

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL FOREST FOUNDATION		<b>D</b> Employer identification number 52-1786332
	Doing business as		<b>E</b> Telephone number 406-542-2805
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 20,519,331.
	BLDG 27 STE 3 FORT MISSOULA RD		
	City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59804		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: MARY MITSOS SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.NATIONALFORESTS.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of formation: 1993		<b>M</b> State of legal domicile: DC	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	54
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	550
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	19,642.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,035,688.	16,165,759.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,087,957.	4,162,942.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,154.	90,759.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-272,001.	17,772.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,915,798.	20,437,232.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	4,555,867.	7,327,855.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,707,343.	3,130,845.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	60,000.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,542,509.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,320,324.	6,225,118.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,643,534.	16,683,818.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	1,272,264.	3,753,414.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,328,763.	26,788,726.
		5,855,205.	7,398,799.
	15,473,558.	19,389,927.	

**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.

<b>Sign Here</b>	Signature of officer	Date			
	MARY MITSOS, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature <i>William E Turco</i>	Date 4/2/2020	Check if self-employed <input type="checkbox"/>	PTIN P00369217
	Firm's name RSM US LLP	Firm's address 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	Firm's EIN 42-0714325	Phone no. 301-296-3600	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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. ) CONSERVATION: PROTECT AND RESTORE NATURAL RESOURCES AND FOREST LANDSCAPES. METHODS INCLUDE PRESCRIBED BURNING, EROSION CONTROL, RE-VEGETATION AND ERADICATION OF EXOTIC SPECIES.

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

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 14,296,700.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) CRAIG BARRETT CHAIRMAN	1.00	X		X				0.	0.	0.
(2) PATRICIA HAYLING PRICE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) LEE FROMSON TREASURER	1.00	X		X				0.	0.	0.
(4) TIM SCHIEFFELIN SECRETARY	1.00	X		X				0.	0.	0.
(5) CAROLINE CHOI EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(6) ROBERT COLE EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(7) PETER FOREMAN EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(8) RICK FRAZIER EXECUTIVE COMMITTEE UNTIL 08/2018	1.00	X						0.	0.	0.
(9) MICHAEL BARKIN DIRECTOR	1.00	X						0.	0.	0.
(10) MIKE BROWN DIRECTOR	1.00	X						0.	0.	0.
(11) MARY KATE BUCKLEY DIRECTOR	1.00	X						0.	0.	0.
(12) COLEMAN BURKE DIRECTOR	1.00	X						0.	0.	0.
(13) AIMEE CHRISTIANSON DIRECTOR	1.00	X						0.	0.	0.
(14) COLLEEN COLEMAN DIRECTOR THRU 02/2019	1.00	X						0.	0.	0.
(15) BART EBERWEIN DIRECTOR	1.00	X						0.	0.	0.
(16) ROBERT FEITLER DIRECTOR THRU 11/2018	1.00	X						0.	0.	0.
(17) BARRY FINGERHUT DIRECTOR	1.00	X						0.	0.	0.

**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 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			
(18) ROJE GOOTEE DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES K. HUNT DIRECTOR	1.00	X						0.	0.	0.
(20) ALLIE KLINE DIRECTOR	1.00	X						0.	0.	0.
(21) ANDIE MACDOWELL DIRECTOR	1.00	X						0.	0.	0.
(22) THOMAS MCHENRY DIRECTOR	1.00	X						0.	0.	0.
(23) JEFF PARO DIRECTOR	1.00	X						0.	0.	0.
(24) RANDY PETERSON DIRECTOR	1.00	X						0.	0.	0.
(25) MARY SMART DIRECTOR UNTIL 01/2019	1.00	X						0.	0.	0.
(26) CHAD WEISS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								715,022.	0.	123,310.
<b>d Total (add lines 1b and 1c)</b>								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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>	X	
<b>5</b> 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>		X

**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

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) BOB WHEELER DIRECTOR	1.00	X					0.	0.	0.	
(28) HUGH WILEY DIRECTOR	1.00	X					0.	0.	0.	
(29) MARY MITSOS PRESIDENT	40.00			X			246,669.	0.	22,706.	
(30) RAY FOOTE EXECUTIVE VP	40.00				X		234,441.	0.	38,396.	
(31) MARCUS SELIG VP, FIELD PROGRAMS	40.00				X		115,284.	0.	30,527.	
(32) ROBIN HILL CONTROLLER	40.00				X		118,628.	0.	31,681.	
Total to Part VII, Section A, line 1c .....							715,022.		123,310.	

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns					
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	229,655.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	4,167,829.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	11,768,275.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f: \$	1,304,879.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	16,165,759.				
	Program Service Revenue	<b>2 a</b>	CONTRACT REVENUE	900099	4,162,942.	4,162,942.	
<b>2 b</b>							
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		4,162,942.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		90,759.		90,759.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		4,534.		4,534.	
	<b>6 a</b>	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	<b>8 a</b>	Gross income from fundraising events (not including \$ 229,655. of contributions reported on line 1c). See Part IV, line 18	a	69,507.			
		Less: direct expenses	b	82,099.			
		Net income or (loss) from fundraising events			-12,592.		-12,592.
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11 a</b>	MAP SALES	900099	25,830.	25,830.			
	All other revenue						
	<b>Total.</b> Add lines 11a-11d			25,830.			
<b>12</b>	<b>Total revenue.</b> 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  X

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

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

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,437,232.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,683,818.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,753,414.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	15,473,558.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	103,331.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	59,624.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,389,927.

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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.
- 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? \_\_\_\_\_
- 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	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Table with 2 columns: Name of the organization (NATIONAL FOREST FOUNDATION) and 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,901,768.	11,466,641.	11,975,975.	12,035,688.	16,165,759.	67,545,831.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,901,768.	11,466,641.	11,975,975.	12,035,688.	16,165,759.	67,545,831.
<b>5</b> 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.
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....	15,901,768.	11,466,641.	11,975,975.	12,035,688.	16,165,759.	67,545,831.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		824.	468.	11,659.	19,642.	32,593.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						67,812,989.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,325,078.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.77 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	91.31 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number

52-1786332

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  NATIONAL FOREST FOUNDATION	Employer identification number  52-1786332
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,170,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 646,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 551,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  NATIONAL FOREST FOUNDATION	Employer identification number  52-1786332
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,057,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  NATIONAL FOREST FOUNDATION	Employer identification number  52-1786332
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	26 JEEP WRANGLERS _____ _____ _____	\$ 1,170,000.	09/20/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  NATIONAL FOREST FOUNDATION	Employer identification number  52-1786332
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 instructions and 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for lines 2a-2d, and Yes/No questions about monitoring and reporting.

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.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including dollar amounts for revenue and assets.

**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 on 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  23.87 %
- b Permanent endowment  66.53 %
- c Temporarily restricted endowment  9.60 %

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)		X
3a(ii)		X
3b		

b If "Yes" on line 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.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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	
(2) DEFERRED COMPENSATION PLAN LIABILITY	221,097.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	16,852,547.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	146,254.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	22,475.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	168,729.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,683,818.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	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.

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 ENDOWMENT NET ASSETS, UNTIL

APPROPRIATED FOR EXPENDITURE IN A PRUDENT MANNER BY THE BOARD OF

DIRECTORS.

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

**Part XIII** Supplemental Information (continued)

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B -82,099.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 82,099.

GRANT REFUNDS -59,624.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 22,475.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**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 NONE	(d) Total events (add col. (a) through col. (c))
		SPORTING CLAYS (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	299,162.			299,162.
	<b>2</b> Less: Contributions .....	229,655.			229,655.
	<b>3</b> Gross income (line 1 minus line 2) .....	69,507.			69,507.
Direct Expenses	<b>4</b> Cash prizes .....	0.			
	<b>5</b> Noncash prizes .....	11,703.			11,703.
	<b>6</b> Rent/facility costs .....	45,269.			45,269.
	<b>7</b> Food and beverages .....	16,716.			16,716.
	<b>8</b> Entertainment .....	3,515.			3,515.
	<b>9</b> Other direct expenses .....	4,896.			4,896.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				82,099.
<b>11</b> 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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://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 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABSAROKA-BEARTOOTH WILDERNESS FNDN PO BOX 392 RED LODGE, MT 59068	32-0320146	501(C)(3)	17,485.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ACCESS FUND 4720 WALNUT STREET BOULDER, CO 80301	94-3131165	501(C)(3)	33,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ALASKA GEOGRAPHIC 241 NORTH C ST ANCHORAGE, AK 99501	92-0043154	501(C)(3)	21,428.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
AMERICAN CONSERVATION EXPERIENCE 2900 N FORT VALLEY ROAD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	372,173.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
AMERICAN YOUTHWORKS 1901 EAST BEN WHITE BLVD AUSTIN, TX 78741	74-2197942	501(C)(3)	35,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ANTFARM 39140 PROCTOR BLVD SANDY, OR 97055	93-1326167	501(C)(3)	32,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

- 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 ▶

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)(3)	125,900.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ARIZONA SONORA DESERT MUSEUM 2021 N KINNEY ROAD TUCSON, AZ 85743	86-0111675	501(C)(3)	42,778.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ATHENS FOUNDATION HOLDING COMPANY LLC - PO BOX 366 - ATHENS, OH 45701	31-1040215	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BEYOND KTADDN INC 90 WHITAKER RD NEW SALEM, MA 01355	45-2476280	501(C)(3)	5,200.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	20,634.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CALIFORNIA TAHOE CONSERVANCY 1061 THIRD STREET SOUTH LAKE TAHOE, CA 96150	68-0290132	GOVT	44,913.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CAROLINA CLIMBERS COALITION PO BOX 33227 RALEIGH, NC 27636	20-1770124	501(C)(3)	8,371.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST, STE 230A PORTLAND, OR 97215	91-1737883	501(C)(3)	8,710.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCADE PACIFIC RESOURCE CONS 847 NW MONROE AVE CORVALLIS, OR 97330	93-0722979	501(C)(3)	30,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CENTRAL OREGON FOREST STEWARD 334 NE HAWTHORNE AVE BEND, OR 97701	27-2703426	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CHATHAM SCHOOL DISTRICT PO BOX 109 ANGOON, AK 99820	92-0057395	GOVT	21,231.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO FOURTEENERS INITIATIVE 1600 JACKSON ST SUITE 205 GOLDEN, CO 80401	84-1354844	501(C)(3)	295,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COLORADO MOUNTAIN CLUB 710 10TH STREET SUITE 200 GOLDEN, CO 80401	84-0410760	501(C)(3)	12,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION CORPS OF LONG BEACH 340 NIETO AVE LONG BEACH, CA 90814	33-0293393	501(C)(3)	27,852.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION LEGACY 701 CAMINO DEL RIO STE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	231,900.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION NORTHWEST 1829 10TH AVE W, SUITE B SEATTLE, WA 98119	94-3091547	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
CONSERVATION SCIENCE PARTNERS 11050 PIONEER TRAIL, SUITE 202 TRUCKEE, CA 96161	45-2504981	501(C)(3)	30,248.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINENTAL DIVIDE TRAIL COALITION 710 TENTH ST, SUITE 200 GOLDEN, CO 80470	45-5051775	501(C)(3)	7,641.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COTTONWOOD CANYONS FOUNDATION PO BOX 712440 COTTONWOOD HEIGHTS, UT 84171	74-3058673	501(C)(3)	93,384.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
COUNTY OF SUMMIT PO BOX 68 BRECKENRIDGE, CO 80424	84-6000808	GOVT	10,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EAGLE RIVER WATERSHED PO BOX 5740 EAGLE, CO 81631	20-4448864	501(C)(3)	16,857.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
EARTHCORPS 6310 NE74TH ST., STE. 201E SEATTLE, WA 98115	91-1592071	501(C)(3)	43,836.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ECOSERVANTS 1204 MECHEM SUITE 3 RUIDOSO, NM 88345	20-1272940	501(C)(3)	35,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FOUR CORNERS SCHOOL OUTDOOR PO BOX 1029 MONTICELLO, UT 84535	39-1509336	501(C)(3)	30,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF DILLON RANGER DISTRICT PO BOX 1648 SILVERTHORNE, CO 80498	20-2343008	501(C)(3)	145,057.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF NEVADA WILDERNESS 1360 GREG ST SUITE 111/112 SPARKS, NV 89431	88-0211763	501(C)(3)	26,544.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF PATHWAYS PO BOX 2062 JACKSON, WY 83001	83-0309897	501(C)(3)	10,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF SCOTCHMAN PEAKS WILDERNESS - PO BOX 2061 - SANDPOINT, ID 83864	74-3202365	501(C)(3)	7,258.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE COLUMBIA GORGE 522 SW 5TH AVE., STE. 720 PORTLAND,, OR 97204	93-0782467	501(C)(3)	25,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
FRIENDS OF THE INYO 819 N BARLOW LANE BISHOP, CA 93514	77-0389436	501(C)(3)	33,532.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GLACIER PEAK INSTITUTE 1405 EMENS AVE N DARRINGTON, WA 98241	81-2374247	501(C)(3)	21,250.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GRAND STAIRCASE ESCALANTE PARTNERS PO BOX 53 KANAB, UT 84741	34-1987583	501(C)(3)	27,974.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
GREAT BASIN INSTITUTE 16750 MT ROSE HIGHWAY RENO, NV 89511	88-0431016	501(C)(3)	316,244.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT BURN STUDY GROUP 2825 STOCKYARD ROAD MISSOULA, MT 59808	55-0790103	501(C)(3)	29,794.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
HIGH DESERT PARTNERSHIP PO BOX 252 BURNS, OR 97720	74-3261833	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
KENAI WATERSHED FORUM 44129 STERLING HWY SOLDOTNA, AK 99669	91-1829284	501(C)(3)	19,823.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
LOMAKATSI RESTORATION PO BOX 3084 ASHLAND, OR 97520	93-1163452	501(C)(3)	22,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MESA YOUTH SERVICES 2818 1/2 NORTH AVE GRAND JUNCTION, CO 81501	74-2486204	501(C)(3)	30,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MID COLUMBIA FISHERIES PO BOX 2211 WHITE SALMON, WA 98672	20-0024733	501(C)(3)	30,704.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MID KLAMATH WATERSHED PO BOX 409 ORLEANS, CA 95556	20-1501256	501(C)(3)	40,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MIDDLE FORK WILLAMETTE WATERSHED COUNCIL - P.O. BOX 27 - LOWELL, OR 97452	26-0813058	501(C)(3)	24,416.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MOUNTAIN RIM FIRE SAFE COUNCIL PO BOX 2582 RUNNING SPRINGS, CA 92382	33-0851413	501(C)(3)	9,057.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN STUDIES INSTITUTE PO BOX 426 SILVERTON, CO 81433	73-1644103	501(C)(3)	49,877.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
MT ADAMS RESOURCE STEWARDS PO BOX 152 GLENWOOD, WA 98619	51-0503978	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NATIONAL WILD TURKEY FEDERATION P.O. BOX 530 EDGEFIELD, SC 29824	57-0564993	501(C)(3)	27,175.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NATURE CONSERVANCY VA 4245 NORTH FAIRFAX DR, STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	81,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NAU FOUNDATION NAU PO BOX 4094 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	170,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NE WASHINGTON FORESTRY COALITION 986 SOUTH MAIN STREET, STE A COLVILLE, WA 99114	81-0628015	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403	93-0818160	501(C)(3)	129,218.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
OREGON NATURAL DESERT ASSOCIATION 50 SW BOND ST, STE 4 BEND, OR 97702	94-3098621	501(C)(3)	28,808.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
OREGON WILD 5825 N GREELEY AVE PORTLAND, OR 97217	23-7432820	501(C)(3)	13,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACOIMA BEAUTIFUL 13520 VAN NUYS BLVD STE 200 PACOIMA, CA 91331	95-4770745	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PINCHOT PARTNERS PO BOX 442 MORTON, WA 98356	20-3689613	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
PISGAH CONSERVANCY, THE 149 PISGAH HWY, SUITE 4 PISGAH FOREST, SC 28768	47-5267129	501(C)(3)	22,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1608 FOURTH STREET, SUITE 220 - BERKELEY, CA 94704	94-6002123	501(C)(3)	34,754.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
RICHFIELD CITY 75 E CENTER RICHFIELD, UT 84701	87-6000269	GOVT	20,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROARING FORK OUTDOOR VOLUNTEERS PO BOX 1341 BASALT, CO 81621	84-1302819	501(C)(3)	45,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN CONSERVANCY PO BOX 3100 ESTES PARK, CO 80517	84-0472090	501(C)(3)	28,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
ROCKY MOUNTAIN FIELD INSTITUTE 815 SOUTH 25TH ST SUITE 101 COLORADO SPRINGS, CO 80904	74-2225140	501(C)(3)	97,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN YOUTH CORPS - CO PO BOX 775504 STEAMBOAT SPRINGS, CO 80477	84-1483022	501(C)(3)	320,981.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
RURAL ACTION INC 9030 HOCKING HILLS DR THE PLAINS, OH 45780	31-1124220	501(C)(3)	10,654.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SALMON RIVER RESTORATION COUNCIL PO BOX 1089 SAWYERS BAR, CA 96027	68-0343595	501(C)(3)	12,441.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SALMON VALLEY STEWARDSHIP 107 SOUTH CENTER ST SALMON, ID 83467	20-3724466	501(C)(3)	8,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SAN GORGONIO WILDERNESS ASSOCIATION - 34701 MILL CREEK ROAD - MENTONE, CA 92359	33-0478045	501(C)(3)	10,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SANDY RIVER BASIN WATERSHED COUNCIL - LIKOWSKI HALL, 17405 NE GILSAN ST - PORTLAND, OR 97230	93-1294148	501(C)(3)	18,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SEEDS 934 EAST EIGHTH STREET TRAVERSE CITY, MI 49686	38-3482266	501(C)(3)	29,790.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SELWAY BITTERROOT FOUNDATION PO BOX 1886 BOISE, ID 83701	27-2868220	501(C)(3)	30,131.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA BUTTES TRAIL STEWARDSHIP 550 CRESCENT STREET GRAEAGLE, CA 96103	72-1579038	501(C)(3)	19,837.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SITKA CONSERVATION SOCIETY PO BOX 6533 SITKA, AK 99835	92-0096633	501(C)(3)	63,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SIUSLAW WATERSHED COUNCIL PO BOX 422 MAPLETON, OR 97453	93-1234456	501(C)(3)	14,958.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTH YUBA RIVER CITIZENS LEAGUE 313 RAILROAD AVE STE 101 NEVADA CITY, CA 95959	68-0171371	501(C)(3)	22,213.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SOUTHERN OFF-ROAD BIKE ASSOCIATION 691 PISGAH ROAD ELLIJAY, GA 30536	58-2271785	501(C)(3)	40,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
SUSTAINABLE NORTHWEST 1130 SW MORRISON ST STE 510 PORTLAND, OR 97205	93-1152222	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWAN VALLEY CONNECTIONS 6887 MT HIGHWAY 83 CONDON, MT 59826	81-0512368	501(C)(3)	24,893.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TEENS INC PO BOX 1070 NEDERLAND, CO 80466	84-1380016	501(C)(3)	10,000.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE FRESHWATER TRUST 700 SW TAYLOR ST, STE 200 PORTLAND, OR 97204	93-0843521	501(C)(3)	115,278.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE GREENLANDS RESERVE PO BOX 209 FRISCO, CO 80443	84-1485415	501(C)(3)	10,450.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
THE LONGLEAF ALLIANCE INC 12130 DIXON CENTER ROAD ANDALUSIA, AL 36420	75-3263645	501(C)(3)	50,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRAIL MIX INCORPORATED PO BOX 35693 JUNEAU, AK 99803	92-0145301	501(C)(3)	62,509.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRAILKEEPERS OF OREGON PO BOX 14814 PORTLAND, OR 97293	27-1209205	501(C)(3)	29,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TROUT UNLIMITED 1777 N KENT ST, STE 100 ARLINGTON, VA 22209	38-1612715	501(C)(3)	146,725.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUCKEE RIVER WATERSHED COUNCIL PO BOX 8568 TRUCKEE, CA 96162	91-1818748	501(C)(3)	163,008.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TRUCKEE TRAILS FOUNDATION PO BOX 1751 TRUCKEE, CA 96160	01-0601303	501(C)(3)	60,493.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
TUOLUMNE RIVER PRESERVATION TRUST 67 LINOBERG ST SONORA, CA 95370	94-2834151	501(C)(3)	50,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
UNITED KEETOOWAH CHEROKEE COUNCIL PO BOX 1245 TAHLEQUAH, OK 74465	73-1237070	GOVT	72,651.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VAIL VALLEY MTN BIKE ASSN 9 STILLWATER EDWARDS, CO 81632	45-1539710	501(C)(3)	78,431.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
VOLUNTEERS OUTDOOR CO 600 SOUTH MARION PARKWAY DENVER, CO 80209	74-2357211	501(C)(3)	71,586.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALKING MOUNTAINS PO BOX 9469 AVON, CO 81620	84-1436731	501(C)(3)	84,797.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WALLOWA RESOURCES 401 NE FIRST, SUITE A ENTERPRISE, OR 97828	91-1794627	501(C)(3)	15,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE, SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	25,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERSHED RESEARCH & TRAINING PO BOX 356 HAYFORK, CA 96041	94-3116339	501(C)(3)	12,281.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH,, PA 15222	25-1053485	501(C)(3)	8,115.	0.			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.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WHITE MOUNTAIN TRAIL COLLECTIVE ONE BRIDGE ST #204 PLYMOUTH, NH 03264	83-3165380	501(C)(3)	103,500.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILD SOUTH PO BOX 1928 ASHEVILLE, NC 28802	56-2173810	501(C)(3)	44,626.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WILDLANDS RESTORATION VOLUNTEERS 3012 STERLING CIRCLE, STE 201 BOULDER, CO 80301	46-0505155	501(C)(3)	142,410.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
WYOMING PATHWAYS PO BOX 153 WILSON, WY 83001	46-0961604	501(C)(3)	25,000.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS
YAAK VALLEY FOREST COUNCIL 265 RIVERVIEW DRIVE TROY, MT 59935	81-0517993	501(C)(3)	13,305.	0.			SUPPORT US NATIONAL FORESTS AND GRASSLANDS



**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>NATIONAL FOREST FOUNDATION</b>	Employer identification number <b>52-1786332</b>
---	---

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY MITSOS PRESIDENT	(i)	246,411.	0.	258.	12,534.	10,172.	269,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAY FOOTE EXECUTIVE VP	(i)	234,183.	0.	258.	12,181.	26,215.	272,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN HILL CONTROLLER	(i)	118,538.	0.	90.	6,346.	25,335.	150,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

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)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

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 )	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 isn't required to be used for exempt purposes for the entire holding period? **X**

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? **X**

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION, CHARTERED BY CONGRESS AS THE OFFICIAL NON-PROFIT

PARTNER OF THE US FOREST SERVICE, ENGAGES AMERICANS IN COMMUNITY BASED

AND NATIONAL PROGRAMS THAT PROMOTE THE HEALTH AND PUBLIC ENJOYMENT OF

THE 193 MILLION ACRE NATIONAL FOREST SYSTEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE BENEFIT OF THE NATIONAL FORESTS.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NATIONAL FOREST FOUNDATION	Employer identification number 52-1786332
--	--

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.

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.

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
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

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

FORM 990, PART VI, SECTION B, LINE 15, COMPENSATION POLICY  
THE BOARD APPROVES ANNUAL ORGANIZATIONAL PERFORMANCE OBJECTIVES WHICH



Name of the organization NATIONAL FOREST FOUNDATION	Employer identification number 52-1786332
--	--

CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE

DIRECTOR. AT THE END OF THE FISCAL YEAR, THE CHAIRMAN SEEKS PEER INPUT

BY DISCUSSING PERFORMANCE WITH EACH MEMBER OF SENIOR STAFF AT ITS FALL

MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIRMAN TO

REPORT ON PEER INPUT AND SEEK BOARD INPUT ON ED PERFORMANCE. FOLLOWING

THE BOARD'S EXECUTIVE SESSION THE EXC. COMMITTEE, WHICH SERVES AS THE

COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT,

PERFORMANCE AGAINST ORGANIZATION PERFORMANCE OBJECTIVES AND DETERMINES

A BONUS BASED ON THIS INFORMATION.

FORM 990, PART VI, LINE 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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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.

Name of the organization NATIONAL FOREST FOUNDATION	Employer identification number 52-1786332
--	--

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.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,912,012.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR GRANT REFUNDS 59,624.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  NATIONAL FOREST FOUNDATION	Employer identification number (EIN) or  52-1786332
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. BLDG 27 STE 3 FORT MISSOULA RD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59804	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARY MITSOS

- The books are in the care of ▶ BLDG 27 STE 3 FORT MISSOULA RD - MISSOULA, MT 59804  
Telephone No. ▶ 406-542-2805 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2018, and ending SEP 30, 2019.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.