Expenses \$ 340,396. including grants of \$ 23,940.) (Revent	ue \$	14,907.)
	Regional Strategy & Capacity Building:		
	The Center provides regional leadership on public policy and economic		
	strategy, and builds and supports collaborative projects that deliver		
	benefits to communities across the 4-state Northern Forest. In FY15,		
	the Center began developing a regional investment strategy for the		
	Northern Border Regional Commission to guide the Commission's \$4		
	million in annual grant making. The Center advocated for the needs of		
	the Northern Forest's communities at the state and federal level and		
	informed federal policy for rural development by frequently presenting		
	the Center's regional and integrative approaches to federal agency		
	officials.		
4c	(Code) (Expenses \$ 94,452. including grants of \$ 10,000.) (Revenue	ue \$)
	Community Forest Program: The Center helps communities purchase and		
	manage forests that generate economic and community benefits while	<u> </u>	
	conserving the forest base in perpetuity. In FY15, the Center provided		
	technical assistance and capacity building to establish the 1,666-acre	,	
	Perley Mills Community Forest in Denmark and Bridgton, ME; and the		
	925-acre Machias River Community Forest in Machias, ME. During the		
	year, the Center also supported these ongoing projects: Milan Community		
	Forest, in Milan, NH, 1803 acres; Crooked River Community Forests, in		
	Harrison and Otisfield, ME, 791 acres; West Grand Lake Community		
	Forest, in Grand lake Stream, ME, 22,000 acres. The Center provided		
	stewardship planning assistance for the 840-acre Cooley-Jericho		
	Community Forest, in Easton, NH, as well as educational workshops and		 _
→u	Other program services (Describe in Schedule O.)	,	
<u></u> _	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,350,317.		
_ 4e	Total program service expenses 1,350,317.		

Form **990** (2014)

Form 990 (2014) Northern Forest Center, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			· ·
_	during the tax year? If "Yes," complete Schedule C, Part II	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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 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	x	ļ
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		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		 ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		-
124	Schedule D, Parts XI and XII	12a		x
ь	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	:		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a		20a		х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	990	/004 A

Form 990 (2014) Northern Forest Center, Inc Part IV Checklist of Required Schedules (continued)

		-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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			ļ .
	Schedule K. If "No", go to line 25a	24a	Ĺ. <u>.</u> .	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ŀ		
	any tax-exempt bonds?	24c	<u> </u>	
ď	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			İ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ	l	į
	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,"			
	complete Schedule L, Part II	26	<u> </u>	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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	_		'.
	instructions for applicable filing thresholds, conditions, and exceptions):	22.		1 2
a		28a		x
Ь		28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	├	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├─	 ^- -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	ł	x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	130	 	 ^ -
31	If "Yes," complete Schedule N, Part I	31	ļ	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 "	 	-
JZ	Schedule N. Part II	32	•	l x
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	j	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	†	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
_	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Î	
	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	x	<u> </u>
		Form	1990	(2014)

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Form 990 (2014) Northern Forest Center, Inc. Page 6 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 Section 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 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. b Enter the number of voting members included in line 1a, above, who are independent 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 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? ¥ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 x Did the organization become aware during the year of a significant diversion of the organization's assets? x Did the organization have members or stockholders? 6 7a 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Ra **b** Each committee with authority to act on behalf of the governing body? х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? x 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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 conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? x a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization x 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►NH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) ☐ Own website X Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Rob Riley, President - (603)229-0679 18 North Main Street, Suite 204, Concord, NH 03301

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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

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.
- 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

(A)	(B)	1			>)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck	ntion	than	one	Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation	amount of
	week	h	1				1	from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 88	stee			nsate		(W-2/1099-MISC)	(1121000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		g A	Highest compensated employee		1		and related
	below	vidual	E F	ja ja	Key employea	lest ci	 			organizations
	line)	亨	ls l	Officer	Key	五星	Former			····· · · · · · · · · · · · · · · · ·
(1) Peter Bergh	3.00]								
Chair		Х		x		L		0.	0.	0,
(2) Mary McBryde	3.00									
Vice Chair		х		Х			L	0.	0.	0.
(3) Jim Tibbetts	3.00									
Treasurer		x		х	<u> </u>	L		0.	0.	0.
(4) Harold Janeway	3.00									
Secretary		x		х				0.	0.	0.
(5) Paul Bofinger	1.00									
Director		x				1		0.	0.	0.
(6) Darby Bradley	1.00		П							
Director		x	1				-	0.	0.	0.
(7) John Collins	1.00					Г				
Director		x	1					0.	0.	0.
(8) Dan Corcoran	1.00									
Director		x				l		0.	0.	0.
(9) Jerry Delaney Sr.	1.00					Π				
Director		x				l		0.	0.	0.
(10) Elizabeth Ehrenfeld	1.00					П	Π			
Director		x						0.	0.	0
(11) Katherine Eneguess	1.00			Ī	Ī					
Director		x						0.	0.	0
(12) Brian L. Houseal	1.00									
Director		x						0.	0.	0.
(13) Terrance J. Large	1.00									
Director		x		l				0.	0.	0.
(14) David Marvin	1.00	1								
Director		x	<u> </u>					0.	0.	0.
(15) Richard Nichols	1.00									
Director		x		L	L	L		0.	0.	0.
(16) Ellen Pope	1.00									
Director		x	L	L_				0.	0.	0
(17) Keith Ross	1.00									
Director		x				l .	I_{-}	0.	0.	0.

(A)	(B)	Picy	ces,	, and		grie	31 U	(D)	(E)			(F)	
Name and title	Average	, ا		Pos	rtion	i than		Reportable	Reportable		Est	timate	ed
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	week (list any	-	cer an	la a a	recic	x/trus	itee)	from	from related			other	**
	hours for	Fact			ŀ			the organization	organizations (W-2/1099-MIS			oensa om the	
	related	9000	stee			nsated		(W-2/1099-MISC)	(** 25 1000 14110	٠,		nizatı	
	organizations	trust	al tru		8	edwo					and	l relate	ed
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Righest compansated employee	шeг				orga	nızatio	ons
(18) Gordon Scannell	1.00	<u>Ē</u>	Ë	5	\$	E 5	윤						
Director		x				1	ĺ	0.		٥.			0.
(19) Steve Wight	1.00												
Director		х	<u> </u>			<u> </u>	<u> </u>	0.		0.			<u> </u>
(20) Kate Williams	1.00	_				ļ	l	0.		0.			0.
Director (21) Rob Riley	40.00	Х	┢		-		⊢	· · · · · · · · · · · · · · · · · · ·		٠.			
President	40.00	x	ŀ	x	1			93,706.		0.		14.	401.
		Ī	T		 								
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		1	L			<u> </u>							
1b Sub-total					_	ل	•	93,706.		0.		14,	401.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	93,706.		0.		14,	401.
2 Total number of individuals (including but r	not limited to th	nose	iste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	9			
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				```
line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the si									the organization				
and related organizations greater than \$15									• • • • • • • • • • • • • • • • • • • •	••••	4		X
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		ایا	-	 X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedu	ie J	for s	ucn	per	son		· · · · · · · · · · · · · · · · · · ·			5		
Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for													
(A)	1.1							(B)		,	(C		_
Name and business	adoress	NC	NE					Description of s	services		Compe	ISALIO	
											_		
2 Total number of independent contractors (including but r	not (ımite	ed to	the	se i	isted	d above) who received r	nore than		بات.	-,	
\$100,000 of compensation from the organ						0						', ====	

<u>.</u>		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ifts, Grants r Amounts	b c	Fundraising events 1c				, , , ,	
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 16	710,016. 936,751.				
ang	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		1,646,767.	, '	,	
			Business Code				
Program Service Revenue	2 a b c		541610	166,702.	166,702.		
Pag	a						
운	f	All other program service revenue					
	a q		▶	166,702.			
	3	Investment income (including dividends, inte other similar amounts)		1,631.			1,631.
	5	Royalties	<u>. </u>				
	c	Gross rents	(ii) Personal				
		Net rental income or (loss)	(i) Other		, ,	· · · · · · · · · · · · · · · · · · ·	
	/ a	Gross amount from sales of (i) Securities	(ii) Other 750.	,	-	1	
	c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	0. 750.	750.		, , , , , , , , , , , , , , , , , , ,	750.
Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See				- , , , , , , , , , , , , , , , , , , ,	
Other R		Part IV, line 18	a b			, , , , , , , , , , , , , , , , , , , ,	
	b	Less: direct expenses	a b				2
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	a b	*		×	
		Net income or (loss) from sales of inventory	>				
		Miscellaneous Revenue	Business Code	- 7		3	
	11 a b						
		All other revenue	<u></u>				2 .
		Total. Add lines 11a-11d	🟲	1,815,850.	166,702	0,	2,381.
	12	LOTAL (EVERUE SEE INSTITUTIONS		T T OT D OOK.	1 100,702,		.,

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). Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 495,049 495,049 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 ., ' 23,121 23,121 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 22,335. 72,588 16,751 trustees, and key employees 111,674 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 96.813. 688,830. 479,367. 112,650 Other salaries and wages Pension plan accruals and contributions (include 2,637 2.472. 11,372 section 401(k) and 403(b) employer contributions) 16,481 8,780 15,008. 53,659 77.447. 9 Other employee benefits 8,801. 41,513 9,207 59.521. 10 Fees for services (non-employees): Management Legal . 14,450 14,450 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 2,709 1,717. 3,751 column (A) amount, list line 11g expenses on Sch O.) 8,177 Advertising and promotion 12 3,451, 1,693. 2,697. 7.841. Office expenses........ 13 Information technology 14 15 46.372 34,245 5,855 6,272. 16 27,345 25,056 627 1,662. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 21,810 4,769. 11,316. 5.725. Conferences, conventions, and meetings 19 20 Interest 21 65,305 45,075 10,570 9,660. Depreciation, depletion, and amortization ... 22 5,885. 761. 5,124 23 Insurance 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.) 26,482. 480 948. 27,910. Other Program Expenses 12,257. 143 8,914. Printing and Publicatio 21,314, 1,292. 6,324. 1,525 Repairs and Maintenance 9.141. 1,327. 6,419 996 8.742. Telephone 5,990. 6,148 16,176. 4,038. All other expenses 195,737. 1,752,591 1,350,317. 206,537. Total functional expenses. Add lines 1 through 24e 25 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 fif following SOP 98-2 (ASC 958-720)

Par		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	63,805.	1	97,369.
ľ	2	Savings and temporary cash investments	632,223.	2	491,082.
I	3	Pledges and grants receivable, net	680,244.	3	1,015,282.
	4	Accounts receivable, net		4	
ľ	5	Loans and other receivables from current and former officers, directors,	, , , ,	-	1 45 -
ŀ		trustees, key employees, and highest compensated employees. Complete		-,	· · · · · · · · · · · · · · · · · · ·
		Part II of Schedule L	A STATE OF THE STA	5	the boundary of the same of th
ĺ	6	Loans and other receivables from other disqualified persons (as defined under	••		·
l		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	(' ')		
1		employers and sponsoring organizations of section 501(c)(9) voluntary			Š.
\$		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	* * * * * * * * * * * * * * * * * * *
Assets	7	Notes and loans receivable, net	11,051.	7	19,888.
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,750.	9	3,881.
Į	10a	Land, buildings, and equipment: cost or other			,
1		basis. Complete Part VI of Schedule D 10a 661,457.			
	b	Less: accumulated depreciation 10b 529,890.	180,297.	10c	131,567.
	11	Investments - publicly traded securities		11	
l	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
i	14	Intangible assets		14	
l	15	Other assets. See Part IV, line 11	16,413.	15	17,476.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,586,783.	16	1,776,545.
	17	Accounts payable and accrued expenses	159,168.	17	273,519.
ł	18	Grants payable	33,301.	18	21,078.
ŀ	19	Deferred revenue		19	
ı	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	24,375.
8	22	Loans and other payables to current and former officers, directors, trustees,	, , ,		S. 7
≣		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
ĺ	25	Other liabilities (including federal income tax, payables to related third			{
		parties, and other liabilities not included on lines 17-24). Complete Part X of		İ	
l		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	192,469.	26	318,972.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and	ا م ا		
ès l		complete lines 27 through 29, and lines 33 and 34.	, , , , , , , , , , , , , , , , , , ,	-	
Ē	27	Unrestricted net assets	408,893.	27	315,062.
Ba	28	Temporarily restricted net assets	985,421.	28	1,142,511.
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.		****	
Set	30	Capital stock or trust principal, or current funds		30	<u> </u>
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ᅙ	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	1,394,314.	33	1,457,573.
	34	Total liabilities and net assets/fund balances	1,586,783.	34	1,776,545.

Form	1990 (2014) Northern Forest Center, Inc.	22-3458955		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 		<u> </u>	
	Total revenue (must equal Part VIII, column (A), line 12)	1	1	815	850.
1 2	T	2			591
3		3			259.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		314.
5	Net unrealized gains (losses) on investments	5		, ,	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,457	573.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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	O.	1	,	- 3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1, 2		
	separate basis, consolidated basis, or both:		\ \ \^_{\begin{subarray}{c} \cdot \		,
	Separate basis Consolidated basis Both consolidated and separate basis		3.00		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	,		,
	consolidated basis, or both:		F 3		-
	Separate basis		2, 2		1 .
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,	1		
	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 Sch		-		٠,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	2		, ,
	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 requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ.
			Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection

Name of	the organization	•					Employer	identification number
		rn Forest Cente						2-3458955
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)			
1 🗀	A church, convention of ch	urches, or association	on of churches describe	d ın sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)					
з 🗀	A hospital or a cooperative	hospital service orga	anization described ın s	ection 170)(b)(1)(A)(ii	ii).		
4 🗀	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	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	ınit describ	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6 🗀	A federal, state, or local go	vernment or government	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	ılly receives a substa	ntial part of its support	from a gov	remmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🗀	A community trust describe	ed in section 170(b) ((1)(A)(vi). (Complete Par	t II.)				
9 🔲	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from
	activities related to its exer	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	rts support	from gross investment
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
10 🔲	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	9(a)(4).		
11 🗔	An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). C	check the box in
	lines 11a through 11d that	describes the type of	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.	
a 🗀	Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	janization(s),	typically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	es of the s	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
ь 🗔	Type II. A supporting org	janization supervised	d or controlled in connec	ction with i	ts support	ed organizati	on(s), by ha	ving
	control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c 🗆	Type III functionally inte	e grated. A supportin	g organizatıon operated	in connec	tion with, a	and functions	illy integrate	ed with,
	its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗀	Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its suppo	rted organi	zation(s)
	that is not functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	nbution re	quirement an	d an attent	iveness
	requirement (see instruct	tions). You must cor	nplete Part IV, Section	s A and D,	, and Part	V.		
е 🗀	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, o	r Type III non-functio	nally integrated support	ting organi	zation.			
f Ente	er the number of supported	organizations						
g Pro	vide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your		- 1	(vi) Amount of
	organization		(described on lines 1-9 above or IRC section		document?	support	,	other support (see
			(see instructions))	Yes	No	Instruct	ions)	Instructions)
				<u> </u>				
					[
		- "- "		. · · ·	ı .			

	edule A (Form 990 or 990-EZ) 2014 No.	rthern Forest	Center, Inc.			22-3458955	Page 2
Pa							
	(Complete only if you checked				failed to qualify u	inder Part III. If the o	organization
	` fails to qualify under the tests	listed below, plea	se complete Part II	l.)			
Sec	tion A. Public Support						
Cale	ndar 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						
	include any "unusual grants ")	1,200,211.	1,488,933.	1,796,247.	1,555,654.	1,646,767.	7,687,812.
2	Tax revenues levied for the organ-			İ			
	ızation's benefit and either paid to	ľ			:		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	<u>-</u>					- 505 040
4	Total. Add lines 1 through 3	1,200,211.	1,488,933.	1,796,247.	1,555,654.	1,646,767.	7,687,812.
5	The portion of total contributions	`	,	' , _ `	, , ,	,	
	by each person (other than a	<u></u>		۳,	, · · ·		
	governmental unit or publicly	- 2	;-			` - , '	
	supported organization) included	ř		·	<i>b</i>		
	on line 1 that exceeds 2% of the			, :	1		
	amount shown on line 11,	,	•	. 1	t,		
	column (f)	<u> </u>	· · · · · · · ·	, (**		- 605 010
	Public support. Subtract line 5 from line 4	·		1	<u> </u>		7,687,812.
	ction B. Total Support			₁			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,200,211.	1,488,933.	1,796,247.	1,555,654.	1,646,767.	7,687,812.
•							
8	Gross income from interest,	······································				ļ	
	Gross income from interest, dividends, payments received on			•			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties				2.000	1 631	15 613
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,681.	4,114.	4,119.	3,068.	1,631.	15,613.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business	2,681.	4,114.	4,119.	3,068.	1,631.	15,613.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the	2,681.	4,114.	4,119.	3,068.	1,631.	15,613.
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	2,681.	4,114.	4,119.	3,068.	1,631.	15,613.
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain	2,681.	4,114.	4,119.	3,068.	1,631.	15,613.
9	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital			4,119.	3,068.	1,631.	
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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.)	2,681. 7,391.	4,114. -257.	4,119.	3,068.		7,134
9 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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	7,391.	-257.	4,119.	3,068.	Α,	7,134.
9 10 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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,	7,391.	-257. ons)			12	
9 10 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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	7,391. etc (see instructi the organization)	-257. ons)			12	7,134.
9 10 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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 store	7,391. etc (see instructi	-257. ons) s first, second, thir			12	7,134.
9 10 11 12 13 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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 stoction C. Computation of Publicaries	7,391. etc (see instruction the organization there ic Support Pe	-257. ons) s first, second, third		x year as a section	12	7,134.
9 10 11 12 13 Sec 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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 stoction C. Computation of Public support percentage for 2014 (III.)	7,391. etc (see instruction the organization of the bereing in the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the column (f) direction of the colum	-257. ons) s first, second, third rcentage ivided by line 11, c	d, fourth, or fifth ta	x year as a section	12 n 501(c)(3)	7,134 7,710,559
9 10 11 12 13 Sec 14 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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 stoction C. Computation of Public support percentage for 2014 (Public support percentage from 2013)	etc (see instruction the organization of the bereing in the first of t	-257. ons) s first, second, third rcentage ivided by line 11, c II, line 14	d, fourth, or fifth ta	x year as a section	12 n 501(c)(3)	7,134, 7,710,559 ► 99.70 9, 99.56 9,
9 10 11 12 13 Sec 14 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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 stoction C. Computation of Public support percentage for 2014 (Public support percentage from 2013 as 3 1/3% support test - 2014. If the consequence in the second of the second of the support test - 2014. If the consequence is a second of the second of th	etc (see instruction the organization) here ic Support Perine 6, column (f) dischedule A, Partorganization did no	-257. ons) s first, second, third rcentage ivided by line 11, c II, line 14 ot check the box or	d, fourth, or fifth ta	x year as a section	12 n 501(c)(3)	7,134, 7,710,559 ► 99.70 9, 99.56 9,
9 10 11 12 13 Sec 14 15 16a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carned 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 stoction C. Computation of Public support percentage for 2014 (Public support percentage from 2013)	etc (see instruction the organization of the support Perione 6, column (f) of Schedule A, Partorganization did not as a publicly support of the support of t	-257. ons) s first, second, third rcentage ivided by line 11, c II, line 14 ot check the box or ported organization	d, fourth, or fifth ta	ax year as a section	12 n 501(c)(3) 14 15 nore, check this box	7,134 7,710,559 >

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

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

Schedule A (Form 990 or 990 EZ) 2014 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.)

Sec	ction A. Public Support						
Cale	ndar 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					ļ	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ				ļ	
	formed, 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				1		
4	Tax revenues levied for the organ-						
	ızation's benefit and either paid to				i		
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ	İ				
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	<u> </u>					
	amount on line 13 for the year				<u> </u>		
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	•	-	-			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
102	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						i
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>	L	
C	Add lines 10a and 10b	-	-				
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						1
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here .		<u> </u>				<u></u> ▶∟
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
_	Public support percentage from 2013			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	%
	ction D. Computation of Inves						
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the						17 is not
	more than 33 1/3%, check this box a	•	-				▶∟
t	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						▶;;
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	this box and see in	structions	

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.
- 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 yi.
- 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
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		2014

Sche	dule A (Form 990 or 990-EZ) 2014 Northern Forest Center, Inc.	22-3458955	Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		
	below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<i>£</i>	'	٠,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		' \ \	` ,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		,	
	controlled the organization's activities If the organization had more than one supported organization,	2.00	1	}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	شاعما د		~ .^
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	, v.	· '	- 7
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			4.
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1		آ
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. '2'	" · ·	٠ ،
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	,	<i>*</i>	;
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	,	1	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	(, , , ,	1, 1	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	12.4		'
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 'y,		
	significant voice in the organization's investment policies and in directing the use of the organization's	100		, , '
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- :	. `	
	supported organizations played in this regard.		<u> </u>	L
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions		T
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		· ,	
	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify	, 3		, '
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, `	-	٠.
	how the organization was responsive to those supported organizations, and how the organization determined		Ž	`
	that these activities constituted substantially all of its activities		ļ.,	-
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	13	ļ. «
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	, '7, \$		1 1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	`
_	activities but for the organization's involvement.	2b	 	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		l '
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~.' - ~~	٠-	
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b A (Form 990 or 99		

1 🗀	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
Section A	other Type III non-functionally integrated supporting organizations must co	mplete S	(A) Prior Year	(B) Current Year
		_	() (10 1 0 0 0	(optional)
1 Net	short-term capital gain	11		
2 Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	l lines 1 through 3	4		
5 Dep	preciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adj	usted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see	1	, , , , , , , , , , , , , , , , , , ,	
	ructions for short tax year or assets held for part of year):			
	erage monthly value of securities	1a		
	erage monthly cash balances	1b		
	market value of other non-exempt-use assets	1c		
	al (add lines 1a, 1b, and 1c)	1d		
	count claimed for blockage or other			, ,
	tors (explain in detail in Part VI):	•		*
	uisition indebtedness applicable to non-exempt-use assets	2		
	otract line 2 from line 1d	3		
	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	instructions).	4		
	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	triply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1	\$ 4, 4	
	er 85% of line 1	2	_ **	
	imum asset amount for prior year (from Section B, line 8, Column A)	3	, , , , , , , , , , , , , , , , , , , ,	
	er greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to		- 72 4 7 7	
	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 Northern Forest Cent	ter Inc.	2	2-3458955 Page 7
Par		(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	<u> </u>	- Lanning	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor 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 t	he organization is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		, 4	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	, ,	3' 32 4	<u></u>
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	<u> </u>		` `
3	Excess distributions carryover, if any, to 2014:	1		*,
a				<u> </u>
b	<u> </u>	,	(s c' s (3)	
c		* * * * * * * * * * * * * * * * * * * *		<u> </u>
<u>d</u>				
е	From 2013			*
f	Total of lines 3a through e		<u> </u>	, · · ·
<u>g</u>	Applied to underdistributions of prior years	<u> </u>		, , ,
h	Applied to 2014 distributable amount		ب - بن بن	
i	Carryover from 2009 not applied (see instructions)		1 4 5 - V	, , ,
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			4.5
4	Distributions for 2014 from Section D,	,		- , , ,
	line 7: \$		*, , *, , , , , , , , , , , , , , , , ,	, ,
а	Applied to underdistributions of prior years	, , ,		1 3 2
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4		<u> </u>	1 1 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).			
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 3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	and 4c.		· · · · · · · · · · · · · · · · · · ·	
8	Breakdown of line 7:			, ,

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

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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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public " Inspection"

Employer identification number Name of the organization 22-3458955 Northern Forest Center, Inc. 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 ... 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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? __ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? _ Yes Part II | 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d 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 year > 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 XIII, 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		rest Center,						22-3458			ge 2
Pa	rt III Organizations Maintaining Co	ollections of	Art, His	torical Tr	easures, c	or Oth	er Simil	ar Asse	ts(contir	าued)	
3	Using the organization's acquisition, accession	on, and other reco	ords, ched	k any of the	following that	at are a s	ignificant	use of its	collection	n item	S
	(check all that apply).										
а	Public exhibition		d 🖳	Loan or exc	hange progra	ams					
b	Scholarly research		е 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and exp	lain how t	hey further t	he organizatı	on's exe	mpt purpo	ose in Pa	t XIII.		
5	During the year, did the organization solicit or	receive donation	ns of art, h	istorical trea	sures, or oth	er simıla	r assets				
	to be sold to raise funds rather than to be ma							<u> </u>	_ Yes		No
Pa	rt IV Escrow and Custodial Arrang		plete if th	e organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other interm	nediary for	contribution	ns or other as	sets not	t included				-
	on Form 990, Part X?							LX	Yes		No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the	following	table:							
									Amoun	<u>t</u>	
							. 1c				
d	Additions during the year						1d			24,	375.
е	Distributions during the year						. 1e				
f	Ending balance						1f			24 ,	375.
	Did the organization include an amount on Fo						ılıty?	. <u>X</u>	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pa	rt V Endowment Funds. Complete if								1		 .
		(a) Current year	(p)	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) FOUI	years	Dack
1a	Beginning of year balance				-				 		
b	Contributions										
C	Net investment earnings, gains, and losses				-				 		
d	Grants or scholarships								 		
е	Other expenditures for facilities								1		
	and programs										
f	Administrative expenses	·							 		
9	End of year balance				<u> </u>				<u> </u>		
2	Provide the estimated percentage of the curre	-	•	1g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%)								
_	The percentages in lines 2a, 2b, and 2c should	•									
за	Are there endowment funds not in the posses	ssion of the orgar	nization th	at are held a	ind administe	ered for t	the organi	zation	ı	· ·	 -
	by:								0-0	Yes	No_
	(i) unrelated organizations								3a(i)	 	
	(ii) related organizations								3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations								3b		
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		ndowment	tunas.							
rai			00 D-+ I	/ line 11a C	on Form 000	Dort V	ino 10				
	Complete if the organization answered								(-0.0	la combina	
	Description of property	(a) Cost o basis (inve		1 ''	or other (other)		ccumulate preciation		(d) Boo	k value	3
	Local	Dasis (IIIVe	annent)	Dasis	(Griner)		·	-+			
_	Land	-		-			<u> </u>	**			
b	•			-			-	-			
	Leasehold improvements				73,500.		50	405.		1.4	095.
	=4-4	·		 	587,957.		470				472.
_	Other	· L	ort V sot	mp (R) line 1			7,0,				567.
ı otal	 Add lines 1a through 1e. (Column (d) must eq 	јиш гопп 990, Ра	⊒ıτ ⊼, COlU	nın (b), iine i	UC.)						507.

Part VII Investments - Other Securities.	<u> </u>		rage
——————————————————————————————————————	F: 000 D: 4 N/ L:-	111 O F 000 D-+V I 10	
Complete if the organization answered "Yes" to			d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	3-01-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	,-,	<u> </u>	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			****
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		5-	, v, t
Part VIII Investments - Program Related.		<u> </u>	
	to Form 000 Doct IV line	11a Soc Form 000 Part V line 13	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) book value	(c) Wester of Valuation: Good of on	a or your market value
(1)			
(2)		<u> </u>	·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.	
(7)		<u> </u>	
(8)			
(9)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
	te Form 000 Dort IV line	11a or 11f San Form 000 Bort V line 25	
Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	(b) Book value	······································
1, , , , , , , , , , , , , , , , , , ,		(b) Book value	-
(1) Federal income taxes			* *
(2)			
(3)			* ***
(4)		- j j	
(5)			
(6)			
(7)			
(8)			
(9)		, , , , , , , , , , , , , , , , , , , ,	
Total (Column (b) must equal Form 990, Part X col. (B) line	25)	. \	

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 X

	nue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	:
c Recoveries of pnor year grants	
d Other (Describe in Part XIII.)	· `
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, , , , , , , , , , , , , , , , , , ,
a Investment expenses not included on Form 990, Part VIII, line 7b	·
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Exp	
	enses per rictarii.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	\$ 4 .
	 .
d Other (Describe in Part XIII.)	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b	o; Part V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Part IV, line 1b:	
During the year ended April 30, 2015, the Center entered into an agreement	
with the Colebrook Development Corporation, in which the Center is to	
serve as fiscal agent for the development of a wood-fired community	
district heating system project in the town of Colebrook, New Hampshire.	
Under this agreement the Center may retain 2.5% of the funds managed under	
Under this agreement the Center may retain 2.5% of the funds managed under	
Under this agreement the Center may retain 2.5% of the funds managed under the project.	
the project.	
the project. Part X, Line 2:	
the project.	
Part X, Line 2: The Center has adopted the provisions of FASB ASC 740, Accounting for	
the project. Part X, Line 2:	

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Schedule D (Form 990) 2014 Northern Forest Center, Inc.	22-3458955	Page 5
Part XIII Supplemental Information (continued)		
tax-exempt status, does not have any significant unrelated business income		
and had taken no uncertain tax positions that require adjustment or		
disclosure in the financial statements. With few exceptions, the Center		
is no longer subject to income tax examinations by the U.S. Federal or		· · · · · · · · · · · · · · · · · · ·
State tax authorities for tax years before 2012.		
		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

■ Attach to Form 990.

Open to Public Inspection OMB No 1545-0047

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

	Northern Forest Center, Inc.	22-3458955	
Part	Part I General Information on Grants and Assistance		
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	8 8

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete recipient that received more than &5 000. Bart II can be diminated if additional snace is needed

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government or grant (d) and grant (d) and grant (d) and grant (d) and grant (d) and grant (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, EMV appraisal	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	other)		
MESve Installers							
P.O. Box 547							
Bethel, ME 04217	45-4099988	:	34,300.	0			Biomass Applications
204 Wadmillia Common Bood							
Vilton, ME 04294	00-5708390		17,871.	.0			Biomass Applications
Western Maine Community Action							
P.O. Box 200							
East Wilton, ME 04234	01-0275156	501(c)(3)	13,233.	0.			Biomass Applications
AHEAD							
161 Main Street							
Littleton, NH 03561	22-3159643	501(c)(3)	10,000.	0.			Biomass Applications
;							
Nordic Construction							
P.O. Box 458							
Berlin, NH 03570	02-0523962		10,000.	0.			Blomass Applications
CJ's Appliance							
279 Titcomb Hill Road							
Farmington, ME 04938	47-2421505		13,000.	0.			Biomass Applications
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				6
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					13.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)
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Schedule I (Form 990) Northern Forest Center, Inc. Part II Continuation of Grants and Other Assistance to Government	Assistance to Gov	vernments and Organ	nizations in the U	nited States (Sche	ents and Organizations in the United States (Schedule I (Form 990), Part II.)		22-3458955 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
Maurais & Sons 7 Hillsdale Road Jay, ME 04239	01-0271126		43,670.	0.			Biomass Applications
J.K. Adams 1430 Route 30 Dorset, VT 05251	03-0170895		5,480.	0.			Wood Product Applications
Vermont Farm Table 206 College Street Burlington, VT 05401	26-3881879	:	10,000.	.0			Wood Product Applications
Cutting Edge Energy Systems P.O. Box 232 West Burke, VT 05871	00-9340502		21,215.	0.			Biomass Applications
Lyme Green Heat P.O. Box 152 Lyme, NH 03768	30-0810901		9,231.	0			Biomass Applications
Community Concepts Finance Corporation - 19 Market Square - South Paris, ME 04281	01-0424969	501(c)(3)	15,000.	0.			Tourism Applications
Greater Franklin Development Corporation - P.O. Box 107 - Farmington, ME 04938	01-0524770	501(c)(3)	15,000.	0.			Tourism Applications
Northern Maine Development Commission - P.O. Box 779 - Caribou, ME 04736	22-2635303		15,000.	0.		:	Tourism Applications
Somerset Economic Development Corporation - 41 Court Street - Skowhegan, ME 04976	01-0535534	501(c)(3)	15,000.	0			Tourism Applications
							Schedule I (Form 990)

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Schedule (Form 990) NOT LIBET I FOREST CENTER, LING. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Gov	vernments and Orga	nizations in the U	nited States (Sche	dule I (Form 990), Pa		22-3458955 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
SCEC (Sunrise County) 53 Prescott Drive, Suite 3 Machias, ME 04654	01-0493897	501(c)(3)	15,000.	0.			Tourism Applications
NEK Travel & Tourism Association P.O. Box 212 East Burks, VT 05832	03-0330460	501(c)(6)	.000,08	.0			Tourism Applications
Colebrook Development Corporation 79 Carr Road Columbia, NH 03576	02-0437961	501(c)(3)	16,995.	0.			Biomass Applications
NH Center for Public Policy One Eagle Square, Suite 510 Concord, NH 03301	02-0492883	501(c)(3)	23,940.	.0			Strategy Applications
Racheal L. Stuart Consulting 40 Thurston Pond Road Deerfield, NH 03037	46-0823301		10,000.	0.			Community Forest Applications
Wilson Engineering Services, PC 902 Market Street Meadville, PA 16335	26-3694465		11,590.	0			Biomass Applications
Woodwork Career Alliance P.O. Box 636 Nellysford, VA 22958-0636	26-1076465	501(c)(3)	.068,71	0			Wood Product Applications
							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 22-3458955 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance ٠. 23,121. (c) Amount of cash grant Organizations receiving pass-through funds from the Northern Forest Center certified by an officer. In addition, the Northern Forest Center requires account of what was accomplished by the expenditure of funds, a financial accounting according to the line-item categories of the approved budget, are required to submit interim and final reports containing a narrative that each organization maintain systematic and accurate records of all (b) Number of recipients Northern Forest Center, Inc. expenditures pertaining to the grant/assistance. Tourism and Wood Product Applications Grants (a) Type of grant or assistance Schedule I (Form 990) (2014) Part I, Line 2: Part IV Part III

Schedule I (Form 990) (2014)

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432102 10-15-14

SCHEDULE O (Form 990 or 990-EZ)

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

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.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Northern Forest Center, Inc.

Employer identification number 22-3458955

Form 990, Part I, Line 1, Description of Organization Mission:
benefit from forest-based economic and conservation initiatives.
Over the last 10 years, the Center's programs have:
1) Assisted businesses that provide 2,200 jobs and our skills training
initiatives have benefited 2,000 workers and students.
2) Helped conserve 253,917 acres of forestland for community benefit.
3) Helped secure and leverage \$97.9 million for projects that benefit
the region's communities, economy and forest stewardship.
Form 990, Part III, Line 4a, Program Service Accomplishments:
installations over the next 2 years and led the creation of Windham
Wood Heat, which will install modern wood heat in public buildings in
Windham County, Vermont. These projects will bring additional economic,
community and environmental benefits to the region, and further develop
a new wood heat industry. The Center also advocated for public policy
and funding to support the region's transition to a renewable,
locally-sourced wood heat economy.
Wood Products Manufacturing: In FY15, the Center provided technical and
financial assistance to 9 wood products manufacturers to implement
innovations that can transform their businesses and enable them to
sustain and create quality jobs in the region. Since inception, this
program has leveraged nearly \$1 million of investment in the region's
wood products industry through its innovation incentives. In FY15, the
Center advanced woodworker training by assisting with training and

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Northern Forest Center, Inc.	Employer identification number 22-3458955
akills evaluations at seven wood products companies, enabling 47	
employees to earn certification on a variety of skills and	
manufacturing tools.	
Tourism: In FY15, the Center managed Maine Woods Discovery, a	
standards-based, cooperative marketing initiative to strengthen	
employment opportunities at recreation tourism providers in the Maine	····
Woods and position the region as a top-quality travel destination. The	
Center organized the 150th Anniversary Thoreau-Wabanaki Tour, a	
250-mile canoe expedition retracing Henry David Thoreau's last trip	
through the Maine Woods, to draw national and regional media attention	
to the region's quality tourism opportunities. The tour delivered	
significant marketing support for Maine Woods tourism businesses	
through media exposure including CBS Sunday Morning, Yankee Magazine,	
Down East Magazine, and Canada's premiere tourism magazine. The Center	
coordinated an initiative that provided training and marketing services	
to more than 275 tourism workers and owners from 50 businesses.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
Center staff supported visionary economic development projects	
(ongoing) that sustain and create forest-based jobs while at the same	
time providing a range of community and environmental benefits, through	
use of the New Markets Tax Credit financing program. The Center worked	
on two potential projects during the year, a forestland project in	
Downeast Maine and a recreation project in northern Maine, each with a	
suite of program benefits such as tourism and recreation enhancements	
and habitat restoration. One project is ongoing. Four projects in	
432212 08-27-14	Schedule Q (Form 990 or 990-EZ) (2014)

Name of the organization Northern Forest Center, Inc.	Employer identification number 22-3458955
previous years brought more than \$67 million of investment into the	
region.	
The Center strengthens more than a dozen collaborative networks across	
the region by providing backbone organizational support to advance the	
common goals of stakeholders; hosting regional events such as the	
upcoming Northern Forest Symposium; providing the Northern Forest News	
Digest and other information services; and raising awareness of the	
Northern Forest,	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
exchanges to introduce community leaders to the benefits of Community	
Forests. Since inception, the Community Forest program has leveraged	
more than \$21 million for 6 completed and 3 ongoing projects.	
Form 990, Part VI, Section B, line 11:	
A draft copy is provided to the president and treasurer for review,	···
discussion and revision. The approved final draft of the return is provided	
to the full board prior to filing the return.	
Form 990, Part VI, Section B, Line 12c:	
The organization provides to its directors and management a statement	
regarding conflicts of interest, which includes descriptions of possible	
conflict situations, and requires each person to affix their signature that	<u>, ,</u>
no conflicts exist, or to describe any potential conflicts that do exist.	
Form 990, Part VI, Section B, Line 15:	
The board of directors and management consider demographics and similar	
98-27-14	Schedule O (Form 990 or 990-EZ) (2014

Name of the organization	Employer identification number
Northern Forest Center, Inc.	22-3458955
industry trends, and approve all salaries and wages.	
Form 990, Part VI, Section C, Line 19:	
Summarized financial information is presented in the annual report, mailed	
to active supporters and partners and available on our website and includes	,
a note that the audited financial statements, governing documents and	
conflict of interest policy are available upon request from the main	
office.	
Form 990, Page 12, Part XII, Line 2c:	
No changes from prior year.	
	-
	<u> </u>
	<u></u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Northern Forest Center, Inc.

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number Open to Public Inspection

22-3458955

Schedule R (Form 990) 2014 (g) Section 512(b)(13) ž × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets Š Public charity status (if section <u>e</u> Line 11a, I 501(c)(3)) Total income Exempt Code section 501(c)(3) 豆 Legal domicile (state or Part 1 · Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) New Hampshire Primary activity Primary activity Forest Preservation For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sustainable Forest Futures - 25-1923175 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 18 North Main Street Concord, NH 03301 Part

Page 2

22-3458955

Schedule R (Form 990) 2014 Northern Forest Center, Inc.

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership | Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes 3 Ξ Code V-UBI amount in box 20 of Schedule EX-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Ξ (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) **©** Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ூ Legal domicile (state or foreign country) (d)
Direct controlling entity Primary activity <u>a</u> (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Œ Part IV

Schedule R (Form 990) 2014 Section Section 512(b)(13) controlled entity? Yes No 40 132162 08-14-14 Part V ? Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	slated organizations listed	in Parts II-IV?		-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	.			1a	X	
b Gift, grant, or capital contribution to related organization(s)				Q	×	,
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)		:		₽	×	
. () capt or loan argustes by related organization(e)				÷	×	
					-	
				3 4	ر د	
t Dividends from related organization(s)				=	•	
g Sale of assets to related organization(s)				19	×	
h Purchase of assets from related organization(s)				ŧ	×	
i Exchange of assets with related organization(s)				=	×	
i Lease of facilities, equipment, or other assets to related organization(s)				=	×	
						,
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
o Sharing of paid employees with related organization(s)	<u> </u>			۶ ۲		
						,
p Reimbursement baid to related organization(s) for expenses				5	×	_
				5	×	
r Other transfer of cash or property to related organization(s)				-	×	-
s Other transfer of cash or property from related organization(s)			•	1s	×	
If the answer to any of the above is "Yes." see the instructions for	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) Sustainable Forest Futures	0	7,864.Савћ	Cash			
(2)						
(3)						
(4)						
i.						
(9)						_
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Part VI: Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity	(a)		(a)		6	Ē	=	3	¥
	Primary activity	Legal domicile (state or foreign country)	Predominant Income partners sec (related, unrelated, 501(c)(3) excluded from tax under 505(c) sections 512-514)	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
								-	
						+		+	
					_				
					-				
								-	
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			-					_	
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Part VII	R (Form 990) 2014 Supplemental Info	rmation				
	Provide additional inform	nation for responses to questions	on Schedule R (see instructions).			
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