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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NATIONAL FOREST FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
BLDG 27 STE 3 FORT MISSOULA RD

City or town, state or province, country, and ZIP or foreign postal code
MISSOULA, MT 59804

F Name and address of principal officer:
MARY MITSOS
BLDG 27 STE 3 FORT MISSOULA RD
MISSOULA, MT 59804

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.NATIONALFORESTS.ORG

D Employer identification number
52-1786332

E Telephone number
(406) 542-2805

G Gross receipts \$ 20,519,331

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1993
M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE OTHE FOUNDATION, CHARTERED BY CONGRESS AS THE OFFICIAL NON-PROFIT PARTNER OF THE US FOREST SERVICE, ENGAGES AMERICANS IN COMMUNITY BASED AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF THE 193 MILLION ACRE NATIONAL FOREST SYSTEM.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 24

4 Number of independent voting members of the governing body (Part VI, line 1b) 24

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 54

6 Total number of volunteers (estimate if necessary) 550

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 19,642

Revenue

8 Contributions and grants (Part VIII, line 1h) 12,035,688

9 Program service revenue (Part VIII, line 2g) 2,087,957

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 64,154

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -272,001

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,915,798

20 Total assets (Part X, line 16) 21,328,763

21 Total liabilities (Part X, line 26) 5,855,205

22 Net assets or fund balances. Subtract line 21 from line 20 15,473,558

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 4,555,867

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,707,343

16a Professional fundraising fees (Part IX, column (A), line 11e) 60,000

16b Total fundraising expenses (Part IX, column (D), line 25) 1,542,509

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 5,320,324

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 12,643,534

19 Revenue less expenses. Subtract line 18 from line 12 1,272,264

Net Assets or Fund Balances

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16) 21,328,763

21 Total liabilities (Part X, line 26) 5,855,205

22 Net assets or fund balances. Subtract line 21 from line 20 15,473,558

Part II Signature Block

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

Sign Here

Signature of officer
2020-04-02
Date
MARY MITSOS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
Firm's name RSM US LLP Firm's EIN 42-0714325
Firm's address 9801 WASHINGTONIAN BLVD STE 500 Phone no. (301) 296-3600
GAITHERSBURG, MD 20878

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NATIONAL FOREST FOUNDATION, CHARTERED BY CONGRESS, ENGAGES AMERICANS IN COMMUNITY-BASED AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF THE 193-MILLION ACRE NATIONAL FOREST SYSTEM, AND ACCEPTS AND ADMINISTERS PRIVATE GIFTS OF FUNDS AND LAND FOR THE BENEFIT OF THE NATIONAL FORESTS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 11,896,404 including grants of \$ 5,163,117) (Revenue \$ 4,188,772)
	See Additional Data

4b	(Code:) (Expenses \$ 2,400,296 including grants of \$ 2,164,738) (Revenue \$)
	See Additional Data

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 14,296,700
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	No
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	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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 Yes	
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	No

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 36	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Form **990** (2018)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
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	1a24		
	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	1b24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MS, MN, MT, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MARY MITSOS BLDG 27 STE 3 FORT MISSOULA RD MISSOULA, MT 59804 (406) 542-2805

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 ☒

☒

● 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								715,022	0	123,310

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WETLANDS INITIATIVE 53 WEST JACKSON BLVD STE 1015 CHICAGO, IL 60604	PRAIRIE AND WETLAND HABITAT RESTORATION	1,175,680
ACS HABITAT MANAGEMENT 4011 AVENIDA DE LA PLATA STE 301 OCEANSIDE, CA 92056	ARUNDO CONTROL AND RIPARIAN RESTORATION	453,995
MECHAM BROTHERS INC 5792 SOUTH 3600 WEST ROY, UT 84067	CULVERT REPLACEMENT	297,910
COLORADO FOURTEENERS INITIATIVE 1600 JACKSON ST STE 205 GOLDEN, CO 80401	TRAIL RECONSTRUCTION	279,017
THE FRESHWATER TRUST 700 SW TAYLOR ST STE 200 PORTLAND, OR 97204	WATERSHED RESTORATION	276,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 18**

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c	229,655		
d	Related organizations	1d			
e	Government grants (contributions)	1e	4,167,829		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,768,275		
g	Noncash contributions included in lines 1a - 1f:\$	1,304,879			
h Total.	Add lines 1a-1f		16,165,759		

Program Service Revenue

	Business Code				
2a	CONTRACT REVENUE	900099	4,162,942	4,162,942	
b					
c					
d					
e					
f	All other program service revenue.				
g Total.	Add lines 2a-2f		4,162,942		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		90,759			90,759
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		4,534			4,534
6a	Gross rents	(i) Real	(ii) Personal			
b	Less: rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 229,655 of contributions reported on line 1c). See Part IV, line 18	a	69,507			
b	Less: direct expenses	b	82,099			
c	Net income or (loss) from fundraising events		-12,592			-12,592
9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11a	MAP SALES	900099	25,830	25,830		
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d		25,830			
12 Total revenue.	See Instructions.		20,437,232	4,188,772	0	82,701

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,327,855	7,327,855		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,056	202,092	52,887	84,077
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,278,029	1,363,038	348,582	566,409
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	79,043	44,066	16,128	18,849
9 Other employee benefits	255,775	143,038	54,146	58,591
10 Payroll taxes	178,942	108,956	24,630	45,356
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	52,444		52,444	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,912,012	4,524,391	59,690	327,931
12 Advertising and promotion	58,511	15,694	3,466	39,351
13 Office expenses	220,597	52,853	45,278	122,466
14 Information technology	118,223	18,474	53,096	46,653
15 Royalties				
16 Occupancy	49,238	33,840	15,398	
17 Travel	297,172	206,646	12,565	77,961
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,778	32,759	70,850	9,169
20 Interest	1,869		1,869	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,491	21,030	4,708	8,753
23 Insurance	21,853	9,530	9,569	2,754
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	4,278		4,278	
b IN KIND EXPENSES	107,384	16,358		91,026
c BAD DEBTS	101,724	99,724		2,000
d PROJECT SUPPLIES	84,693	50,864	1,255	32,574
e All other expenses	47,851	25,492	13,770	8,589
25 Total functional expenses. Add lines 1 through 24e	16,683,818	14,296,700	844,609	1,542,509
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		14,809,197	2	16,974,219	
	3	Pledges and grants receivable, net		2,613,264	3	4,766,543	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		14,516	8	23,144	
	9	Prepaid expenses and deferred charges		50,630	9	24,317	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,370,000			
	b	Less: accumulated depreciation	10b	113,848	68,845	10c	1,256,152
	11	Investments—publicly traded securities		2,732,270	11	2,776,834	
	12	Investments—other securities. See Part IV, line 11		708,711	12	746,420	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		331,330	15	221,097	
16	Total assets. Add lines 1 through 15 (must equal line 34)		21,328,763	16	26,788,726		
Liabilities	17	Accounts payable and accrued expenses		2,180,496	17	2,992,205	
	18	Grants payable			18		
	19	Deferred revenue		3,343,379	19	3,635,497	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23	200,000	
	24	Unsecured notes and loans payable to unrelated third parties			24	350,000	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		331,330	25	221,097	
	26	Total liabilities. Add lines 17 through 25		5,855,205	26	7,398,799	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		3,359,752	27	3,604,541	
	28	Temporarily restricted net assets		9,692,681	28	13,360,761	
	29	Permanently restricted net assets		2,421,125	29	2,424,625	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		15,473,558	33	19,389,927		
34	Total liabilities and net assets/fund balances		21,328,763	34	26,788,726		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,437,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,683,818
3	Revenue less expenses. Subtract line 2 from line 1	3	3,753,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,473,558
5	Net unrealized gains (losses) on investments	5	103,331
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	59,624
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,389,927

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1786332

Name: NATIONAL FOREST FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

CONSERVATION: PROTECT AND RESTORE NATURAL RESOURCES AND FOREST LANDSCAPES. METHODS INCLUDE PRESCRIBED BURNING, EROSION CONTROL, RE-VEGETATION AND ERADICATION OF EXOTIC SPECIES.

Form 990, Part III, Line 4b:

FOREST SERVICE GRANTS: MAINTAIN AND UPGRADE VISITOR AMENITIES, TRAILS, AND INTERPRETIVE DISPLAYS; IMPROVE ACCESS AND UNDERSTANDING OF NATIONAL FOREST RESOURCES; RESTORE HABITAT OF NATIVE SPECIES; PROMOTE RECREATIONAL FACILITIES AND RESPONSIBLE APPRECIATION OF WILDLIFE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG BARRETT CHAIRMAN	1.00	X		X				0	0	0
PATRICIA HAYLING PRICE VICE CHAIR	1.00	X		X				0	0	0
LEE FROMSON TREASURER	1.00	X		X				0	0	0
TIM SCHIEFFELIN SECRETARY	1.00	X		X				0	0	0
CAROLINE CHOI EXECUTIVE COMMITTEE	1.00	X						0	0	0
ROBERT COLE EXECUTIVE COMMITTEE	1.00	X						0	0	0
PETER FOREMAN EXECUTIVE COMMITTEE	1.00	X						0	0	0
RICK FRAZIER EXECUTIVE COMMITTEE UNTIL 08/2018	1.00	X						0	0	0
MICHAEL BARKIN DIRECTOR	1.00	X						0	0	0
MIKE BROWN DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY KATE BUCKLEY DIRECTOR	1.00	X						0	0	0
COLEMAN BURKE DIRECTOR	1.00	X						0	0	0
AIMEE CHRISTIANSON DIRECTOR	1.00	X						0	0	0
COLLEEN COLEMAN DIRECTOR THRU 02/2019	1.00	X						0	0	0
BART EBERWEIN DIRECTOR	1.00	X						0	0	0
ROBERT FEITLER DIRECTOR THRU 11/2018	1.00	X						0	0	0
BARRY FINGERHUT DIRECTOR	1.00	X						0	0	0
ROJE GOOTEE DIRECTOR	1.00	X						0	0	0
JAMES K HUNT DIRECTOR	1.00	X						0	0	0
ALLIE KLINE DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDIE MACDOWELL DIRECTOR	1.00	X						0	0	0
THOMAS MCHENRY DIRECTOR	1.00	X						0	0	0
JEFF PARO DIRECTOR	1.00	X						0	0	0
RANDY PETERSON DIRECTOR	1.00	X						0	0	0
MARY SMART DIRECTOR UNTIL 01/2019	1.00	X						0	0	0
CHAD WEISS DIRECTOR	1.00	X						0	0	0
BOB WHEELER DIRECTOR	1.00	X						0	0	0
HUGH WILEY DIRECTOR	1.00	X						0	0	0
MARY MITSOS PRESIDENT	40.00			X				246,669	0	22,706
RAY FOOTE EXECUTIVE VP	40.00					X		234,441	0	38,396

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCUS SELIG VP, FIELD PROGRAMS	40.00					X		115,284	0	30,527
ROBIN HILL CONTROLLER	40.00					X		118,628	0	31,681

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

NATIONAL FOREST FOUNDATION

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

52-1786332

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	15,901,768	11,466,641	11,975,975	12,035,688	16,165,759	67,545,831
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	15,901,768	11,466,641	11,975,975	12,035,688	16,165,759	67,545,831
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,350,545
6	Public support. Subtract line 5 from line 4.						60,195,286

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	15,901,768	11,466,641	11,975,975	12,035,688	16,165,759	67,545,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,215	22,046	31,329	73,682	95,293	234,565
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .		824	468	11,659	19,642	32,593
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						67,812,989
12	Gross receipts from related activities, etc. (see instructions)					12	11,325,078
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 88.770 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 91.310 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐	
17a	10%-facts-and-circumstances test—2018. 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 ▶ ☐	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4b		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5a		
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?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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.		
3		

Section 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 instructions):		
a ☐ 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 (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 52-1786332
Name: NATIONAL FOREST FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part 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" on 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 on Form 990, Part VIII, line 1 ► \$

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

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

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

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	3,547,812	3,081,761	2,899,491	2,588,750	272,548
b	Contributions	3,500	296,021	30,000	80,000	2,462,000
c	Net investment earnings, gains, and losses	93,362	170,030	152,270	230,741	-145,798
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	3,644,674	3,547,812	3,081,761	2,899,491	2,588,750

2

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

a

Board designated or quasi-endowment ▶ 23.870 %

b

Permanent endowment ▶ 66.530 %

c

Temporarily restricted endowment ▶ 9.600 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	11,210	11,210	0
d	Equipment	1,170,000		1,170,000
e	Other	188,790	102,638	86,152
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			1,256,152

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PLAN LIABILITY	221,097
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	221,097

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 ☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,768,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	103,331
b	Donated services and use of facilities	2b	146,254
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	249,585
3	Subtract line 2e from line 1	3	20,519,331
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-82,099
c	Add lines 4a and 4b	4c	-82,099
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,437,232

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	16,852,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	146,254
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,475
e	Add lines 2a through 2d	2e	168,729
3	Subtract line 2e from line 1	3	16,683,818
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.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,683,818

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; 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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1786332
Name: NATIONAL FOREST FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION HAS ADOPTED AN INVESTMENT POLICY FOR ENDOWMENT NET ASSETS THAT ATTEMPTS TO PROVIDE BOTH PRESERVATION AND APPRECIATION. EARNINGS FOR THE ENDOWMENT ARE REFLECTED IN EN DOWMENT NET ASSETS, UNTIL APPROPRIATED FOR EXPENDITURE IN A PRUDENT MANNER BY THE BOARD OF DIRECTORS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FOUNDATION DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2019. MANAGEMENT EVALUATED THE FOUNDATIONS TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -82,099.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 82,099. GRANT REFUNDS -59,624.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPORTING CLAYS (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	299,162			299,162
	2 Less: Contributions	229,655			229,655
	3 Gross income (line 1 minus line 2)	69,507			69,507
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	11,703			11,703
	6 Rent/facility costs	45,269			45,269
	7 Food and beverages	16,716			16,716
	8 Entertainment	3,515			3,515
	9 Other direct expenses	4,896			4,896
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				82,099
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-12,592

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 113

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANT RECIPIENTS SUBMIT MID-TERM AND END-OF-TERM NARRATIVE AND FINANCIAL REPORTS, WHICH ARE REVIEWED BY THE NATIONAL FOREST FOUNDATION STAFF. RECIPIENTS ARE REQUIRED TO SEEK APPROVAL BEFORE MAKING ANY CHANGES TO THE ORIGINAL WORK PLAN OR BUDGET.

Additional Data

Software ID:
Software Version:
EIN: 52-1786332
Name: NATIONAL FOREST FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ABSAROKA-BEARTOOTH WILDERNESS FNDN PO BOX 392 RED LODGE, MT 59068	32-0320146	501(C)(3)	17,485				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ACCESS FUND 4720 WALNUT STREET BOULDER, CO 80301	94-3131165	501(C)(3)	33,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALASKA GEOGRAPHIC 241 NORTH C ST ANCHORAGE, AK 99501	92-0043154	501(C)(3)	21,428				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
AMERICAN CONSERVATION EXPERIENCE 2900 N FORT VALLEY ROAD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	372,173				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN YOUTHWORKS 1901 EAST BEN WHITE BLVD AUSTIN, TX 78741	74-2197942	501(C)(3)	35,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ANTFARM 39140 PROCTOR BLVD SANDY, OR 97055	93-1326167	501(C)(3)	32,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)(3)	125,900				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARIZONA ELK SOCIETY 7588 W THUNDERBIRD RD STE 1-465 PEORIA, AZ 85381	86-2035639	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARIZONA SONORA DESERT MUSEUM 2021 N KINNEY ROAD TUCSON, AZ 85743	86-0111675	501(C)(3)	42,778				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ATHENS FOUNDATION HOLDING COMPANY LLC PO BOX 366 ATHENS, OH 45701	31-1040215	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BEYOND KTADDN INC 90 WHITAKER RD NEW SALEM, MA 01355	45-2476280	501(C)(3)	5,200				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	20,634				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CALIFORNIA TAHOE CONSERVANCY 1061 THIRD STREET SOUTH LAKE TAHOE, CA 96150	68-0290132	GOVT	44,913				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CAROLINA CLIMBERS COALITION PO BOX 33227 RALEIGH, NC 27636	20-1770124	501(C)(3)	8,371				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST STE 230A PORTLAND, OR 97215	91-1737883	501(C)(3)	8,710				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CASCADE PACIFIC RESOURCE CONS 847 NW MONROE AVE CORVALLIS, OR 97330	93-0722979	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OREGON FOREST STEWARD 334 NE HAWTHORNE AVE BEND, OR 97701	27-2703426	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CHATHAM SCHOOL DISTRICT PO BOX 109 ANGOON, AK 99820	92-0057395	GOVT	21,231				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO FOURTEENERS INITIATIVE 1600 JACKSON ST SUITE 205 GOLDEN, CO 80401	84-1354844	501(C)(3)	295,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO MOUNTAIN CLUB 710 10TH STREET SUITE 200 GOLDEN, CO 80401	84-0410760	501(C)(3)	12,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVATION CORPS OF LONG BEACH 340 NIETO AVE LONG BEACH, CA 90814	33-0293393	501(C)(3)	27,852				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION LEGACY 701 CAMINO DEL RIO STE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	231,900				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVATION NORTHWEST 1829 10TH AVE W SUITE B SEATTLE, WA 98119	94-3091547	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION SCIENCE PARTNERS 11050 PIONEER TRAIL SUITE 202 TRUCKEE, CA 96161	45-2504981	501(C)(3)	30,248				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONTINENTAL DIVIDE TRAIL COALITION 710 TENTH ST SUITE 200 GOLDEN, CO 80470	45-5051775	501(C)(3)	7,641				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COTTONWOOD CANYONS FOUNDATION PO BOX 712440 COTTONWOOD HEIGHTS, UT 84171	74-3058673	501(C)(3)	93,384				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COUNTY OF SUMMIT PO BOX 68 BRECKENRIDGE, CO 80424	84-6000808	GOVT	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CRESTED BUTTE MOUNTAIN BIKE ASSOC PO BOX 782 CRESTED BUTTE, CO 81224	68-0512218	501(C)(3)	45,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EAGLE RIVER WATERSHED PO BOX 5740 EAGLE, CO 81631	20-4448864	501(C)(3)	16,857				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EARTHCORPS 6310 NE74TH ST STE 201E SEATTLE, WA 98115	91-1592071	501(C)(3)	43,836				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ECOSERVANTS 1204 MECHEM SUITE 3 RUIDOSO, NM 88345	20-1272940	501(C)(3)	35,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FOUR CORNERS SCHOOL OUTDOOR PO BOX 1029 MONTICELLO, UT 84535	39-1509336	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF DILLON RANGER DISTRICT PO BOX 1648 SILVERTHORNE, CO 80498	20-2343008	501(C)(3)	145,057				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF NEVADA WILDERNESS 1360 GREG ST SUITE 111/112 SPARKS, NV 89431	88-0211763	501(C)(3)	26,544				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF PATHWAYS PO BOX 2062 JACKSON, WY 83001	83-0309897	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS PO BOX 2061 SANDPOINT, ID 83864	74-3202365	501(C)(3)	7,258				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE COLUMBIA GORGE 522 SW 5TH AVE STE 720 PORTLAND, OR 97204	93-0782467	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE EAGLES NEST WILDERNESS PO BOX 4504 CISCO, CO 80443	84-1305851	501(C)(3)	15,270				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE INYO 819 N BARLOW LANE BISHOP, CA 93514	77-0389436	501(C)(3)	33,532				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GLACIER PEAK INSTITUTE 1405 EMENS AVE N DARRINGTON, WA 98241	81-2374247	501(C)(3)	21,250				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GRAND STAIRCASE ESCALANTE PARTNERS PO BOX 53 KANAB, UT 84741	34-1987583	501(C)(3)	27,974				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GREAT BASIN INSTITUTE 16750 MT ROSE HIGHWAY RENO, NV 89511	88-0431016	501(C)(3)	316,244				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT BURN STUDY GROUP 2825 STOCKYARD ROAD MISSOULA, MT 59808	55-0790103	501(C)(3)	29,794				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
HIGH DESERT PARTNERSHIP PO BOX 252 BURNS, OR 97720	74-3261833	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENAI WATERSHED FORUM 44129 STERLING HWY SOLDOTNA, AK 99669	91-1829284	501(C)(3)	19,823				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LOMAKATSI RESTORATION PO BOX 3084 ASHLAND, OR 97520	93-1163452	501(C)(3)	22,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MESA YOUTH SERVICES 2818 1/2 NORTH AVE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	30,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MID COLUMBIA FISHERIES PO BOX 2211 WHITE SALMON, WA 98672	20-0024733	501(C)(3)	30,704				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MID KLAMATH WATERSHED PO BOX 409 ORLEANS, CA 95556	20-1501256	501(C)(3)	40,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MIDDLE FORK WILLAMETTE WATERSHED COUNCIL PO BOX 27 LOWELL, OR 97452	26-0813058	501(C)(3)	24,416				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MOUNTAIN RIM FIRE SAFE COUNCIL PO BOX 2582 RUNNING SPRINGS, CA 92382	33-0851413	501(C)(3)	9,057				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501(C)(3)	49,877				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MT ADAMS RESOURCE STEWARDS PO BOX 152 GLENWOOD, WA 98619	51-0503978	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NATIONAL WILD TURKEY FEDERATION PO BOX 530 EDGEFIELD, SC 29824	57-0564993	501(C)(3)	27,175				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATURE CONSERVANCY VA 4245 NORTH FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	81,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NAU FOUNDATION NAU PO BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	170,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NE WASHINGTON FORESTRY COALITION 986 SOUTH MAIN STREET STE A COLVILLE, WA 99114	81-0628015	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403	93-0818160	501(C)(3)	129,218				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OREGON NATURAL DESERT ASSOCIATION 50 SW BOND ST STE 4 BEND, OR 97702	94-3098621	501(C)(3)	28,808				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
OREGON WILD 5825 N GREELEY AVE PORTLAND, OR 97217	23-7432820	501(C)(3)	13,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD STE 200 PACOIMA, CA 91331	95-4770745	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PINCHOT PARTNERS PO BOX 442 MORTON, WA 98356	20-3689613	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PISGAH CONSERVANCY THE 149 PISGAH HWY SUITE 4 PISGAH FOREST, SC 28768	47-5267129	501(C)(3)	22,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
RANCHO SANTA ANA BOTANIC GARDEN 1500 NORTH COLLEGE AVE CLAREMONT, CA 91711	95-1664113	501(C)(3)	341,879				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1608 FOURTH STREET SUITE 220 BERKELEY, CA 94704	94-6002123	501(C)(3)	34,754				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
RICHFIELD CITY 75 E CENTER RICHFIELD, UT 84701	87-6000269	GOVT	20,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROARING FORK OUTDOOR VOLUNTEERS PO BOX 1341 BASALT, CO 81621	84-1302819	501(C)(3)	45,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN CONSERVANCY PO BOX 3100 ESTES PARK, CO 80517	84-0472090	501(C)(3)	28,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKY MOUNTAIN FIELD INSTITUTE 815 SOUTH 25TH ST SUITE 101 COLORADO SPRINGS, CO 80904	74-2225140	501(C)(3)	97,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN YOUTH CORPS - CO PO BOX 775504 STEAMBOAT SPRINGS, CO 80477	84-1483022	501(C)(3)	320,981				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RURAL ACTION INC 9030 HOCKING HILLS DR THE PLAINS, OH 45780	31-1124220	501(C)(3)	10,654				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SALMON RIVER RESTORATION COUNCIL PO BOX 1089 SAWYERS BAR, CA 96027	68-0343595	501(C)(3)	12,441				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SALMON VALLEY STEWARDSHIP 107 SOUTH CENTER ST SALMON, ID 83467	20-3724466	501(C)(3)	8,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAN GORGONIO WILDERNESS ASSOCIATION 34701 MILL CREEK ROAD MENTONE, CA 92359	33-0478045	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SANDY RIVER BASIN WATERSHED COUNCIL LIKOWSKI HALL 17405 NE GILSAN ST PORTLAND, OR 97230	93-1294148	501(C)(3)	18,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SEDONA RED ROCK TRAIL FUND 239 SUN UP RANCH ROAD SEDONA, AZ 86351	46-4372941	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SEEDS 934 EAST EIGHTH STREET TRAVERSE CITY, MI 49686	38-3482266	501(C)(3)	29,790				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SELWAY BITTERROOT FOUNDATION PO BOX 1886 BOISE, ID 83701	27-2868220	501(C)(3)	30,131				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SIERRA BUTTES TRAIL STEWARDSHIP 550 CRESCENT STREET GRAEAGLE, CA 96103	72-1579038	501(C)(3)	19,837				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SITKA CONSERVATION SOCIETY PO BOX 6533 SITKA, AK 99835	92-0096633	501(C)(3)	63,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SIUSLAW WATERSHED COUNCIL PO BOX 422 MAPLETON, OR 97453	93-1234456	501(C)(3)	14,958				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTH CENTRAL MTN RESOURCE & CONSERVATION 201 OAK GROVE PLACE RUIDOSO, NM 88345	85-0392844	501(C)(3)	108,087				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH YUBA RIVER CITIZENS LEAGUE 313 RAILROAD AVE STE 101 NEVADA CITY, CA 95959	68-0171371	501(C)(3)	22,213				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTHERN APPALACHIAN WILDERNESS STEWARDS 225 EAST CHESTNUT STREET STE 001 ASHEVILLE, NC 28801	47-2407669	501(C)(3)	84,560				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTHERN OFF-ROAD BIKE ASSOCIATION 691 PISGAH ROAD ELLIJAY, GA 30536	58-2271785	501(C)(3)	40,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
STUDENT CONSERVATION ASSOCIATION 4245 N FAIRFAX DR STE 825 ARLINGTON, VA 22203	91-0880684	501(C)(3)	43,881				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUSTAINABLE NORTHWEST 1130 SW MORRISON ST STE 510 PORTLAND, OR 97205	93-1152222	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SWAN VALLEY CONNECTIONS 6887 MT HIGHWAY 83 CONDON, MT 59826	81-0512368	501(C)(3)	24,893				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TEENS INC PO BOX 1070 NEDERLAND, CO 80466	84-1380016	501(C)(3)	10,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE FOREST STEWARDS GUILD 2019 GALISTEO ST SUITE N 7 SANTA FE, NM 87505	85-0446866	501(C)(3)	39,941				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE FRESHWATER TRUST 700 SW TAYLOR ST STE 200 PORTLAND, OR 97204	93-0843521	501(C)(3)	115,278				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE GREENLANDS RESERVE PO BOX 209 FRISCO, CO 80443	84-1485415	501(C)(3)	10,450				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE LONGLEAF ALLIANCE INC 12130 DIXON CENTER ROAD ANDALUSIA, AL 36420	75-3263645	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRAIL MIX INCORPORATED PO BOX 35693 JUNEAU, AK 99803	92-0145301	501(C)(3)	62,509				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRAILKEEPERS OF OREGON PO BOX 14814 PORTLAND, OR 97293	27-1209205	501(C)(3)	29,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TROUT UNLIMITED 1777 N KENT ST STE 100 ARLINGTON, VA 22209	38-1612715	501(C)(3)	146,725				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	163,008				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRUCKEE TRAILS FOUNDATION PO BOX 1751 TRUCKEE, CA 96160	01-0601303	501(C)(3)	60,493				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUOLUMNE RIVER PRESERVATION TRUST 67 LINOBERG ST SONORA, CA 95370	94-2834151	501(C)(3)	50,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UNITED KEETOOWAH CHEROKEE COUNCIL PO BOX 1245 TAHLEQUAH, OK 74465	73-1237070	GOVT	72,651				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VAIL VALLEY MTN BIKE ASSN 9 STILLWATER EDWARDS, CO 81632	45-1539710	501(C)(3)	78,431				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VOLUNTEERS OUTDOOR CO 600 SOUTH MARION PARKWAY DENVER, CO 80209	74-2357211	501(C)(3)	71,586				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WALKING MOUNTAINS PO BOX 9469 AVON, CO 81620	84-1436731	501(C)(3)	84,797				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALLOWA RESOURCES 401 NE FIRST SUITE A ENTERPRISE, OR 97828	91-1794627	501(C)(3)	15,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WATERSHED RESEARCH & TRAINING PO BOX 356 HAYFORK, CA 96041	94-3116339	501(C)(3)	12,281				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222	25-1053485	501(C)(3)	8,115				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WETLAND INITIATIVES 53 WEST JACKSON BLVD STE 1015 CHICAGO, IL 60604	36-3942451	501(C)(3)	1,182,653				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WHITE MOUNTAIN TRAIL COLLECTIVE ONE BRIDGE ST 204 PLYMOUTH, NH 03264	83-3165380	501(C)(3)	103,500				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILD SOUTH PO BOX 1928 ASHEVILLE, NC 28802	56-2173810	501(C)(3)	44,626				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WILDLANDS RESTORATION VOLUNTEERS 3012 STERLING CIRCLE STE 201 BOULDER, CO 80301	46-0505155	501(C)(3)	142,410				SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WYOMING PATHWAYS PO BOX 153 WILSON, WY 83001	46-0961604	501(C)(3)	25,000				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YAAK VALLEY FOREST COUNCIL 265 RIVERVIEW DRIVE TROY, MT 59935	81-0517993	501(C)(3)	13,305				SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization NATIONAL FOREST FOUNDATION		Employer identification number 52-1786332

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	Yes
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

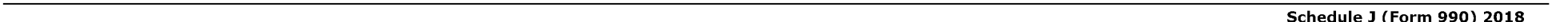
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 5	THE BOARD OF DIRECTORS DECIDES ON AN ANNUAL BONUS FOR MARY MITSOS BASED ON THE ANNUAL FINANCES OF THE ORGANIZATION.



SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NATIONAL FOREST FOUNDATION

Employer identification number
52-1786332

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	26	1,170,000	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	265	18,868	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS)	X	2	70,327	FMV
26 Other ► (TRAVEL MILES & E-PASSES)	X	1	45,684	FMV
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

30a

No

31

Yes

32a

No

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

Cat. No. 51227J

Schedule M (Form 990) (2018)

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	REPORTING THE NUMBER OF ITEMS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

52-1786332

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CHANGES TO THE NATIONAL FOREST FOUNDATION BY-LAWS INCLUDES REDUCING THE MAXIMUM TIME ON THE BOARD FROM 16 YEARS TO 12 YEARS. THE AUDIT COMMITTEE DESCRIPTION WAS CHANGED TO: THE PRIMARY FUNCTION OF THE AUDIT AND FINANCE COMMITTEE IS TO ASSIST THE BOARD IN FULFILLING THEIR OVERSIGHT RESPONSIBILITY FOR THE FOUNDATION. THE AUDIT AND FINANCE COMMITTEE SHALL CONSIST OF THREE OR MORE MEMBERS OF THE BOARD AS DETERMINED BY THE BOARD AND EACH MEMBER OF THE AUDIT AND FINANCE COMMITTEE SHALL NOT HAVE PARTICIPATED IN THE PREPARATION OF THE FINANCIAL STATEMENTS OF THE FOUNDATION AT ANY TIME DURING THE PAST THREE YEARS AND SHALL NOT ENTER INTO ANY RELATIONSHIP THAT WOULD INTERFERE WITH THE EXERCISE OF INDEPENDENT JUDGMENT AS A MEMBER OF THE COMMITTEE. AT LEAST ONE MEMBER OF THE COMMITTEE SHALL HAVE PAST EMPLOYMENT EXPERIENCE IN FINANCE OR ACCOUNTING, REQUISITE PROFESSIONAL CERTIFICATION IN ACCOUNTING OR OTHER COMPARABLE EXPERIENCE OR BACKGROUND WHICH RESULTS IN THE MEMBER'S FINANCIAL SOPHISTICATION. THIS EXPERIENCE MAY INCLUDE HAVING SERVED AS A CHAIRPERSON, CHIEF FINANCIAL OFFICER OR OTHER SENIOR OFFICER WITH FINANCIAL OVERSIGHT RESPONSIBILITIES OF A COMPARABLE ENTITY. COMPENSATION WAS UPDATED TO REFLECT NO COMPENSATION WILL BE PAID BUT TRAVEL REIMBURSEMENT MAY BE PROVIDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER PREPARATION BY THE FOUNDATION'S INDEPENDENT ACCOUNTING FIRM, THE FORM 990 WILL BE REVIEWED BY THE PRESIDENT AND THE TREASURER OF THE ORGANIZATION. ELECTRONIC COPY OF THE FORM 990, AS ULTIMATELY FILED WITH THE IRS WILL BE PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PRESIDENT IS RESPONSIBLE FOR MONITORING POTENTIAL CONFLICT OF INTEREST AND, WHEN NECESSARY, DISCUSSES CONCERNS WITH THE CHAIRMAN TO DETERMINE IF EXECUTIVE COMMITTEE REVIEW IS NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15, COMPENSATION POLICY	THE BOARD APPROVES ANNUAL ORGANIZATIONAL PERFORMANCE OBJECTIVES WHICH CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. AT THE END OF THE FISCAL YEAR, THE CHAIRMAN SEEKS PEER INPUT BY DISCUSSING PERFORMANCE WITH EACH MEMBER OF SENIOR STAFF AT ITS FALL MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIRMAN TO REPORT ON PEER INPUT AND SEEK BOARD INPUT ON ED PERFORMANCE. FOLLOWING THE BOARD'S EXECUTIVE SESSION THE EXEC. COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT, PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES AND DETERMINES A BONUS BASED ON THIS INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A AND PART VII, COLUMN A, NUMBER OF BOARD MEMBERS	THERE WERE TWENTY-FOUR BOARD MEMBERS WHO SERVED AT ANY TIME DURING THE FISCAL YEAR. ALL BOARD MEMBERS WHO SERVED DURING THE FISCAL YEAR ARE SHOWN IN PART VII, COLUMN A. AT THE END OF THE FISCAL YEAR, THERE WERE ONLY TWENTY TWO VOTING BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	SERVICE CONTRACTS: PROGRAM SERVICE EXPENSES 2,873,859. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,873,859. CONSULTANTS: PROGRAM SERVICE EXPENSES 57,619. MANAGEMENT AND GENERAL EXPENSES 35,533. FUNDRAISING EXPENSES 327,931. TOTAL EXPENSES 421,083. TEMP STAFFING /INTERNS: PROGRAM SERVICE EXPENSES 57,242. MANAGEMENT AND GENERAL EXPENSES 24,157. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 81,399. COLLECTION AGREEMENTS: PROGRAM SERVICE EXPENSES 1,529,671. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,529,671. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 6,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PRIOR YEAR GRANT REFUNDS 59,624.