** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| ΑΙ | For the | 2021 calendar year, or tax year beginning 00 | CT 1, 2021 and | ending Si | EP 30, 2022 | | |
|---------------|---------------------------|--|---|---------------------|----------------------------|----------------------------------|--|
| В | Check if applicable | C Name of organization | | | D Employer ident | ification number | |
| | Addres | NATIONAL FOREST FOUNDATION | | | | | |
| | Name change | | | | 52-178633 | 2 | |
| | Initial return | Number and street (or P.O. box if mail is not de | livered to street address) | Room/suite | E Telephone numb | per | |
| | □Final return/ | BLDG 27 STE 3 FORT MISSOULA RD | | | 406-542-280 |)5 | |
| | termin- ated | | ZIP or foreign postal code | | G Gross receipts \$ | 49,240,732. | |
| | Amend | MISSOULA, MI 39004 | | | H(a) Is this a group | | |
| | Applica tion pendin | g | MITSOS | | for subordinat | es? Yes X No | |
| | | SAME AS C ABOVE | | | H(b) Are all subordinates | s included? Yes No | |
| | | | | or 527 | If "No," attach | a list. See instructions | |
| _ | | e: WWW.NATIONALFORESTS.ORG | | | H(c) Group exempt | | |
| | | 5.84 | ssociation Other | L Year | of formation: 1993 | M State of legal domicile; DC | |
| P | art I | Summary | | | | | |
| e e | 1 | Briefly describe the organization's mission or most | significant activities: SEE SC | HEDULE O | | | |
| Governance | 2 | Check this box if the organization disco | ntinued its operations or dispos | sed of more | than 25% of its net a | assets. | |
| Ver | 3 | Number of voting members of the governing body | Part VI, line 1a) | | <u> </u> | 23 | |
| | | Number of independent voting members of the go | | | | 4 23 | |
| დ | 5 | Fotal number of individuals employed in calendar y | | | | 5 68 | |
| jŧ | 6 | Total number of volunteers (estimate if necessary) | | | | 6 50 | |
| Activities & | 7 a | Fotal unrelated business revenue from Part VIII, co | | | | 'a 0. | |
| _ | b | Net unrelated business taxable income from Form | | | | b 92,112. | |
| | | | | | Prior Year | Current Year | |
| Φ | 8 | Contributions and grants (Part VIII, line 1h) | | | 22,966,276 | 32,004,378. | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | 10,860,117 | 16,994,470. | |
| ě | 10 | nvestment income (Part VIII, column (A), lines 3, 4 | | 66,887 | 175,750. | | |
| <u> </u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | , 9c, 10c, and 11e) | | -54,339 | -90,290. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) | | 33,838,941 | 49,084,308. | |
| | 13 | Grants and similar amounts paid (Part IX, column (| A), lines 1-3) | | 5,356,897 | 6,520,587. | |
| | 14 | Benefits paid to or for members (Part IX, column (A |), line 4) | | | 0. | |
| S | 15 | Salaries, other compensation, employee benefits (F | | | 4,263,915 | - | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), I | ne 11e) | | 0 | 0. | |
| X | b | Γotal fundraising expenses (Part IX, column (D), line | | I | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d | | | 16,250,566 | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part I | | | 25,871,378 | | |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | 7,967,563 | | |
| SOF | <u> </u> | | | Be | ginning of Current Yea | | |
| Sset | 20 | , | | | 46,532,416 | | |
| Net Assets or | 21 | Fotal liabilities (Part X, line 26) | | | 13,425,073 | | |
| <u>Z</u> : | 22 art II | Net assets or fund balances. Subtract line 21 from Signature Block | line 20 | | 33,107,343 | 46,737,820. | |
| | | ties of perjury, I declare that I have examined this return, | including accompanying echodula | e and etatome | ante and to the heet of | my knowledge and helief it is | |
| | • | and complete. Declaration of preparer (other than office | | | • | illy knowledge and belief, it is | |
| tiuc | , сопес | , and complete. Declaration of preparer (other than office | i) is based oil all lillorlilation of wi | iicii pi epai ei | ilas ally kilowieuge. | | |
| Sia | n | Signature of officer | | | Date | | |
| Sig He | | MARY MITSOS, PRESIDENT & CEO | | | | | |
| 110 | | Type or print name and title | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN | |
| Pai | d i | MEREDITH BELL | MBW | (los | 8/04/23 if self-emp | Doved P01696827 | |
| | parer | Firm's name RSM US LLP | Firm's EIN | | | | |
| | Only | Firm's address 1250 H STREET, SUITE 700 | Tim 5 Env | 2 EIIV - 12 0/11323 | | | |
| | , | WASHINGTON, DC 20005 | | | Phone no. 20 | 02-293-2200 | |
| Ma | v the IF | S discuss this return with the preparer shown abo | ve? See instructions | | , | X Yes No | |

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print NATIONAL FOREST FOUNDATION 52-1786332 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your BLDG 27 STE 3 FORT MISSOULA RD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MISSOULA, MT 59804 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 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 Form 990-T (corporation) MARY MITSOS 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 If it is for part of the group, check this box AUGUST 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 SEP 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions

| Pa | 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 | |
| _ | | Yes X No |
| | prior Form 990 or 990-EZ? | res 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 to | y 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 \$ 27,979,923. including grants of \$ 4,644,605.) (Revenue \$ | 17,033,590.) |
| | CONSERVATION: | |
| | PROTECT AND RESTORE NATURAL RESOURCES AND FOREST LANDSCAPES, METHODS | |
| | INCLUDE PRESCRIBED BURNING, EROSION CONTROL, RE-VEGETATION AND | |
| | ERADICATION OF EXOTIC SPECIES. | |
| | ERADICATION OF EXOTIC SPECIES. | |
| | | |
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| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 2 ,475 ,318 _ including grants of \$ 1 ,875 ,983 .) (Revenue \$ | 1 |
| 40 | FOREST SERVICE GRANTS: | <i>)</i> |
| | | |
| | 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. | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses ► 30 , 455 , 241. | , |
| <u> </u> | I I | 200 |

Form 990 (2021) NATIONAL FOREST FOUNDATION Part IV Checklist of Required Schedules

| | | | Yes | No |
|------------|---|------------|-----|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | х |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 40 | | х |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _ A |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | х |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | - 41 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 21 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | х |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| | | 20a 20b | | |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| <u>-</u> I | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| | demostic gereniment out factor, committy y, into the new rest. Complete ochequien, Parts Fanta II | | | |

Form 990 (2021)

NATIONAL FOREST FOUNDATION

Part IV Checklist of Required Schedules (continued)

| | · (continued) | | | |
|-----|---|----------|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| · | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| _ | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| • | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| - | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| • | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 330 | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | L | | |
| b | | 5 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 10 | x | |

Form 990 (2021)

NATIONAL FOREST FOUNDATION

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

| | | | Yes | No |
|--------|--|------------|--------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 68 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | 77 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | N/A | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | N/A | |
| ь 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | 11, 1. | |
| 0 | sponsoring organization have excess business holdings at any time during the year? N/A | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 4- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14a 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 1-10 | | |
| .5 | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | .0 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A | 17 | | |
| | If "Yes," complete Form 6069. | | | |

NATIONAL FOREST FOUNDATION Form 990 (2021) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 23 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a

Section C. Disclosure

| 17 | List the states with which a | copy of this Fe | orm 990 is required | d to be filed | SEE | SCHEDULE | 0 |
|----|------------------------------|-----------------|---------------------|---------------|-----|----------|---|
|----|------------------------------|-----------------|---------------------|---------------|-----|----------|---|

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. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records

MARY MITSOS - 406-542-2805

BLDG 27 STE 3 FORT MISSOULA RD, MISSOULA, MT 59804

exempt status with respect to such arrangements?

16b

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

Х

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

| (A) | (B) | Jigu | i iiZu | | C) | рсп | out | (D) | (E) | (F) |
|-----------------------------|------------------------|--------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------|---------------------------|---------------------------|
| Name and title | Average | Position (do not check more than one | | | | | | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both r/trust | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | an an | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee | truste | | au | pensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | ual tru | ional | | ploye | t com | | 1099-NEC) | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MARY MITSOS | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | | | | Х | | | | 339,474. | 0. | 22,820. |
| (2) RAY FOOTE | 40.00 | | | | | | | | | |
| EXECUTIVE VP | | | | | | Х | | 246,232. | 0. | 31,582. |
| (3) MARCUS SELIG | 40.00 | | | | | | | | | |
| VP, FIELD PROGRAMS | | | | | | Х | | 143,483. | 0. | 26,395. |
| (4) ROBIN HILL | 40.00 | | | | | | | | | |
| CONTROLLER THRU 10/1/2021 | | | | | | Х | | 117,066. | 0. | 22,710. |
| (5) ROB LEARY | 1.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BOB WHEELER | 1.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (7) LEE FROMSON | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (8) TIM SCHIEFFELIN | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (9) CAROLINE CHOI | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) PATRICIA HAYLING PRICE | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) ALLIE KLINE | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE | | Х | | | | | | 0. | 0. | 0. |
| (12) MATT BOSS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) MIKE BROWN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) MARY KATE BUCKLEY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) AIMEE CHRISTENSEN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) JAMES K. HUNT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) JANICE INNIS-THOMPSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

132007 12-09-21 Form **990** (2021)

| D 1 MI | REST FOUNDAT | | | | | | | | 52-1/0033 | 2 Page C |
|--|--|---------------------|-----------------|---------------------------------|-------------------------|--------|--------------|---|---|--|
| Section A. Officers, Directors, 110 | | oloy | ees, | | | gnes | it C | | ` , | (E) |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | tee or director god | not c , unle | Pos heck ss per nd a d | ition more rson i | than o | an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | Estimated amount of other compensation from the organization and related organizations |
| (18) TOREN KUTNICK | 1.00 | = | | - | × | 工る | <u> </u> | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (19) ANDIE MACDOWELL | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (20) THOMAS MCHENRY | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (21) JOSE MINAYA | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) RANDY PETERSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (23) KEVIN MURPHY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (24) JEFF NUSS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (25) JAMES ODONNELL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (26) RICK WADE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | ightharpoons | 846,255. | 0. | 103,507. |
| c Total from continuation sheets to Part \ | /II, Section A | | | | | | ightharpoons | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 846,255. | 0. | 103,507. |

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

Per No
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual

Jid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S 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) | (B) | (C) |
|--|---|--------------|
| Name and business address | Description of services | Compensation |
| USDA FOREST SERVICE | TREE PLANTING & OTHER | |
| PO BOX 6200-09, PORTLAND, OR 97228 | CONSERVATION WORK | 3,367,046. |
| MARKIT! FORESTRY MGMT, 2424 GARDEN OF THE | HELICOPTER OPERATIONS TO | |
| GODS RD, STE 290, COLORADO SPRINGS, CO 80 | REMOVE TREES, H | 2,651,728. |
| ROBINSON ENTERPRISES INC, 293 LOWER GRASS | VEGETATION MANAGEMENT AND | |
| VALLEY ROAD, NEVADA CITY, CA 95959 | REMOVAL | 1,407,948. |
| CTL FOREST MANAGEMENT, INC. | CUT TO LENGTH THINNING, FUELS | |
| 6366 ZAMORA DR, PLACERVILLE, CA 95667 | TREATMENT, | 880,336. |
| WETLAND INITIATIVES, 53 WEST JACKSON BLVD, | INVASIVE MANAGEMENT, NATIVE | |
| STE 1015, CHICAGO, IL 60604 | PLANTING, HA | 795,814. |
| 2 Total number of independent contractors (including but not limited | I to those listed above) who received more than | |
| \$100,000 of compensation from the organization | 41 | |
| · | | 000 |

| | DREST FOUNDAT | | | | | | | | 52-1/863 | 7.7.2 |
|--|---|--------------------------------|-----------------------|---------|---------------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, 1 | Γrustees, Key Er | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) Name and title | (B) Average hours | (cl | | Pos | C) ition that | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensatior from the organization and related organizations |
| 27) HUGH WILEY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | |
| 28) ROBERT COLE | 1.00 | | | | | | | | | |
| DIRECTOR THRU 11/6/21 | | Х | | | | | | 0. | 0. | |
| 29) JEFF PARO | 1.00 | | | | | | | | _ | |
| IRECTOR THRU 11/6/21 | | Х | | | | | | 0. | 0. | |
| | | - | | | | | | | | |
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| | 1 | 1 | 1 | 1 | 1 | i . | | 1 | | l |

Form 990 (2021) NATIONAL FOR Part VIII Statement of Revenue

| | | | Check if Schedule O | conta | ains a r | esponse (| or note to any lin | e in this Part VIII | | | |
|--|----|---|-------------------------------------|---------|----------|-------------|--------------------|---------------------|------------------------------------|------------------|---------------------------------|
| | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated | Revenue excluded from tax under |
| | | | | | | | | | Turiction revenue | business revenue | sections 512 - 514 |
| တ္ တ | 1 | а | Federated campaigns | | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | · | | Membership dues | | | 1b | | | | | |
| कें है | | | Fundraising events | | | 1c | 198,986. | | | | |
| ĽŠ, | | | | | | 1d | | | | | |
| ية ق | | | | ti | | | 6,204,328. | | | | |
| Sir | | | Government grants (contri | | | 1e | 0,201,320. | | | | |
| e ti | | T | All other contributions, gifts, | | | 4.0 | 25,601,064. | | | | |
| 들됨 | | | similar amounts not included | | | 1f | 111,717. | | | | |
| g | | _ | Noncash contributions included in I | lines 1 | a-1f | 1g \$ | 111,/1/. | 22 004 270 | | | |
| <u>0</u> <u>8</u> | | h | Total. Add lines 1a-1f | | | | D | 32,004,378. | | | |
| | | | | | | | Business Code | 14 500 456 | 14 500 456 | | |
| Se | 2 | - | CONTRACT REVENUE | | | | 900099 | 14,582,176. | 14,582,176. | | |
| ē Z | | b | NATURAL RESOURCES | | | | 900099 | 2,412,294. | 2,412,294. | | |
| Sel | | С | | | | | | | | | |
| eve | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| ሷ | | f | All other program service | rever | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | |) | 16,994,470. | | | |
| | 3 | | Investment income (includ | ling (| divider | nds, intere | st, and | | | | |
| | | | other similar amounts) | | | | | 175,750. | | | 175,750. |
| | 4 | | Income from investment o | | | | | | | | |
| | 5 | | Royalties | | | • | • | 1,710. | | | 1,710. |
| | | | , | | (i) | Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | | |
| | | | Gross amount from sales of | · | (i) Se | ecurities | (ii) Other | | | | |
| | ′ | а | | 7. | (1) 00 | Doditioo | (ii) Othioi | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| | | D | Less: cost or other basis | | | | | | | | |
| ğ | | | and sales expenses | 7b | | | | | | | |
| e e | | | Gain or (loss) | 7с | | | | | | | |
| ther Revenue | | | Net gain or (loss) | | | | D | | | | |
| Ę. | 8 | | Gross income from fundraising | | | | | | | | |
| Ò | | | including \$1 | | | | | | | | |
| | | | contributions reported on | | • | | | | | | |
| | | | Part IV, line 18 | | | | 25,304. | | | | |
| | | | Less: direct expenses | | | | 156,424. | | | | |
| | | | Net income or (loss) from | | | | > | -131,120. | | | -131,120. |
| | 9 | а | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | | С | Net income or (loss) from | gami | ing act | ivities | | | | | |
| | 10 | а | Gross sales of inventory, le | ess r | returns | ; | | | | | |
| | | | and allowances | | | 10a | | | | | |
| | | b | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from | | | · · | . | | | | |
| | | | | | _ | | Business Code | | | | |
| Snc | 11 | а | OTHER REVENUE | | | | 900099 | 39,120. | 39,120. | | |
| ie e | | b | | | | | | • | | | |
| Miscellaneous Revenue | | c | | | | | | | | | |
| ŠŠ | | | All other revenue | | | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | 39,120. | | | |
| | 12 | | Total revenue. See instruction | | | | > | 49,084,308. | 17,033,590. | 0. | 46,340. |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Page | | ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | | | X |
|--|----|---|-----------------------|---------------------------------------|----------------|---------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 2? 2 Grants and other assistance to domestic individuals. See Part IV, line 2? 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 employees organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 employees 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and vages 8 Pension plan accruals and contributions (include section 401(k) and 401(k) employer contributions 9 9 Other employee benefits 410,758. 295,999. 30,395. 8 10 Payroll taxes 10 Payroll taxes 315,825. 217,115. 36,759. 6 11 Peas for services (nonemployees): a Management b Legal 7 Coccurring 2 293,901. 293,901. C Accounting 2 0ther offilm 11g expenses on Sch 0,1 20,099,043. 19,413,136. 498,856. 18 2 Advertising and promotion 3 0ffice expenses 10 Office promotion 10 Office promotion 10 Office promotion 10 Office promotion 11 Travel 11 Travel 12 Advertising and promotion 13 0ffice expenses 14 14,875. 14,418. 207,295. 175 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials. 176,738. 141,379. 175, 182. 177 17 Travel 19 Payments of travel or entertainment expenses for any tederal, state, or local public officials. 176,738. 141,379. 175, 182. 177 19 Payments of travel or entertainment expenses for any tederal, state, or local public officials. 176,738. 141,799. 175, 182. 117, 183. 183. 183. 183. 183. 183. 183. 183. | | • | (A) Total expenses | Program service | Management and | (D) Fundraising expenses |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 individuals. See Part IV, line 12 individuals. See Part IV, line 12 individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 15 individuals. See Part IV, line 17 individuals and leave to disqualified persons (as defined under section 4958(c)(3)(8) individuals and contributions (include section 4058(c)(3)(8) individuals and contributions (include section 4018(c) and 403(b) employer contributions (include section 4018(c) and 401,758. 295,999. 301,395. 8 include section 4018(c) and 401,758. 293,901. 293 | 1 | Grants and other assistance to domestic organizations | | | | · |
| individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on included above to disqualified persons (as defined under section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1) and any section 498(f)(1) and any section 498(f)(1) and persons described in section 498(f)(1) and any section 498(f)(1) and persons described in section 498(f)(1) and persons 41, 5, 6, 5, 5, 5, 5, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | and domestic governments. See Part IV, line 21 | 6,520,587. | 6,520,587. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation to individual above to disqualified persons (as defined under section 4958((r)(1)) and persons described in section 4958((r)(3)(8)) 7 Chter salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(t)) employer contributions 9 Other employee benefits 4 10, 758. 2 25, 999. 3 0, 395. 8 Pension plan accruals and contributions (include section 401(k) and 403(t)) employer contributions 9 Other employee benefits 4 11, 946. 9 24, 947. 1 Fees for services (nonemployees): a Management 5 Legal 7 5. 7 5. 7 5. 7 5. Accounting 4 Lobbying 6 Professional fundaising services. See Part IV, line 17 (r) | 2 | Grants and other assistance to domestic | | | | |
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| 14,875. 14,875. 14,875. | | | | | | |
| 21 Payments to affiliates 172,832. 147,243. 5,821. 1 22 Depreciation, depletion, and amortization 172,832. 147,243. 5,821. 1 23 Insurance 35,923. 4,741. 31,182. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 437,825. 435,423. a PROJECT SUPPLIES 437,825. 435,423. b DUES & SUBSCRIPTION 76,628. 22,901. 48,270. c IN KIND EXPENSES 60,673. 31,486. 19,433. | 19 | Conferences, conventions, and meetings | | 14,418. | | 1,052. |
| 22 Depreciation, depletion, and amortization 172,832. 147,243. 5,821. 1 23 Insurance 35,923. 4,741. 31,182. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 437,825. 435,423. a PROJECT SUPPLIES 437,825. 435,423. b DUES & SUBSCRIPTION 76,628. 22,901. 48,270. c IN KIND EXPENSES 60,673. 31,486. 19,433. | | _ | 14,875. | | 14,875. | |
| 23 Insurance 35,923. 4,741. 31,182. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROJECT SUPPLIES 437,825. 435,423. b DUES & SUBSCRIPTION 76,628. 22,901. 48,270. c IN KIND EXPENSES 60,673. 31,486. 19,433. | | | 480.030 | 145 040 | F 004 | 10 800 |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROJECT SUPPLIES DUES & SUBSCRIPTION 76,628. 22,901. 48,270. C IN KIND EXPENSES 60,673. 31,486. 19,433. | | | | | | 19,768. |
| above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROJECT SUPPLIES b DUES & SUBSCRIPTION c IN KIND EXPENSES 60,673. 31,486. 19,433. | | | 35,923. | 4,741. | 31,182. | |
| a PROJECT SUPPLIES 437,825. 435,423. b DUES & SUBSCRIPTION 76,628. 22,901. 48,270. c IN KIND EXPENSES 60,673. 31,486. 19,433. | 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| b DUES & SUBSCRIPTION 76,628. 22,901. 48,270. c IN KIND EXPENSES 60,673. 31,486. 19,433. | а | | 437,825. | 435,423. | | 2,402. |
| c IN KIND EXPENSES 60,673. 31,486. 19,433. | | DUES & SUBSCRIPTION | | · · · · · · · · · · · · · · · · · · · | 48,270. | 5,457. |
| 20.456 | c | IN KIND EXPENSES | | · · · · · · · · · · · · · · · · · · · | | 9,754. |
| d CHARITABLE REGISTRATION 32,456. | d | CHARITABLE REGISTRATION | 32,456. | - | 32,456. | |
| | | All other expenses | | 8,472. | | 1,703. |
| | | • ————————————————————————————————————— | 34,045,998. | 30,455,241. | | 1,500,862. |
| 26 Joint costs. Complete this line only if the organization | | | | - | | |
| reported in column (B) joint costs from a combined | | | | | | |
| educational campaign and fundraising solicitation. | | | | | | |
| Check here if following SOP 98-2 (ASC 958-720) | | . — | | | | |

Form 990 (2021) Part X Balance Sheet

| Par | rt X | Balance Sheet | | | | | | |
|-----------------------------|------|---|------------|------------|---------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or | note to a | any line i | n this Part X | | ····· | |
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing Savings and temporary cash investments | | | | | 1 | |
| | 2 | | | | | 33,515,255. | 2 | 43,434,618. |
| | 3 | Pledges and grants receivable, net | | | | 7,191,486. | 3 | 11,854,642 |
| | 4 | Accounts receivable, net | | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | | |
| | | trustee, key employee, creator or founder, su | ubstantia | l contrib | utor, or 35% | | | |
| | | controlled entity or family member of any of t | these pe | rsons | | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified p | | | | | |
| | | under section 4958(f)(1)), and persons descri | ibed in se | ection 49 | 958(c)(3)(B) | | 6 | |
| S. | 7 | Notes and loans receivable, net | | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 101,041. | 8 | 83,668. |
| As | 9 | Donat alid access and all forms of all access | | | | 154,342. | 9 | 90,767. |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | | |
| | | basis. Complete Part VI of Schedule D | | а | 788,909. | | | |
| | b | Less: accumulated depreciation | | b | 619,737. | 358,344. | 10c | 169,172. |
| | 11 | Investments - publicly traded securities | | | | 3,722,957. | 11 | 4,900,898. |
| | 12 | Investments - other securities. See Part IV, lir | | | | 1,347,415. | 12 | 1,095,496. |
| | 13 | Investments - program-related. See Part IV, li | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 141,576. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | | | 46,532,416. | 16 | 61,629,261. |
| | 17 | Accounts payable and accrued expenses | 4,618,897. | 17 | 6,914,926. | | | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | 6,630,929. | 19 | 6,875,115. | |
| | 20 | Tax-exempt bond liabilities | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | | 21 | |
| " | 22 | Loans and other payables to any current or f | | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | | |
| ig | | controlled entity or family member of any of t | | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to un | | | | 1,000,000. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrela | | • | | 1,033,671. | 24 | 1,101,400. |
| | 25 | Other liabilities (including federal income tax, | | | | , , | | , , |
| | | parties, and other liabilities not included on li | | | | | | |
| | | of Schedule D | | | | 141,576. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 13,425,073. | 26 | 14,891,441. |
| | | Organizations that follow FASB ASC 958, o | check he | ere 🕨 | X | , , | | <u> </u> |
| es | | and complete lines 27, 28, 32, and 33. | | | | | | |
| anc anc | 27 | Net assets without donor restrictions | | | | 4,039,343. | 27 | 8,894,284. |
| 3als | 28 | | | | | 29,068,000. | 28 | 37,843,536. |
| פ | | Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here | | | | | | |
| Ē | | and complete lines 29 through 33. | , . | | | | | |
| ō | 29 | Capital stock or trust principal, or current fun | nds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | | 33,107,343. | 32 | 46,737,820. |
| Z | 33 | Total liabilities and net assets/fund balances | | | | 46,532,416. | 33 | 61,629,261. |

Form **990** (2021)

| Pa | Reconciliation of Net Assets | | | | |
|----|---|--------|----|-------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 49 | ,084, | 308. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 34 | ,045, | 998. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 15 | ,038, | 310. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 33 | ,107, | 343. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1 | ,407, | 833. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 46 | ,737, | 820. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | 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? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | |
| - | Act and OMB Circular A-133? | - | За | х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

| | | NATION | AL FOREST FOUND | ATION | | | | | 52- | 1786332 |
|-----|-------|--|---|--|------------------|--------------------------------|-----------------|--------------|----------|-------------------------|
| Pa | rt I | Reason for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only | one box.) | | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | | |
| 4 | | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the h | nospital's name, |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a go | vernmental ur | nit describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | An organization that normal | lly receives a substar | ntial part of its support fr | om a gove | ernmental | unit or from th | e general į | publi | c described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | t II.) | | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | ınction with a | land-grant | colle | ege |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | |
| | | university: | | | | | | | | |
| 10 | | An organization that normal | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membershi | p fees, and | d gro | ss receipts from |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom (| gross investment |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | sses acqui | red by the org | anization a | after . | June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | Н | An organization organized a | • | • | • | | | | | |
| 12 | | An organization organized a | · · | • | - | | | • | | |
| | | more publicly supported org | | | | | | | Chec | k the box on |
| | | lines 12a through 12d that o | * * | | | - | | - | | |
| а | | | · · · · · · · · · · · · · · · · · · · | • | • | - | | | - | ~ |
| | | the supported organization | | | majority o | of the direc | tors or trustee | es of the su | oddr | rting |
| | | organization. You must c | - · · · · · · · · · · · · · · · · · · · | | | | | | | |
| b | | | • | | | | - | | - | |
| | | control or management o | | | ame perso | ns tnat co | ntrol or manag | ge the supp | oorte | a |
| _ | | organization(s). You mus | - | | : | | | : | ند. است | 1 1_ |
| С | | ☐ Type III functionally inte | - | | | | | y integrate | ea wi | ın, |
| _ | | its supported organization | | · | | | | | : | -(-) |
| d | | | | | | | | - | | * * |
| | | that is not functionally interest (see instruction | - | • | • | | • | an attentiv | venes | SS |
| _ | | requirement (see instructi Check this box if the orga | · | - | | | | I. Typo III | | |
| е | | functionally integrated, or | | | | | Type I, Type I | i, type iii | | |
| f | Ente | er the number of supported o | | | | ation. | | | | |
| | | vide the following information | | d organization(s) | | | | | <u> </u> | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | anization listed ing document? | (v) Amount of | monetary | (\ | i) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | structions) | supp | port (see instructions) |
| | | | | above (occ mondenting) | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | | | | | |
|------|---|-----------------------|----------------------|---|---------------------|-------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 12,035,688. | 16,165,759. | 17,283,444. | 22,966,276. | 32,004,378. | 100,455,545. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 12,035,688. | 16,165,759. | 17,283,444. | 22,966,276. | 32,004,378. | 100,455,545. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 4,835,207. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 95,620,338. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 12,035,688. | 16,165,759. | 17,283,444. | 22,966,276. | 32,004,378. | 100,455,545. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 73,682. | 95,293. | 95,982. | 45,755. | 177,460. | 488,172. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | 11,659. | 19,642. | 10,569. | 16,780. | 92,112. | 150,762. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 101,094,479. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | 41,655,483. |
| 13 | First 5 years. If the Form 990 is for the | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| _ | organization, check this box and stop | | | | | | > |
| | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2021 (li | | • | * | | 14 | 94.59 % |
| 15 | Public support percentage from 2020 | | | | | 15 | 91.37 % |
| 16a | 33 1/3% support test - 2021. If the c | | | | | | |
| | stop here. The organization qualifies | . , | • | | | | |
| b | 33 1/3% support test - 2020. If the o | | | | | | |
| | and stop here. The organization quali | | • • • | | | | |
| 17a | 7a 10% -facts-and-circumstances test - 2021. 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 | | | - | | _ | . — |
| | meets the facts-and-circumstances te | - | | * | - | 7 15 4F i | |
| b | 10% -facts-and-circumstances test | ū | | | | • | IU% Or |
| | more, and if the organization meets the | | | | | | ▶ □ |
| 40 | organization meets the facts-and-circu | | | | | | |
| 18 | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

Schedule A (Form 990) 2021 NATIONAL FOREST FOUNDATION 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 | | | | | | |
|--|--------------------|--------------------------|---------------------------------------|---------------------|-----------------------|------------------------|
| alendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| ection B. Total Support | | | I | | | |
| alendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 4 First 5 years. If the Form 990 is for the | organization's fir | st, second, third. | fourth, or fifth tax v | year as a section s | 501(c)(3) organizatio | on, |
| check this box and stop here | · · | | · · · · · · · · · · · · · · · · · · · | , | (/ () | ▶ Г |
| ection C. Computation of Public | | | | | | |
| 5 Public support percentage for 2021 (lin | | | column (f)) | | 15 | |
| 6 Public support percentage from 2020 S | | • | | | 16 | |
| ection D. Computation of Invest | | | | | 1 | |
| 7 Investment income percentage for 202 | | | ne 13. column (fl) | | 17 | |
| 3 Investment income percentage from 20 | • | | ne 13, column (i)) | | 18 | |
| 9a 33 1/3% support tests - 2021. If the o | • | | | | | 7 is not |
| more than 33 1/3%, check this box and | | | | | | , 13110t ⊾ Γ |
| b 33 1/3% support tests - 2020. If the o | - | - | • | • • | | nd _ |
| line 18 is not more than 33 1/3%, check | this box and sto | op here. The orga | nization qualifies a | as a publicly supp | orted organization | ▶□ |
| 20 Private foundation. If the organization | did not check a l | oox on line 14, 19 | a, or 19b, check th | is box and see in | structions | ▶[|

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | t IV Supporting Organizations _(continued) | | | |
|-----|--|-------|-----|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 1a | | |
| b | A family member of a person described on line 11a above? | 1b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 1c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| 0 | supported enganizations and what contained of roomotions, if any, applied to each powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 000 | tion of Type in Supporting Organizations | | V | NI- |
| 4 | Ways a majority of the avantitation's dispetate by the stage during the tay year along a majority of the dispetate | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| | ion b. Air Type in Supporting Siguinzations | | Vaa | Na |
| 4 | Did the examination provide to each of its supported examinations, by the last day of the fifth month of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | _ | | |
| • | , | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | _ | | |
| • | and organization maintained a discoulant continuous from greatering to an account of the continuous and continu | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Sac | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | <u> </u> |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru | ction | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | 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 | | | |
| | The troop do the troop of the t | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | The control provide details in | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | | | |
|------|---|------------------------|--------------------------|--------------------------------|--|--|
| 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 mu | ıst complet <u>e</u> S | Sections A through E. | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| а | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | Type III supporting orga | nization (see | | |
| | instructions) | | | | | |

Schedule A (Form 990) 2021

| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continu | ıed) | |
|-------|---|-------------------------------|---------------------------------------|------|---|
| Secti | ion D - Distributions | | (00.71 | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | T | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ıs | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| ее | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i_ | Carryover from 2016 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8_ | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |

Schedule A (Form 990) 2021

e Excess from 2021

| Schedule A | (Form 990) 2021 NATIONAL FOREST FOUNDATION | 52-1786332 | Page 8 |
|------------|---|---|----------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.) | 1 and 2; Part IV, Section V, Section B, line 1e; Pa | n C, art V, |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

| | NAT | ONAL FOREST FOUNDATION | 52-1786332 | | | |
|-----------------------|---|---|--|--|--|--|
| Organiza | tion type (check on | e): | | | | |
| Filers of: | | Section: | | | | |
| Form 990 | or 990-EZ | X 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 | | | | |
| Note: On | ly a section 501(c)(7 Rule For an organization property) from any controls | covered by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling the contributor. Complete Parts I and II. See instructions for determining a contributor's | \$5,000 or more (in money or | | | |
| Special F | luies | | | | | |
| 9 | sections 509(a)(1) ar contributor, during t | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fine 1. Complete Parts I and II. | I that received from any one | | | |
| I | 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. | | | | | |
|) i | year, contributions of s checked, enter he ourpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious plete any of the parts unless the General Rule applies to this organization because it retc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box i, charitable, etc., eceived <i>nonexclusively</i> | | | |
| Caution: answer "N | An organization tha No" on Part IV, line 2 | t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990). | orm 990), but it must | | | |

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

Name of organization

Employer identification number

NATIONAL FOREST FOUNDATION

52-1786332

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | | Person X Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | | Person X Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | | Person X Payroll Noncash Complete Part II for |

Name of organization

Employer identification number

NATIONAL FOREST FOUNDATION

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 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 8 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 9 | | \$ | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 10 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | Person Payroll Noncash (Complete Part II for | | | |

Name of organization Employer identification number

NATIONAL FOREST FOUNDATION 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 |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Employer identification number

Name of organization

| | | | | 50 4506000 |
|---------------------------|--|---------------------------------------|--|---------------------------------------|
| Part III | FOREST FOUNDATION Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, charitable and completing Part III, enter the total of exclusively religious, charitable and completing Part III. | hrough (e) and the following line ent | try. For organizations | · · · · · · · · · · · · · · · · · · · |
| | Use duplicate copies of Part III if additional sp | pace is needed. | Too for the year. (Enter the line, one | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| | | (e) Transfer of gif | t | |
| | Transferee's name, address, and | 3 ZIP + 4 | Relationship of tra | nsferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| | | (e) Transfer of gift | t | |
| | Transferee's name, address, and | 1 ZIP + 4 | Relationship of tra | nsferor to transferee |
| (a) No. | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| | | (e) Transfer of gif | t | |
| | Transferee's name, address, and | 3 ZIP + 4 | Relationship of tra | nsferor to transferee |
| (a) No | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held |
| | | | | |
| | | (e) Transfer of gift | t | |
| - | Transferee's name, address, and | 1 ZIP + 4 | Relationship of tra | nsferor 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 Inspection

Name of the organization

NATIONAL FOREST FOUNDATION

Employer identification number 52-1786332

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|----------|---|---|--|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds |
| _ | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| _ | for charitable purposes and not for the benefit of the donor of | | |
| | | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | · |
| | Preservation of land for public use (for example, recrea | | f a historically important land area |
| | Protection of natural habitat | · — | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic stru | | |
| | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | vear > | , 3 | 3 |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | • | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ition easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | - | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement a | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education, or research in fu | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that describes these iten | ns. |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | herance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • \$ |
| | | | |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| L | Assets included in Form 000 Part V | | |

| Sche | dalo B (i oiiii 000) 202 i | REST FOUNDATION | | | | | 52-178 | | Pa | age 2 |
|-------|--|-------------------------------|-------------------------|---------------------|-------------|-------------------------|-------------|-----------|-------|-----------|
| Par | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or | Other | Simila | Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the t | following that | make siç | gnificant ι | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange progra | m | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | ne organizatio | n's exem | npt purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations o | f art, historical treas | sures, or other | r similar : | assets | | _ | | _ |
| | | | | | | | | No | | |
| Par | t IV Escrow and Custodial Arrang | | te if the organizatio | n answered " | Yes" on | Form 990 | , Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | _ | _ | _ |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the foll | owing table: | | | | | | | |
| | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| | Ending balance | | | | | | | 7 | | |
| | Did the organization include an amount on Fo | | • | | | ty? | L | Yes | 닏 | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete it | | | | | | | (-) Farm | | h a a l . |
| | | (a) Current year | (b) Prior year | (c) Two years | | | | | | |
| | Beginning of year balance | 6,218,779. | 4,213,825. | | • | 3,5 | 47,812. | | 081, | |
| | Contributions | 1,110,000. | 1,100,000. | | ,000. | | 3,500. | | 296, | |
| | Net investment earnings, gains, and losses | -1,334,884. | 904,954. | 563 | ,151. | | 93,362. | | 170, | 030. |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| | Administrative expenses | F 003 00F | C 210 770 | 4 212 | 005 | 2.6 | 44 674 | 2 | | 010 |
| | End of year balance | 5,993,895. | 6,218,779. | | ,025. | 3,0 | 44,674. | ٥, | 547, | 012. |
| 2 | Provide the estimated percentage of the curre | • | |)) held as: | | | | | | |
| a | Board designated or quasi-endowment | 14.0000 | _% | | | | | | | |
| | Permanent endowment 41.0000 | % | | | | | | | | |
| С | | % | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c should be a sh | | | | | | | | | |
| за | Are there endowment funds not in the posses | ssion of the organiza | tion that are held ar | na administere | ea for the | e organiza | ition | Г | Yes | No |
| | by: | | | | | | | | 162 | X |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| D | If "Yes" on line 3a(ii), are the related organization | | | | | | | 3b | | |
| Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment | | vment tunas. | | | | | | | |
| ı uı | Complete if the organization answered | | Part IV line 11a S | See Form 990 | Part X I | line 10 | | | | |
| - | | | · · · · · · | i | | | . d | (d) Dool | | |
| | Description of property | (a) Cost or of basis (investm | ', ' | or other (other) | | ocumulate preciation | ea | (d) Bool | value | э |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | 11,210. | | 11, | 210. | | | 0. |
| d | Equipment | | | 360,000. | | 360, | 000. | | | 0. |
| | Other | | | 417,699. | | 248, | 527. | | 169, | 172. |
| Total | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part) | K. column (B), line 1 | 0c.) | | | > | | 169, | 172. |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11 th. See Form 990, Part X, line 12. (g) Description of script or catalyny couching work descript) (h) Book value (g) Method of valuation. Cost or end-of-year market value (g) Closely held equity interests (g) Other (A) (g) (g) (g) (h) (g) (h) (h) (h | Part VII Investments - Other Securities. | on Form 990 Part IV line | a 11h See Form 990 Part X line 12 | |
|---|--|----------------------------|--|-----------------------|
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | | -of-vear market value |
| 22 Closely held equity interests | | (a) Book value | (e) Method of Valuation: eggt of one | Toryour marker value |
| (3) Other (4) (5) (6) (7) (7) (8) (9) (1) | | | | |
| A | | | | |
| (B) (C) | | | | |
| Co Co Co Co Co Co Co Co | | | | |
| (E) (F) | | | | |
| Fig. | | | | |
| Fig. | | | | |
| (G) (H) Total. (Cot. (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ Part Will Investments - Program Related. Compete 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | |
| Total. (Col. (th) must equal Form 990, Part X, col. (B) line 12. | | | | |
| Description Investments - Program Related. | (H) | | | |
| 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 (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other 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) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (3) Description of liability (b) Book value (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (3) Description of liability (b) Book value (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (2) (9) (1) Federal income taxes (2) (1) Federal income taxes (3) Description of liability (b) Book value (1) Federal income taxes (2) Description of liability (3) Description of liability (4) Description of liability (5) Description of liability (6) Description of liability (7) Description of liability (8) Desc | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X | (1) | | | |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X | | | | |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | |
| (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (β) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Total. (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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | on Form 990 Part IV line | e 11d. See Form 990. Part X. line 15 | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,) | | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | · | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
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| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | (8) | | | |
| 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | (9) | | | |
| 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | e 15.) | > | |
| 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | - | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1. (a) Description of liability | | | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | |
| | | 05.) | ~ | |
| | | | | nat reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

| Schedule D (Form 990) 2021 NATIONAL FOREST FOUNDATION | | | 52-178633 | 2 Page 4 |
|--|-------------------|--------------------------|-------------------|-----------------|
| Part XI Reconciliation of Revenue per Audited Financial State | ments With R | evenue per Re | turn. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 Total revenue, gains, and other support per audited financial statements | | | 1 | 47,851,363. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a Net unrealized gains (losses) on investments | 2a | -1,407,833. | | |
| b Donated services and use of facilities | 2b | 18,464. | | |
| c Recoveries of prior year grants | 2c | | | |
| d Other (Describe in Part XIII.) | 2d | | | |
| e Add lines 2a through 2d | | | 2e | -1,389,369. |
| 3 Subtract line 2e from line 1 | | | 3 | 49,240,732. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | 4b | -156,424. | | |
| c Add lines 4a and 4b | | | 4c | -156,424. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 49,084,308. |
| Part XII Reconciliation of Expenses per Audited Financial Stat | | Expenses per F | leturn. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | |
| Total expenses and losses per audited financial statements | | | 1 | 34,220,886. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | 10.161 | | |
| a Donated services and use of facilities | | 18,464. | | |
| b Prior year adjustments | | | | |
| c Other losses | | 456 404 | | |
| d Other (Describe in Part XIII.) | 2d | 156,424. | _ | 154 000 |
| e Add lines 2a through 2d | | | 2e | 174,888. |
| 3 Subtract line 2e from line 1 | | | 3 | 34,045,998. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b Other (Describe in Part XIII.) | | | | 0. |
| c Add lines 4a and 4b | | | 4c | 34,045,998. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., Part XIII Supplemental Information. |) | | 5 | 34,043,330. |
| | Doubly lines the | and Ohr Davit V. Jiman 4 | . Dart V. lina O. | Dark VI |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | * | | , Part A, line 2, | Part AI, |
| lines 20 and 45, and Fart All, lines 20 and 45. Also complete this part to provide any | additional inform | ation. | | |
| | | | | |
| 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 ASSE | TS, UNTIL | | | |
| | | | | |
| APPROPRIATED FOR EXPENDITURE IN A PRUDENT MANNER BY THE BOARD | OF | | | |
| | | | | |
| DIRECTORS. | | | | |
| | | | | |
| | | | | |
| PART X, LINE 2: | | | | |
| TAKE A, BIRD 2. | | | | |
| THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES U | NDER THE | | | |
| PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. | IN ADDITION, | | | |
| | • | | | |
| THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION | S AND HAS | | | |

| Schedule D (Form 990) 2021 NATIONAL FOREST FOUNDATION | 52-1786332 | Page 5 |
|--|------------|---------------|
| 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, 2022. | | |
| | | |
| 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: | | |
| FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B -156,424. | | |
| | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | |
| FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 156,424. | | |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

NATIONAL FOREST FOUNDATION 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. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NET ZERO AND NONE (add col. (a) through SPORTING CLAYS FORESTS col. (c)) (event type) (total number) (event type) 150,790. 73,500. 224,290. Gross receipts 1 2 Less: Contributions 131,980. 67,006. 198,986. Gross income (line 1 minus line 2) 18,810. 6,494. 25,304. 4 Cash prizes 5 Noncash prizes 6,259. 5,257. 11,516. Direct Expenses 20,840. 35,004. Rent/facility costs 14,164. 11,395. 9.742. 21,137. 7 Food and beverages 8 Entertainment 49,283. 39,484. 88,767. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 156,424. -131,120. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

| Sch | edule G (Form 990) 2021 NATIONAL FOREST FOUNDATION 5 | 2-1786332 | Page 3 |
|-----|---|-------------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | s No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | s No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | ,, |
| • | Enter the harmound and address of the person who propares the organization's garming openial events books and records. | | |
| | Name | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | s No |
| b | olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| c | : If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | - Traine P | | |
| | Gaming manager compensation ▶ \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| | Mandatory distributions: | | |
| а | s the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | L Yes | s L No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | € | |
| Da | organization's own exempt activities during the tax year \$\bigsim \text{\$\text{Supplemental Information.}} Provide the explanations required by Part I. line 2b, columns (iii) and (v); and | | 2 01 401 |
| Га | | Part III, lines s | 9, 90, 100, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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132083 10-21-21 Schedule G (Form 990) 2021

| Schedule G | (Form 990) | NATIONAL FOREST FOUNDATION | 52-1786332 | Page 4 |
|------------|----------------------------------|----------------------------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation (continued) | | |
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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 for the latest information.

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization **Employer identification number** 52-1786332 NATIONAL FOREST FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ACCESS FUND 4720 WALNUT STREET SUPPORT US NATIONAL 94-3131165 501(C)(3) FORESTS AND GRASSLANDS BOULDER, CO 80301 18,738. 0 ALASKA TRATIS 750 WEST 2ND AVENUE SUPPORT US NATIONAL ANCHORAGE, AK 99501 73-1677483 501(C)(3) 0 FORESTS AND GRASSLANDS 17,000 ALLEGHANY HIGHLANDS TRAIL CLUB 800 MCCORMICK BLVD SUPPORT US NATIONAL 88-1473783 501(C)(3) CLIFTON FORGE VA 24422 7,300 0 FORESTS AND GRASSLANDS AMERICAN CONSERVATION EXPERIENCE 2900 N FORT VALLEY ROAD SUPPORT US NATIONAL FLAGSTAFF AZ 86001 37-1473291 501(C)(3) FORESTS AND GRASSLANDS 342 500 0. APPALACHIAN MOUNTAIN CLUB 10 CITY SOUARE SUPPORT US NATIONAL 04-6001677 501(C)(3) FORESTS AND GRASSLANDS BOSTON MA 02129 32 161. 0 ARIZONA WILDERNESS COALTTION P.O. BOX 40340 SUPPORT US NATIONAL TUCSON,, AZ 85717 20-0412328 501(C)(3) 106 949. 0. FORESTS AND GRASSLANDS 106. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

| Part II Continuation of Grants and Other A | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ARIZONA-SONORA DESERT MUSEUM | | | | | | | | | |
| 2021 N KINNEY ROAD | | | | | | | SUPPORT US NATIONAL | | |
| rucson, AZ 85743 | 86-0111675 | 501(C)(3) | 138,658. | 0. | | | FORESTS AND GRASSLANDS | | |
| ARKANSAS RIVER WATERSHED | | | | | | | | | |
| COLLABORATIVE - PO BOX 726 - LAKE | | | | | | | SUPPORT US NATIONAL | | |
| GEORGE, CO 80827 | 82-3840102 | 501(C)(3) | 24,416. | 0. | | | FORESTS AND GRASSLANDS | | |
| ASCEND WILDERNESS EXPERIENCE | | | | | | | | | |
| PO BOX 3263 | | | | | | | SUPPORT US NATIONAL | | |
| WEAVERVILLE, CA 96093 | 59-3822430 | 501(C)(3) | 9,460. | 0. | | | FORESTS AND GRASSLANDS | | |
| , | | | , , , , , | | | | | | |
| BIG THOMPSON WATERSHED COALITION | | | | | | | | | |
| 1530 NORTH BOISE STREET | | | | | | | SUPPORT US NATIONAL | | |
| LOVELAND, CO 80538 | 81-0753905 | 501(C)(3) | 250,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| BOB MARSHALL WILDERNESS FOUNDATION | | | | | | | | | |
| PO BOX 190688 | | | | | | | SUPPORT US NATIONAL | | |
| HUNGRY HORSE, MT 59919 | 31-1597921 | 501(C)(3) | 27,809. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| BORDERLANDS RESTORATION NETWORK | | | | | | | GUDDODE UG NAETONAI | | |
| PO BOX 121 PATAGONIA, AZ 85624 | 47-2581032 | 501(C)(3) | 36,150. | 0. | | | SUPPORT US NATIONAL FORESTS AND GRASSLANDS | | |
| mmoonin, nz 03024 | 47 2301032 | 301(0)(3) | 30,130. | · · | | | TOKEDID IND GRADDEMADO | | |
| CALIFORNIA BOTANIC GARDEN | | | | | | | | | |
| 1500 NORTH COLLEGE AVE | | | | | | | SUPPORT US NATIONAL | | |
| CLAREMONT, CA 91711 | 95-1664113 | 501(C)(3) | 97,830. | 0. | | | FORESTS AND GRASSLANDS | | |
| CAMP GRIER | | | | | | | | | |
| PO BOX 490 | | | | | | | SUPPORT US NATIONAL | | |
| OLD FORT, NC 28762 | 90-1033788 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| CASCADE FOREST CONSERVANCY | | | | | | | | | |
| 4506 SE BELMONT ST, STE 230A | | | | _ | | | SUPPORT US NATIONAL | | |
| PORTLAND, OR 97215 | 91-1737883 | 501(C)(3) | 8,479. | 0. | | | FORESTS AND GRASSLANDS | | |

Schedule I (Form 990) NATIONAL FOREST FOUNDATION 52-1786332

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CHILD & FAMILY SERVICES NW | | | | | | | | | |
| MICHIGAN - 3785 VETERANS DR - | | | | | | | SUPPORT US NATIONAL | | |
| TRAVERSE CITY, MI 49684 | 38-2534222 | 501(C)(3) | 40,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| COLORADO FOURTEENERS INITIATIVE | | | | | | | | | |
| 1511 WASHINGTON AVE, STE 310 | | | | | | | SUPPORT US NATIONAL | | |
| GOLDEN, CO 80401 | 84-1354844 | 501(C)(3) | 116,858. | 0. | | | FORESTS AND GRASSLANDS | | |
| COLORADO STATE UNIVERSITY | | | | | | | | | |
| 2002 CAMPUS DELIVERY | | | | | | | SUPPORT US NATIONAL | | |
| FORT COLLINS, CO 80523 | 84-6000545 | 501(C)(3) | 30,129. | 0. | | | FORESTS AND GRASSLANDS | | |
| CONFEDERATED SALISH & KOOTENAI | | | | | | | | | |
| TRIBES - PO BOX 278 - PABLO, MT | | | | | | | SUPPORT US NATIONAL | | |
| 59855 | 81-0230409 | TRIBE | 28,028. | 0. | | | FORESTS AND GRASSLANDS | | |
| GONGEDY/ARTON LEGACY | | | | | | | | | |
| CONSERVATION LEGACY 701 CAMINO DEL RIO, STE 101 | | | | | | | SUPPORT US NATIONAL | | |
| DURANGO, CO 81301 | 84-1450808 | 501(C)(3) | 181,109. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| CONSERVATION NORTHWEST | | | | | | | | | |
| 1829 10TH AVE W, STE B | 04 0004545 | E04 (=) (2) | 40.000 | | | | SUPPORT US NATIONAL | | |
| SEATTLE, WA 98119 | 94-3091547 | 501(C)(3) | 40,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| COTTONWOOD CANYONS FOUNDATION | | | | | | | | | |
| PO BOX 712440 | | | | | | | SUPPORT US NATIONAL | | |
| COTTONWOOD HEIGHTS, UT 84171 | 74-3058673 | 501(C)(3) | 70,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| CRESTED BUTTE LAND TRUST | | | | | | | | | |
| PO BOX 2224 | | | | | | | SUPPORT US NATIONAL | | |
| CRESTED BUTTE, CO 81224 | 84-1190830 | 501(C)(3) | 12,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| CRESTED BUTTE MOUNTAIN BIKE ASSOC | | | | | | | | | |
| PO BOX 782 | | | | | | | SUPPORT US NATIONAL | | |
| CRESTED BUTTE, CO 81224 | 68-0512218 | 501(C)(3) | 45,000. | 0. | | | FORESTS AND GRASSLANDS | | |

Page 1

| Part II Continuation of Grants and Other A | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| DELTA CO JOINT SCHOOL DISTRICT 50J | | | | | | | | | | |
| 397 MINERS WAY | | | | | | | SUPPORT US NATIONAL | | | |
| HOTCHKISS, CO 81419 | 84-6002820 | 501(C)(3) | 38,130. | 0. | | | FORESTS AND GRASSLANDS | | | |
| EAGLE RIVER WATERSHED | | | | | | | | | | |
| PO BOX 5740 | | | | | | | SUPPORT US NATIONAL | | | |
| EAGLE, CO 81631 | 20-4448864 | 501(C)(3) | 39,997. | 0. | | | FORESTS AND GRASSLANDS | | | |
| EAGLE SUMMIT WILDERNESS ALLIANCE | | | | | | | | | | |
| 2454 S GILPIN ST | | | | | | | SUPPORT US NATIONAL | | | |
| DENVER, CO 80210 | 84-1305851 | 501(C)(3) | 30,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| EARTHCORPS | | | | | | | | | | |
| 6410 NE74TH ST., STE. 201E | | | | | | | SUPPORT US NATIONAL | | | |
| SEATTLE, WA 98115 | 91-1592071 | 501(C)(3) | 20,924. | 0. | | | FORESTS AND GRASSLANDS | | | |
| ECOCULTURE | | | | | | | | | | |
| 210 E DALE AVE | | | | | | | SUPPORT US NATIONAL | | | |
| FLAGSTAFF, AZ 86001 | 84-4901454 | 501(C)(3) | 12,625. | 0. | | | FORESTS AND GRASSLANDS | | | |
| ENVIRONMENTAL RESOURCE CENTER INC | | | | | | | | | | |
| PO BOX 819 | | | | | | | SUPPORT US NATIONAL | | | |
| KETCHUM, ID 83340 | 82-0456383 | | 15,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FOUR CORNERS SCHOOL OF OUTDOOR | | | | | | | | | | |
| EDUCATION - PO BOX 1029 - | | | | | | | SUPPORT US NATIONAL | | | |
| MONTICELLO, UT 84535 | 39-1509336 | 501(C)(3) | 40,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FRIENDS OF DILLON RANGER DISTRICT | | | | | | | | | | |
| PO BOX 1648 | | | | | | | SUPPORT US NATIONAL | | | |
| SILVERTHORNE, CO 80498 | 20-2343008 | 501(C)(3) | 101,500. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FRIENDS OF NEVADA WILDERNESS | | | | | | | | | | |
| 1360 GREG ST, STE 111 | | | | | | | SUPPORT US NATIONAL | | | |
| SPARKS, NV 89431 | 88-0211763 | 501(C)(3) | 19,999. | 0. | | | FORESTS AND GRASSLANDS | | | |

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FRIENDS OF PATHWAYS | | | | | | | | | | |
| PO BOX 2062 | | | | | | | SUPPORT US NATIONAL | | | |
| JACKSON, WY 83001 | 83-0309897 | 501(C)(3) | 10,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FRIENDS OF SCOTCHMAN PEAKS | | | | | | | | | | |
| WILDERNESS - PO BOX 2061 - | | | | | | | SUPPORT US NATIONAL | | | |
| SANDPOINT, ID 83864 | 74-3202365 | 501(C)(3) | 7,572. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FRIENDS OF THE BOUNDARY WATERS | | | | | | | | | | |
| 2550 UNIVERSITY AVE W | | | | | | | SUPPORT US NATIONAL | | | |
| ST PAUL, MN 55114 | 36-3414821 | 501(C)(3) | 26,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| FRIENDS OF THE INYO | | | | | | | | | | |
| 621 W LINE ST, STE 201 | | | | | | | SUPPORT US NATIONAL | | | |
| BISHOP, CA 93514 | 77-0389436 | 501(C)(3) | 54,019. | 0. | | | FORESTS AND GRASSLANDS | | | |
| GILA WATERSHED PARTNERSHIP | | | | | | | | | | |
| PO BOX 1614 | | | | | | | SUPPORT US NATIONAL | | | |
| THATCHER, AZ 85552 | 86-0917031 | 501(C)(3) | 20,370. | 0. | | | FORESTS AND GRASSLANDS | | | |
| GLACIER PEAK INSTITUTE | | | | | | | | | | |
| 1405 EMENS AVE N | | | | | | | SUPPORT US NATIONAL | | | |
| DARRINGTON, WA 98241 | 81-2374247 | 501(C)(3) | 38,643. | 0. | | | FORESTS AND GRASSLANDS | | | |
| GREAT BURN STUDY GROUP | | | | | | | | | | |
| 2825 STOCKYARD ROAD | | | | | | | SUPPORT US NATIONAL | | | |
| MISSOULA, MT 59808 | 55-0790103 | 501(C)(3) | 14,500. | 0. | | | FORESTS AND GRASSLANDS | | | |
| GREEN FORESTS WORK | | | | | | | | | | |
| TP COOPER BLDG, 730 ROSE ST | | | | | | | SUPPORT US NATIONAL | | | |
| LEXINGTON, KY 40546 | 46-1296612 | 501(C)(3) | 54,670. | 0. | | | FORESTS AND GRASSLANDS | | | |
| GROUNDWORK RHODE ISLAND | | | | | | | | | | |
| 1004 MAIN STREET | | | | | | | SUPPORT US NATIONAL | | | |
| PAWTUCKET, RI 02860 | 05-0397766 | 501(C)(3) | 12,115. | 0. | | | FORESTS AND GRASSLANDS | | | |

Schedule I (Form 990) NATIONAL FOREST FOUNDATION 52-1786332

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| GUNNISON TRAILS | | | | | | | |
| PO BOX 105 | | | | | | | SUPPORT US NATIONAL |
| GUNNISON, CO 81230 | 11-3785204 | 501(C)(3) | 55,000. | 0. | | | FORESTS AND GRASSLANDS |
| HIGH COUNTRY CONSERVATION | | | | | | | |
| ADVOCATES - PO BOX 1066 - CRESTED | | | | | | | SUPPORT US NATIONAL |
| BUTTE, CO 81224 | 84-0772688 | 501(C)(3) | 12,000. | 0. | | | FORESTS AND GRASSLANDS |
| IDAHO CONSERVATION LEAGUE | | | | | | | |
| PO BOX 844 | | | | | | | SUPPORT US NATIONAL |
| BOISE, ID 83701 | 82-6042478 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS |
| IRVINE RANCH CONSERVANCY | | | | | | | |
| 4727 PORTOLA PKWY | | | | | | | SUPPORT US NATIONAL |
| IRVINE, CA 92620 | 45-5412769 | 501(C)(3) | 72,500. | 0. | | | FORESTS AND GRASSLANDS |
| KENAI WATERSHED FORUM | | | | | | | |
| 44129 STERLING HWY | | | | | | | SUPPORT US NATIONAL |
| SOLDOTNA, AK 99669 | 91-1829284 | 501(C)(3) | 21,000. | 0. | | | FORESTS AND GRASSLANDS |
| LOMAKATSI RESTORATION PROJECT INC | | | | | | | |
| PO BOX 3084 | | | | | | | SUPPORT US NATIONAL |
| ASHLAND, OR 97520 | 93-1163452 | 501(C)(3) | 25,000. | 0. | | | FORESTS AND GRASSLANDS |
| LOS PADRES FOREST ASSOCIATION | | | | | | | |
| 6750 NAVIGATOR WAY, STE 150 | | | | | | | SUPPORT US NATIONAL |
| GOLETA, CA 93117 | 77-0011516 | 501(C)(3) | 50,000. | 0. | | | FORESTS AND GRASSLANDS |
| MESA COUNTY PUBLIC HEALTH | | | | | | | |
| PO BOX 2000 - 5033 | | | | | | | SUPPORT US NATIONAL |
| GRAND JUNCTION, CO 81502 | 84-1121015 | GOVT | 64,558. | 0. | | | FORESTS AND GRASSLANDS |
| | 31 1121013 | | 01,330. | | | | |
| MID KLAMATH WATERSHED PO BOX 409 | | | | | | | SUPPORT US NATIONAL |
| ORLEANS, CA 95556 | 20-1501256 | 501(C)(3) | 39,933. | 0. | | | FORESTS AND GRASSLANDS |

Page 1

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MID-COLUMBIA FISHERIES ENHANCEMENT | | | | | | | | | | |
| GROUP - PO BOX 2211 - WHITE | | | | | | | SUPPORT US NATIONAL | | | |
| SALMON, WA 98672 | 20-0024733 | 501(C)(3) | 27,837. | 0. | | | FORESTS AND GRASSLANDS | | | |
| MILE HIGH YOUTH CORPS | | | | | | | | | | |
| 1801 FEDERAL BLVD | | | | | | | SUPPORT US NATIONAL | | | |
| DENVER, CO 80204 | 84-1182631 | 501(C)(3) | 199,728. | 0. | | | FORESTS AND GRASSLANDS | | | |
| MOUNTAIN COMMUNITIES FIRE SAFE | | | | | | | | | | |
| COUNCIL - PO BOX 507 - IDYLLWIDE, | | | | | | | SUPPORT US NATIONAL | | | |
| CA 92549 | 91-2161820 | 501(C)(3) | 86,520. | 0. | | | FORESTS AND GRASSLANDS | | | |
| NOTE THE TAXABLE PARTY OF THE TAXABLE PARTY. | | | | | | | | | | |
| MOUNTAIN STUDIES INSTITUTE | | | | | | | GUDDODE HG NAELONAL | | | |
| PO BOX 426 | 73-1644103 | E01/C\/3\ | 47,043. | 0. | | | SUPPORT US NATIONAL FORESTS AND GRASSLANDS | | | |
| SILVERTON, CO 81433 | 73-1044103 | 501(C)(3) | 47,043. | 0. | | | FORESIS AND GRASSLANDS | | | |
| NATURAL RESTORATION | | | | | | | | | | |
| 67 S HIGLEY RD, STE 103-118 | | | | | | | SUPPORT US NATIONAL | | | |
| GILBERT, AZ 85296 | 81-4745055 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| NEZ PERCE TRIBE | | | | | | | | | | |
| PO BOX 1190 | | | | | | | SUPPORT US NATIONAL | | | |
| LAPWAI, ID 83540 | 82-0255928 | TRIBE | 29,105. | 0. | | | FORESTS AND GRASSLANDS | | | |
| NORTH FORK JOHN DAY WATERSHED | | | | | | | | | | |
| PO BOX 444 | | | | | | | SUPPORT US NATIONAL | | | |
| LONG CREEK, OR 97856 | 20-5460326 | 501(C)(3) | 9,364. | 0. | | | FORESTS AND GRASSLANDS | | | |
| | | | ,,,,,,,, | | | | | | | |
| NORTHEAST TENNESSEE REGIONAL FNDN | | | | | | | | | | |
| 300 EAST MAIN STREET | | | | | | | SUPPORT US NATIONAL | | | |
| JOHNSON CITY, TN 37601 | 81-4941487 | 501(C)(3) | 10,000. | 0. | | | FORESTS AND GRASSLANDS | | | |
| NORTHERN ARIZONA UNIVERITY | | | | | | | | | | |
| FOUNDATION - NAU PO BOX 4094 - | | | | | | | SUPPORT US NATIONAL | | | |
| FLAGSTAFF, AZ 86011 | 86-0193726 | 501(C)(3) | 101,250. | 0. | | | FORESTS AND GRASSLANDS | | | |

Schedule I (Form 990) NATIONAL FOREST FOUNDATION 52-1786332

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| DAK CREEK WATERSHED COUNCIL | | | | | | | | | | |
| PO BOX 732 | | | | | | | SUPPORT US NATIONAL | | | |
| SEDONA, CA 86339 | 27-0084050 | 501(C)(3) | 19,934. | 0. | | | FORESTS AND GRASSLANDS | | | |
| OREGON NATURAL DESERT ASSOCIATION | | | | | | | | | | |
| 50 SW BOND ST, STE 4 | | | | | | | SUPPORT US NATIONAL | | | |
| BEND, OR 97702 | 94-3098621 | 501(C)(3) | 34,639. | 0. | | | FORESTS AND GRASSLANDS | | | |
| PACOIMA BEAUTIFUL | | | | | | | | | | |
| 13520 VAN NUYS BLVD, STE 200 | | | | | | | SUPPORT US NATIONAL | | | |
| PACOIMA, CA 91331 | 95-4770745 | 501(C)(3) | 42,500. | 0. | | | FORESTS AND GRASSLANDS | | | |
| RIO GRANDE RETURN | | | | | | | | | | |
| 1704B LLANO STREET | | | | | | | SUPPORT US NATIONAL | | | |
| SANTA FE, NM 87505 | 20-8434340 | 501(C)(3) | 307,191. | 0. | | | FORESTS AND GRASSLANDS | | | |
| ROCKY MOUNTAIN FIELD INSTITUTE | | | | | | | | | | |
| 815 SOUTH 25TH ST, STE 101 | | | | | | | SUPPORT US NATIONAL | | | |
| COLORADO SPRINGS, CO 80904 | 74-2225140 | 501(C)(3) | 104,395. | 0. | | | FORESTS AND GRASSLANDS | | | |
| ROCKY MOUNTAIN YOUTH CORPS - CO | | | | | | | | | | |
| PO BOX 775504 | | | | | | | SUPPORT US NATIONAL | | | |
| STEAMBOAT SPRINGS, CO 80477 | 84-1483022 | 501(C)(3) | 251,584. | 0. | | | FORESTS AND GRASSLANDS | | | |
| SALISH KOOTENAI COLLEGE | | | | | | | | | | |
| 58138 US HIGHWAY 93 | | | | | | | SUPPORT US NATIONAL | | | |
| PABLO, MT 59855 | 81-0378823 | UNIVERSITY | 33,247. | 0. | | | FORESTS AND GRASSLANDS | | | |
| SALMON RIVER RESTORATION COUNCIL | | | | | | | | | | |
| PO BOX 1089 | | | | | | | SUPPORT US NATIONAL | | | |
| SAWYERS BAR, CA 96027 | 68-0343595 | 501(C)(3) | 10,679. | 0. | | | FORESTS AND GRASSLANDS | | | |
| SALMON VALLEY STEWARDSHIP | | | | | | | | | | |
| 107 SOUTH CENTER ST | | | | | | | SUPPORT US NATIONAL | | | |
| SALMON, ID 83467 | 20-3724466 | 501(C)(3) | 85,000. | 0. | | | FORESTS AND GRASSLANDS | | | |

Page 1

| Part II Continuation of Grants and Other A | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SAN GABRIEL VALLEY CONS CORPS | | | | | | | | | |
| 10900 MULHALL ST | | | | | | | SUPPORT US NATIONAL | | |
| EL MONTE, CA 91731 | 27-0030016 | 501(C)(3) | 41,918. | 0. | | | FORESTS AND GRASSLANDS | | |
| GANDY DAVID DAGAN WAMEDGUED | | | | | | | | | |
| SANDY RIVER BASIN WATERSHED COUNCIL - LIKOWSKI HALL, 17405 NE | | | | | | | SUPPORT US NATIONAL | | |
| GILSAN ST - PORTLAND, OR 97230 | 93-1294148 | 501(C)(3) | 16,900. | 0. | | | FORESTS AND GRASSLANDS | | |
| GIBAN SI TOKIBAND, OK 37230 | JJ 12J4140 | 301(0)(3) | 10,500. | · · | | | FORESTS AND GRASSIANDS | | |
| SAWTOOTH INTERPRETIVE & HISTORICAL | | | | | | | | | |
| ASSN - PO BOX 75 - STANLEY, ID | | | | | | | SUPPORT US NATIONAL | | |
| 83278 | 82-0305044 | 501(C)(3) | 15,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| SAWTOOTH SOCIETY | | | | | | | | | |
| PO BOX 820 | | | | | | | SUPPORT US NATIONAL | | |
| HAILEY, ID 83333 | 84-1421909 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| SEEDS | | | | | | | | | |
| PO BOX 2454 | 20 2400055 | 504 (5) (2) | 60.070 | | | | SUPPORT US NATIONAL | | |
| TRAVERSE CITY, MI 49686 | 38-3482266 | 501(C)(3) | 69,278. | 0. | | | FORESTS AND GRASSLANDS | | |
| SELWAY BITTERROOT FOUNDATION | | | | | | | | | |
| PO BOX 1886 | | | | | | | SUPPORT US NATIONAL | | |
| BOISE, ID 83701 | 27-2868220 | 501(C)(3) | 29,412. | 0. | | | FORESTS AND GRASSLANDS | | |
| , | | | , , , , , , | | | | | | |
| SHOSHONE-PAIUTE TRIBAL BUSINESS | | | | | | | | | |
| COUNCIL - PO BOX 219 - OWYHEE, NV | | | | | | | SUPPORT US NATIONAL | | |
| 89832 | 88-0063331 | TRIBE | 15,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| SITKA TRAIL WORKS | | | | | | | | | |
| 801 HALIBUT POINT ROAD | | | | | | | SUPPORT US NATIONAL | | |
| SITKA, AK 99835 | 91-1815739 | 501(C)(3) | 47,616. | 0. | | | FORESTS AND GRASSLANDS | | |
| | | | | | | | | | |
| SOUTH YUBA RIVER CITIZENS LEAGUE | | | | | | | GUDDODE HG MAETOMA | | |
| 313 RAILROAD AVE, STE 101 | 60 0171271 | E01/G\/3\ | 42.060 | | | | SUPPORT US NATIONAL | | |
| NEVADA CITY, CA 95959 | 68-0171371 | DOT(C)(3) | 42,969. | 0. | | | FORESTS AND GRASSLANDS | | |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| OUTHERN CALIFORNIA MOUNTAINS | | | | | | | | |
| FOUNDATION - 1355 W 26TH ST - SAN | | | | | | | SUPPORT US NATIONAL | |
| BERNARDINO, CA 92305 | 33-0556414 | 501(C)(3) | 115,566. | 0. | | | FORESTS AND GRASSLANDS | |
| SOUTHERN UTAH UNIVERSITY | | | | | | | | |
| 351 W UNIVERSITY BLVD | | | | | | | SUPPORT US NATIONAL | |
| CEDAR CITY, UT 84720 | 87-6000481 | GOVT | 12,262. | 0. | | | FORESTS AND GRASSLANDS | |
| STILLAGUAMISH INDIAN TRIBE | | | | | | | | |
| 3322 236TH ST NE | | | | | | | SUPPORT US NATIONAL | |
| ARLINGTON, WA 98223 | 91-0920666 | TRIBE | 16,918. | 0. | | | FORESTS AND GRASSLANDS | |
| STUDENT CONSERVATION ASSOCIATION | | | | | | | | |
| 4601 N FAIRFAX DRIVE, STE 900 | | | | | | | SUPPORT US NATIONAL | |
| ARLINGTON, VA 22203 | 91-0880684 | 501(C)(3) | 86,783. | 0. | | | FORESTS AND GRASSLANDS | |
| SWAN VALLEY CONNECTIONS | | | | | | | | |
| 6887 MT HIGHWAY 83 | | | | | | | SUPPORT US NATIONAL | |
| CONDON, MT 59826 | 81-0512368 | 501(C)(3) | 16,648. | 0. | | | FORESTS AND GRASSLANDS | |
| TEENS INC | | | | | | | | |
| PO BOX 1070 | | | | | | | SUPPORT US NATIONAL | |
| NEDERLAND, CO 80466 | 84-1380016 | 501(C)(3) | 25,075. | 0. | | | FORESTS AND GRASSLANDS | |
| TELLURIDE MOUNTAIN CLUB | | | | | | | | |
| PO BOX 1201 | | | | | | | SUPPORT US NATIONAL | |
| TELLURIDE, CO 81435 | 84-1465370 | 501(C)(3) | 15,000. | 0. | | | FORESTS AND GRASSLANDS | |
| THE FOREST STEWARDS GUILD | | | | | | | | |
| 2019 GALISTEO ST, STE N7 | | | | | | | SUPPORT US NATIONAL | |
| SANTA FE, NM 87505 | 85-0446866 | 501(C)(3) | 49,888. | 0. | | | FORESTS AND GRASSLANDS | |
| THE LONGLEAF ALLIANCE INC | | | | | | | | |
| 12130 DIXON CENTER ROAD | | | | | | | SUPPORT US NATIONAL | |
| ANDALUSIA, AL 36420 | 75-3263645 | 501(C)(3) | 249,604. | 0. | | | FORESTS AND GRASSLANDS | |

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| THE RUFFED GROUSE SOCIETY | | | | | | | | | |
| 451 MCCORMICK RD | | | | | | | SUPPORT US NATIONAL | | |
| CORAOPLIS, PA 54868 | 54-0846925 | 501(C)(3) | 36,699. | 0. | | | FORESTS AND GRASSLANDS | | |
| THE WILDLANDS CONSERVANCY | | | | | | | | | |
| 39611 OAK GLEN RD | | | | | | | SUPPORT US NATIONAL | | |
| OAK GLEN, CA 92399 | 33-0676450 | 501(C)(3) | 29,653. | 0. | | | FORESTS AND GRASSLANDS | | |
| TRAILKEEPERS OF OREGON | | | | | | | | | |
| PO BOX 14814 | | | | | | | SUPPORT US NATIONAL | | |
| PORTLAND, OR 97293 | 27-1209205 | 501(C)(3) | 36,666. | 0. | | | FORESTS AND GRASSLANDS | | |
| TREE PEOPLE | | | | | | | | | |
| 12601 MULHOLLAND DRIVE | | | | | | | SUPPORT US NATIONAL | | |
| BEVERLY HILLS, CA 90210 | 23-7314838 | 501(C)(3) | 201,059. | 0. | | | FORESTS AND GRASSLANDS | | |
| TROUT UNLIMITED | | | | | | | | | |
| 1777 N KENT ST, STE 100 | | | | | | | SUPPORT US NATIONAL | | |
| ARLINGTON, VA 22209 | 38-1612715 | 501(C)(3) | 50,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| UNITED KEETOOWAH CHEROKEE COUNCIL | | | | | | | | | |
| PO BOX 746 | | | | | | | SUPPORT US NATIONAL | | |
| TAHLEQUAH, OK 74465 | 73-1237070 | GOVT | 19,482. | 0. | | | FORESTS AND GRASSLANDS | | |
| UPPER GILA WATERSHED ALLIANCE | | | | | | | | | |
| P.O. BOX 383 | | | | | | | SUPPORT US NATIONAL | | |
| GILA, NM 88038 | 85-0441412 | 501(C)(3) | 15,585. | 0. | | | FORESTS AND GRASSLANDS | | |
| VAIL VALLEY MOUNTAIN BIKE | | | | | | | | | |
| ASSOCIATION - PO BOX 3986 - AVON, | | | | | | | SUPPORT US NATIONAL | | |
| CO 81620 | 45-1539710 | 501(C)(3) | 224,888. | 0. | | | FORESTS AND GRASSLANDS | | |
| VERDE VALLEY CYCLISTS COALITION | | | | | | | | | |
| PO BOX 20332 | | | | | | | SUPPORT US NATIONAL | | |
| SEDONA, AZ 86341 | 02-0717767 | 501(C)(3) | 30,500. | 0. | | | FORESTS AND GRASSLANDS | | |

Schedule I (Form 990) NATIONAL FOREST FOUNDATION 52-1786332

| Part II Continuation of Grants and Other | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| VOLUNTEERS FOR OUTDOOR CO | | | | | | | | | |
| 600 SOUTH MARION PARKWAY | | | | | | | SUPPORT US NATIONAL | | |
| DENVER, CO 80209 | 74-2357211 | 501(C)(3) | 60,423. | 0. | | | FORESTS AND GRASSLANDS | | |
| WA STATE DEPT OF ECOLOGY | | | | | | | | | |
| PO BOX 47600 | | | | | | | SUPPORT US NATIONAL | | |
| OLYMPIA, WA 98504 | 91-6001063 | GOVT | 37,717. | 0. | | | FORESTS AND GRASSLANDS | | |
| WALAMA RESTORATION PROJECT | | | | | | | | | |
| PO BOX 894 | | | | | | | SUPPORT US NATIONAL | | |
| EUGENE, OR 97440 | 93-1321979 | 501(C)(3) | 5,208. | 0. | | | FORESTS AND GRASSLANDS | | |
| WALKING MOUNTAINS SCIENCE CENTER | | | | | | | | | |
| PO BOX 9469 | | | | | | | SUPPORT US NATIONAL | | |
| AVON, CO 81620 | 84-1436731 | 501(C)(3) | 40,900. | 0. | | | FORESTS AND GRASSLANDS | | |
| WASHINGTON TRAILS ASSOCIATION | | | | | | | | | |
| 705 2ND AVE, SUITE 300 | | | | | | | SUPPORT US NATIONAL | | |
| SEATTLE, WA 98104 | 91-0900134 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| WETLAND INITIATIVES | | | | | | | | | |
| 53 WEST JACKSON BLVD, STE 1015 | | | | | | | SUPPORT US NATIONAL | | |
| CHICAGO, IL 60604 | 36-3942451 | 501(C)(3) | 585,648. | 0. | | | FORESTS AND GRASSLANDS | | |
| WHITE RIVER PARTNERSHIP | | | | | | | | | |
| PO BOX 705 | | | | | | | SUPPORT US NATIONAL | | |
| SOUTH ROYALTON, VT 05068 | 03-0371746 | | 15,000. | 0. | | | FORESTS AND GRASSLANDS | | |
| WILD ALABAMA | | | | | | | | | |
| PO BOX 356 | | | | | | | SUPPORT US NATIONAL | | |
| DOUBLE SPRINGS, AL 35553 | 85-2784968 | 501(C)(3) | 53,134. | 0. | | | FORESTS AND GRASSLANDS | | |
| WILD SOUTH | | | | | | | | | |
| PO BOX 1928 | | | | | | | SUPPORT US NATIONAL | | |
| ASHEVILLE, NC 28802 | 56-2173810 | 501(C)(3) | 20,000. | 0. | | | FORESTS AND GRASSLANDS | | |

Page 1

| WILDLANDS RESTORATION VOLUNTEERS | 91-1821692 | 501(C)(3) | 5,300. | | | |
|--|------------|-----------|---------|----|--|------------------------|
| FLAGSTAFF, AZ 86002 WILDLANDS RESTORATION VOLUNTEERS 2100 COLLYER ST LONGMONT, CO 80501 WOOD PRODUCT SIGNS 4890 COUNTY ROAD 76 PARLIN, CO 81239 WELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | 501(C)(3) | 5,300. | | | |
| WILDLANDS RESTORATION VOLUNTEERS 2100 COLLYER ST LONGMONT, CO 80501 WOOD PRODUCT SIGNS 4890 COUNTY ROAD 76 PARLIN, CO 81239 WELLOWSTONE TO YUKON CONSERVATION ENITATIVE - PO BOX 157 - BOZEMAN, | | 501(C)(3) | 5,300. | | | SUPPORT US NATIONAL |
| 2100 COLLYER ST LONGMONT, CO 80501 WOOD PRODUCT SIGNS 1890 COUNTY ROAD 76 PARLIN, CO 81239 WELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | | , , | 0. | | FORESTS AND GRASSLANDS |
| CONGMONT, CO 80501 WOOD PRODUCT SIGNS 1890 COUNTY ROAD 76 PARLIN, CO 81239 WELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | | | | | |
| WOOD PRODUCT SIGNS 1890 COUNTY ROAD 76 PARLIN, CO 81239 VELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | | | | | SUPPORT US NATIONAL |
| PARLIN, CO 81239 VELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | 46-0505155 | 501(C)(3) | 40,047. | 0. | | FORESTS AND GRASSLANDS |
| PARLIN, CO 81239 ZELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | | | | | |
| YELLOWSTONE TO YUKON CONSERVATION INITATIVE - PO BOX 157 - BOZEMAN, | | | | | | SUPPORT US NATIONAL |
| INITATIVE - PO BOX 157 - BOZEMAN, | 27-1829689 | | 35,860. | 0. | | FORESTS AND GRASSLANDS |
| | | | | | | |
| MT 59771 | | | | | | SUPPORT US NATIONAL |
| | 81-0535303 | 501(C)(3) | 18,730. | 0. | | FORESTS AND GRASSLANDS |
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| 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 | | | |
| | | | | | | | | |
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| Part IV Supplemental Information. Provide the information re | equired in Part I, lir | ne 2; Part III, column | (b); and any other ac | Iditional information. | | | | |
| PART I, LINE 2: | | | | | | | | |
| GRANT RECIPIENTS SUBMIT MID-TERM AND END-OF-TERM | NARRATIVE AND | FINANCIAL | | | | | | |
| REPORTS, WHICH ARE REVIEWED BY THE NATIONAL FORES | T FOUNDATION S | STAFF. | | | | | | |
| RECIPIENTS ARE REQUIRED TO SEEK APPROVAL BEFORE M | AKING ANY CHAN | IGES TO THE | | | | | | |
| ORIGINAL WORK PLAN OR BUDGET. | | | | | | | | |
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Schedule I (Form 990) 2021

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.

ch to Form 990. for instructions and the latest information.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization NATIONAL FOREST FOUNDATION

Questions Regarding Compensation

Employer identification number 52-1786332

| | | | Yes | No |
|----|--|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| - | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| • | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | х |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| _ | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | ти и том и т | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | Х | |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)2 | a | | |

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

Schedule J (Form 990) 2021

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-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) MARY MITSOS | (i) | 262,716. | 76,500. | 258. | 16,631. | 10,789. | 366,894. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) RAY FOOTE | (i) | 245,974. | 0. | 258. | 12,772. | 27,010. | 286,014. | 0. |
| EXECUTIVE VP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MARCUS SELIG | (i) | 143,423. | 0. | 60. | 7,585. | 26,010. | 177,078. | 0. |
| VP, FIELD PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021 NATIONAL FOREST FOUNDATION 52-1786332 Page 3

Part III Supplemental Information

| 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. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Types of Property

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

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

| | | (a) Check if | (b) Number of | (c) Noncash contribution | (d) Method of de | termin | ina | |
|-----|---|-----------------|-------------------------|-------------------------------|---------------------|--------|-----|----|
| | | applicable | contributions or | amounts reported on | noncash contribu | | _ | 3 |
| | | | items contributed | Form 990, Part VIII, line 1g | | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | Х | 15 | 63,891. | FAIR MARKET VALU | 2 | | |
| 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 (ITEMS/SUPPLIE) | Х | 2 | 27,938. | | | | |
| 26 | Other (TRAVEL MILES) | Х | 1 | 19,888. | FMV | | | |
| 27 | Other • () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | - | | | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledge | ement 29 | | | 0 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | | | |
| | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be u | sed for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | tions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | 77 |
| _ | contributions? | | | | | 32a | | X |
| | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) foi | a type of property | tor which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |

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

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

NATIONAL FOREST FOUNDATION 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 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:

Schedule O (Form 990) 2021 Page **2**

| Name of the organization NATIONAL FOREST FOUNDATION | | Employer identification number 52-1786332 |
|--|-----------------|---|
| 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 OBJECT: | IVES WHICH | |
| CREATE THE MECHANISM TO EVALUATE THE PERFORMANCE OF THE EXEC | CUTIVE | |
| DIRECTOR. AT THE END OF THE FISCAL YEAR, THE CHAIRMAN SEEKS | S PEER INPUT | |
| BY DISCUSSING PERFORMANCE WITH EACH MEMBER OF SENIOR STAFF A | AT ITS FALL | |
| MEETING THE BOARD GOES INTO EXECUTIVE SESSION FOR THE CHAIR | MAN TO | |
| REPORT ON PEER INPUT AND SEEK BOARD INPUT ON ED PERFORMANCE | , FOLLOWING | |
| THE BOARD'S EXECUTIVE SESSION THE EXC. COMMITTEE, WHICH SERV | /ES AS THE | |
| COMPENSATION COMMITTEE MEETS TO REVIEW STAFF AND BOARD INPUT | ۲, | |
| 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 | F BOARD MEMBERS | |
| THERE WERE TWENTY-FIVE 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-THREE VOTING BOARD MEMBERS. | | |
| | | |
| | | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | | |
| SERVICE CONTRACTS: | | |
| PROGRAM SERVICE EXPENSES | 15,097,591. | |
| MANAGEMENT AND GENERAL EXPENSES | 0. | |
| FUNDRAISING EXPENSES | 21,875. | |
| 132212 11-11-21 | | Schedule O (Form 990) 2021 |

Schedule O (Form 990) 2021 Page **2**

| Name of the organization NATIONAL FOREST FOUNDATION | | Employer identification number 52-1786332 |
|--|-------------|---|
| TOTAL EXPENSES | 15,119,466. | |
| CONSULTING/PRO FEES: | | |
| PROGRAM SERVICE EXPENSES | 240,003. | |
| MANAGEMENT AND GENERAL EXPENSES | 498,099. | |
| FUNDRAISING EXPENSES | 161,176. | |
| TOTAL EXPENSES | 899,278. | |
| TEMP STAFFING: | | |
| PROGRAM SERVICE EXPENSES | 0. | |
| MANAGEMENT AND GENERAL EXPENSES | 757. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 757. | |
| COLLECTION AGREEMENTS: | | |
| PROGRAM SERVICE EXPENSES | 4,075,542. | |
| MANAGEMENT AND GENERAL EXPENSES | 0. | |
| FUNDRAISING EXPENSES | 0. | |
| TOTAL EXPENSES | 4,075,542. | |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 20,095,043. | |
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132212 11-11-21 Schedule O (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print NATIONAL FOREST FOUNDATION 52-1786332 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your BLDG 27 STE 3 FORT MISSOULA RD return. See instructions. 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) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 Form 990-T (corporation) MARY MITSOS 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 If it is for part of the group, check this box AUGUST 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 SEP 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 19,750. any nonrefundable credits. See instructions. За 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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 19 750 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions

| Form 990-T | E | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | 1 | OMB No. 1545-0047 |
|---------------------------------------|-------------|--|----------|--|
| | For cal | lendar year 2021 or other tax year beginning OCT 1, 2021 and ending SEP 30, 2022 | | 2021 |
| Department of the Treasury | | ► Go to www.irs.gov/Form990T for instructions and the latest information. | | Open to Bublic Inspection for |
| Internal Revenue Service | • | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed. | | Name of organization (Check box if name changed and see instructions.) | DEmp | loyer identification number |
| B Exempt under section | Print | NATIONAL FOREST FOUNDATION | | 52-1786332 |
| X 501(c)(3) 408(e) 220(e) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. BLDG 27 STE 3 FORT MISSOULA RD | | p exemption number instructions) |
| 408A 530(a) 529(a) 529A | | City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59804 | F [| Check box if |
| | С Во | ok value of all assets at end of year • 61,629,261. | | an amended return. |
| G Check organization | type 🕨 | X 501(c) corporation 501(c) trust 401(a) trust Other trust | | |
| H Check if filing only to | > | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | |
| I Check if a 501(c)(3) | organiz | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | > |
| | | ed Schedules A (Form 990-T) | | 1 |
| - | | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | ▶ ∟ | Yes X No |
| · · · · · · · · · · · · · · · · · · · | | d identifying number of the parent corporation. | | |
| L The books are in car | | | 06-54 | 12-2805 |
| | | d Business Taxable Income | <u> </u> | <u> </u> |
| | busines | ss taxable income computed from all unrelated trades or businesses (see | | 102 247 |
| - 5 | | | 1 | 103,347. |
| | | | 3 | 103,347. |
| 3 Add lines 1 and 2 | | (see instructions for limitation rules) STMT 1 | 4 | 10,235. |
| | | see instructions for initiation rules) | 5 | 93,112. |
| | | | 6 | 35,112. |
| | • | ng loss. See instructions ss taxable income before specific deduction and section 199A deduction. | | |
| Subtract line 6 from | | · | 7 | 93,112. |
| | | rally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| • | | duction. See instructions | 9 | , |
| 10 Total deductions | . Add lii | | 10 | 1,000. |
| 11 Unrelated busine | ss taxa | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | |
| enter zero | | <u>-</u> | 11 | 92,112. |
| Part II Tax Com | putati | ion | | |
| 1 Organizations tax | able a | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 19,344. |
| 2 Trusts taxable at | trust ra | ates. See instructions for tax computation. Income tax on the amount on | | |
| Part I, line 11 from | ı: [| Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See ins | structio | ns | 3 | |
| 4 Other tax amounts | s. See ii | nstructions | 4 | |
| 5 Alternative minimum | | | 5 | |
| • | | cility income. See instructions | 6 | |
| | | h 6 to line 1 or 2, whichever applies | 7 | 19,344. |
| LHA For Paperwork F | Reduct | ion Act Notice, see instructions. | | Form 990-T (2021) |

| Part | III ⁻ | Гах and Payments | | | | | | | | |
|------------------|--|---|---|---------------------------------|-----------------|---|-----------------|------------------|------|--------------|
| 1a | Foreig | gn tax credit (corporations attach Form 11 | 118; trusts attach Form 111 | 6) | 1a | | | | | |
| b | | | | | | | | | | |
| С | Gene | ral business credit. Attach Form 3800 (see | e instructions) | | 1c | | | | | |
| d | Credit | t for prior year minimum tax (attach Form | 8801 or 8827) | | 1d | | | | | |
| е | Total | credits. Add lines 1a through 1d | | | | | 1e | | | |
| 2 | Subtr | | | | | <u></u> | 2 | | 19, | 344. |
| 3 | Other | amounts due. Check if from: Form | | | | _ Form 8866 | | | | |
| | | | (attach statement) | | | | 3 | | | |
| 4 | | tax. Add lines 2 and 3 (see instructions). | | • | , | ed under | | | | |
| | | n 1294. Enter tax amount here | | | | | 4 | | 19, | 344. |
| 5 | | nt net 965 tax liability paid from Form 965 | | | | | 5 | | | 0. |
| 6a | | ents: A 2020 overpayment credited to 20 | | | - 1 | | _ | | | |
| b | | estimated tax payments. Check if section | | | _ 6b | 10 750 | _ | | | |
| С | | | | | | 19,750 | - | | | |
| d | | gn organizations: Tax paid or withheld at | | | | | _ | | | |
| е | | up withholding (see instructions) | | | | | _ | | | |
| f | | t for small employer health insurance prer | | | 6f | | - | | | |
| g | | credits, adjustments, and payments: | | | | | | | | |
| _ | | Form 4136 | | | | | + _ | 1 | 10 | 750 |
| 7 | | payments. Add lines 6a through 6g | | | | | 7 | | | 750. 691. |
| 8 | | ated tax penalty (see instructions). Check ue. If line 7 is smaller than the total of line | | L | | ▶ ∟ | │ <u>8</u> 9 | - | | 285. |
| 9 | | bayment. If line 7 is larger than the total or | | | | | 10 | - | | 203. |
| 10 11 | | the amount of line 10 you want: Credite | | | alu | Refunded | 11 | | | |
| Part | | Statements Regarding Certain | | | on (see in | | 11 | | | |
| 2 3 4 5 | here During foreig If "Yes Enter Enter shows | in Form 114, Report of Foreign Bank and the tax year, did the organization receive the tax year, did the organization receive the trust? It is see instructions for other forms the organization receive available pre-2018 NOL carryovers here in on Schedule A (Form 990-T). Don't reduction received the properties of the pre-2018 NOL carryovers. Enter available Bussian in the pre-2017 NOL carryovers. Enter available Bussian in the pre-2017 NOL carryovers. | e a distribution from, or was ganization may have to file. ded or accrued during the tax \$\instructure{\text{S}}\$ \text{S} \text{Lordy} \text{S} \text{Lordy} \text{VOL carryover show.} | s it the gran x year Do not i | ntor of, or tra | unsferor to, a \$ post-2017 NOL con reported on Pa | arryove | ır | | X |
| | the ar | mounts shown below by any NOL claimed | d on any Schedule A, Part II | , line 17 for | the tax yea | r. See instruction | S. | | | |
| | | Business Activit | ty Code | | | e post-2017 NOL | carryo | /er | - | |
| | | | | | | | | | - | |
| | | | | \$ | 8 | | | | _ | |
| 6a b | If 6a i | e organization change its method of acco s "Yes," has the organization described the | , | | | 1128? If "No," | | | | X |
| Part | | n in Part V Supplemental Information | | | | | | | | <u> </u> |
| | | xplanation required by Part IV, line 6b. Als | so, provide any other addition | onal informa | ation. See in | structions. | | | | |
| Sign | | nder penalties of perjury, I declare that I have examined trect, and complete. Declaration of preparer (other than | | | | | ledge and | belief, it is tr | ue, | |
| dere | | | • | | | | • | RS discuss th | | with |
| icic | | Cianature of officer | | RESIDENT | & CEO | | | rer shown bel | | ٦ |
| | | Signature of officer | Date Ti | tie | | | | ns)? X | /es | No |
| | | Print/Type preparer's name | Preparer's signature | [| Date | Check | if PT | IN | | |
| Paid | | | monte | | | self- employe | | | | |
| Prepa | rer | MEREDITH BELL | MBU | 0.8 | 8/04/23 | | | 0169682 | | |
| Jse C | nly | Firm's name RSM US LLP | | | | Firm's EIN | <u> </u> | 42-0714 | 4325 | |
| | - | 1250 H STREET, | | | | | | | | |
| | | Firm's address WASHINGTON, DC | 20005 | | | Phone no. | 202-29 | 93-2200 | | |

| FORM 990-T CONTRIBUTIONS SUMMARY | | STATEMENT 1 |
|---|-------------------------------|-------------|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT | | |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2016 6,985,109 FOR TAX YEAR 2017 4,554,571 FOR TAX YEAR 2018 7,305,677 FOR TAX YEAR 2019 6,875,947 FOR TAX YEAR 2020 5,335,579 | | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 31,056,883 | |
| TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED | 31,056,883 10,235 | _ |
| EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS | 31,046,648 0 31,046,648 | _ |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | 10,235 |
| TOTAL CONTRIBUTION DEDUCTION | | 10,235 |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0004

2021

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization
NATIONAL FOREST FOUNDATION

C Unrelated business activity code (see instructions)

901101

B Employer identification number
52-1786332

D Sequence: 1 of 1

| Pa | rt I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|---|----|------------|--------------|----------|
| 1 a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance ▶ | 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a | 112,657. | | 112,657. |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| С | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2 | 5 | -1,940. | | -1,940. |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 110,717. | | 110,717. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | | | |
|----|--|--------|-------------|----|----------|
| 2 | Salaries and wages | 2 | | | |
| 3 | Repairs and maintenance | | | 3 | |
| 4 | Bad debts | | | 4 | |
| 5 | Interest (attach statement). See instructions | | | 5 | |
| 6 | Taxes and licenses | | , | 6 | 6,620. |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | 10 | |
| 11 | Employee benefit programs | 11 | | | |
| 12 | Excess exempt expenses (Part VIII) | | | 12 | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | E STA | TEMENT 3 | 14 | 750. |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 7,370. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | m Part | I, line 13, | | |
| | column (C) | | | 16 | 103,347. |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. | | |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | 103,347. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

| Part | III Cost of Goods Sold Enter met | hod of inventory valuation | on 🕨 | | |
|-----------|---|---------------------------------------|---------------------------|----------------|--------|
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | 3 | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter | | | | |
| 9 | Do the rules of section 263A (with respect to property | produced or acquired fo | r resale) apply to the o | organization?[| Yes No |
| Part | IV Rent Income (From Real Property and | Personal Propert | y Leased with Ro | eal Property) | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check i | f a dual-use. See instr | uctions. | |
| | A | | | | |
| | В | | | | |
| | c 🗆 | | | | |
| | D | | | | |
| | | Α | В | С | |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| _ | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. | | | | |
| C | Add lines 2a and 2b, columns A through D | | | | |
| | Add lines 2a and 2b, columns A timough b | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter here | and an Dart Llina 6 or | olumn (A) | 0. |
| 3 | Deductions directly connected with the income | tillough D. Enter here a | and on Part I, line 6, Co | JidiTilT (A) | |
| 4 | • | | | | |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| _ | Total deductions Add line 4 columns A through D. Fr | standara Dart III | (D) | | 0. |
| 5 Part | Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s | ee instructions) | ne 6, column (b) | | |
| 1 | Description of debt-financed property (street address, of | · · · · · · · · · · · · · · · · · · · | and if a dual upa. Can | inatruationa | |
| ' | | city, state, ZIP codej. Gi | ieck ii a duai-use. See | IIIStructions. | |
| | A | | | | |
| | B | | | | |
| | <u> </u> | | | | |
| | D | Δ. | В | 0 | |
| • | Out to income from an allocable to debt financed | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | |
| | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Part | I, line 7, column (A) | > | 0. |
| | | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A the | rough D. Enter here and | on Part I, line 7, colur | nn (B) 🕨 | 0. |
| 11 | Total dividends-received deductions included in line | | | | 0, |

| _ | | |
|---|--|--|

| Schedule A (Form 990-T) 202 Part VI Interest, Ann | | ovalties and Re | ante fron | n Control | lad Or | ganizations | e (e | aa iaatuu sat | ianal | Page 3 |
|--|----------------|--|-------------|--|---------------------------------|--|--------------|---|--------------------------|--|
| Part VI Interest, Am | iuities, itt | | | ii Ooniiioi | | | | ee instruct | | |
| Name of controlled organization | | 2. Employer identification number | incon | unrelated ne (loss) structions) | 4. Tota | Exempt Contro al of specified nents made | 5. Pathat is | ganization art of colur s included rolling orga s gross inc | nn 4 in the nniza- | Deductions directly connected with income in column 5 |
| (1) | | | | | | | | <u> </u> | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | No | nexempt C | Controlled O | rganizati | ons | | | | |
| 7. Taxable Income | ir | Net unrelated acome (loss) e instructions) | | otal of specif yments mad | | 10. Part of that is incontrolling gross | luded | in the zation's | С | Deductions directly onnected with one in column 10 |
| (1) | | | | | | 9 | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals | | | | | • | Add colum Enter here line 8, c | and or | n Part I, | Enter | columns 6 and 11. here and on Part I, le 8, column (B) |
| | Income | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | nization (s | ee ins | tructions) | | |
| | scription of | | | 2. Amou incor | nt of | 3. Deduction directly connected (attach states | ons ected | 4. Set- (attach st | | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | Add amor column 2 here and o line 9, colu | . Enter n Part I, umn (A) | | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | | <u></u> | | 0. | • | | | | 0. |
| Part VIII Exploited | Exempt A | Activity Income | , Other 1 | han Adve | ertising | g Income (| see in | structions) | | |
| 1 Description of exploi | • | | | | | | | | | |
| 2 Gross unrelated bus | | | | | | • | . , | | 2 | |
| 3 Expenses directly co | nnected wit | h production of unre | elated busi | ness income | e. Enter I | here and on Pa | art I, | | | |
| | | | | | | | | | 3 | |
| 4 Net income (loss) fro | | | | | | | | | | |
| lines 5 through 7 | otivity that i | o not unrelated busi | | | | | | | 4 | |
| 5 Gross income from a | | | | | | | | | 5 | |
| 6 Expenses attributable7 Excess exempt expenses | | | | | | | | | 6 | |
| 4. Enter here and on | | | | | | | | <u></u> | 7 | |

Schedule A (Form 990-T) 2021

| _ | | | | |
|---|---|---|---|--|
| | 1 | ~ | - | |
| _ | а | u | | |

| Part | IX Advertising Income | | | | | |
|----------|--|---------------------------|---------------------|-----------------|--------------------|--------------|
| 1 | Name(s) of periodical(s). Check box if reporting two o | r more periodicals on a c | consolidated basis. | | | |
| • | A | . more periodicale on a c | | | | |
| | В | | | | | |
| | c 🗆 | | | | | |
| | D | | | | | - |
| Entor o | mounts for each periodical listed above in the correspondent | anding column | | | | |
| LIILEI a | inounts for each periodical listed above in the corresp | _ | В | С | D | - |
| 2 | Gross advertising income | Α | В | | | - |
| 2 | Add columns A through D. Enter here and on Part I, I | ino 11 column (A) | | | | 0. |
| _ | Add Columns A through D. Enter here and on Part 1, 1 | ine 11, column (A) | | | | <u> </u> |
| a | Direct advertising costs by pariodical | | | | | |
| 3 | Direct advertising costs by periodical | | | | | 0. |
| а | Add columns A through D. Enter here and on Part I, I | ine 11, column (B) | | > | | . |
| | Advantision mais (least) Outstand line Officer line | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line | | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | |
| | complete lines 5 through 8. For any column in | | | | | |
| | line 4 showing a loss or zero, do not complete | | | | | |
| _ | lines 5 through 7, and enter zero on line 8 | | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is less | | | | | |
| | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed as a | | | | | |
| | deduction. For each column showing a gain on | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | | |
| а | Add line 8, columns A through D. Enter the greater of | | | | | 0 |
| Dort | X Compensation of Officers, Directors | and Trustons | | ····· | | 0. |
| Part : | Compensation of Officers, Directors | s, and musices (se | ee instructions) | | | |
| | | | | 3. Percentage | 4. Compensation | |
| | 1. Name | 2. Title | | of time devoted | attributable to | |
| | | | | to business | unrelated business | |
| (1) | | | | % | | |
| (2) | | | | % | | |
| (3) | | | | % | | |
| (4) | | | | % | | |
| | 5 | | | | | ٥ |
| Part | Enter here and on Part II, line 1 | | | | | 0. |
| Part. | XI Supplemental Information (see instru | ctions) | | | | |
| | | | | | | |
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| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|--|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| COATUE QUALIFIED PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS) | -1,940. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -1,940. |
| | |
| | |
| FORM 990-T (A) OTHER DEDUCTIONS | STATEMENT 3 |
| FORM 990-T (A) OTHER DEDUCTIONS DESCRIPTION | STATEMENT 3 AMOUNT |
| | |

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

| NATIONAL FOREST FOUNDATION | | | | 52- | 1786332 | 2 |
|--|----------------------------------|---------------------------------|---|--------|--|---|
| Did the corporation dispose of any investme | ., | , , | | | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | | |
| Part I Short-Term Capital Ga | ins and Losses - Ass | ets Heid One Year | or Less | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 89 | 49, | Subtrac | Gain or (loss) t column (e) from d) and combine the |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column | (g) | | with column (g) |
| Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | |
| 1b Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box A checked | | | | | | |
| 2 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box B checked | | | | | | |
| 3 Totals for all transactions reported on | | | | | | 55,604. |
| Form(s) 8949 with Box C checked | from Form COEO line OC or 07 | , | | | | 33,004. |
| 4 Short-term capital gain from installment sales | | | | 4 5 | | |
| 5 Short-term capital gain or (loss) from like-kir | | | | 6 | , | <u> </u> |
| 6 Unused capital loss carryover (attach comput | | | | 7 | (| 55,604. |
| 7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga | ns and Losses - Asse | ets Held More Tha | n One Year | | | 33,001. |
| See instructions for how to figure the amounts | | | | | (h) (| Gain or (loss) |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column | 49, | Subtrac column (c | et column (e) from d) and combine the with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | | |
| 8b Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box D checked | | | | | | |
| 9 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box E checked | | | | | | |
| 10 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box F checked | | | | | | 57,053. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | | |
| 12 Long-term capital gain from installment sales | s from Form 6252, line 26 or 37 | , | | 12 | | |
| 13 Long-term capital gain or (loss) from like-kir | d exchanges from Form 8824 | | | 13 | | |
| | | | | 14 | | |
| 15 Net long-term capital gain or (loss). Combin | | ı h | | 15 | | 57,053. |
| Part III Summary of Parts I and | | | | | | |
| 16 Enter excess of net short-term capital gain (li | | | | 16 | | 55,604. |
| 17 Net capital gain. Enter excess of net long-terr | | | | 17 | | 57,053. |
| 18 Add lines 16 and 17. Enter here and on Form | | olicable line on other return | S | 18 | | 112,657. |
| Note: If losses exceed gains, see Capital Lo. | sses in the instructions. | | | | | |

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Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

52-1786332

NATIONAL FOREST FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment COATUE QUALIFIED PARTNERS 55,604. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

55 604.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

NATIONAL FOREST FOUNDATION

52-1786332

| Before you check Box D, E, or F belo statement will have the same informa | ow, see whether y ation as Form 109 | ou received any 99-B. Either will s | Form(s) 1099-B c show whether you | or substitute statem er basis (usually you | ent(s) from r cost) was | your broker. A sul reported to the IR | bstitute 'S by your |
|--|--|--|--------------------------------------|---|----------------------------|--|---------------------------------------|
| proker and may even tell you which l | box to check. | | | , , , , | | • | |
| Part II Long-Term. Transaction see page 1. | ons involving capita | ıl assets you held n | nore than 1 year are | generally long-term (s | ee instructio | ons). For short-term to | ansactions, |
| Note: You may aggregate all codes are required. Enter the | e totals directly on S | Schedule D, line 8a | ; yoù aren't required | I to report these transa | actions on F | orm 8949 (see instru | ctions). |
| You must check Box D, E, or F below. (f you have more long-term transactions than will | | | | | | | each applicable box. |
| (D) Long-term transactions rep | oorted on Form(s |) 1099-B showing | g basis was repor | ted to the IRS (see | Note abo | ove) | |
| (E) Long-term transactions rep | oorted on Form(s) | 1099-B showing | g basis wasn't re | ported to the IRS | | , | |
| X (F) Long-term transactions not | t reported to you | on Form 1099-B | | • | | | |
| l (a) | (b) | (c) | (d) | (e) | | it, if any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | | ou enter an amount (g), enter a code in | Gain or (loss). |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of | (sales price) | basis. See the Note below and | column (f) | . See instructions. | Subtract column (e) from column (d) & |
| | | (Mo., day, yr.) | | see Column (e) in | (f) | (g) | combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| COATUE QUALIFIED PARTNERS | | | | | | • | |
| JP | | | | | | | 57,053. |
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| | (8 () () | 1411 | | | | | |
| 2 Totals. Add the amounts in colur | | | | | | | |
| negative amounts). Enter each to | | • | | | | | |
| Schedule D, line 8b (if Box D abo | • • | ` | | | | | E7 053 |
| above is checked), or line 10 (if E | Box F above is ch | necked) | | | | | 57,053. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

| NATIONAL FOREST FOUNDATION | | | | 52- | 1786332 | 2 |
|--|----------------------------------|---------------------------------|---|--------|--|---|
| Did the corporation dispose of any investme | ., | , , | | | | Yes X No |
| If "Yes," attach Form 8949 and see its instru | | | | | | |
| Part I Short-Term Capital Ga | ins and Losses - Ass | ets Heid One Year | or Less | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 89 | 49, | Subtrac | Gain or (loss) t column (e) from d) and combine the |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column | (g) | | with column (g) |
| Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | |
| 1b Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box A checked | | | | | | |
| 2 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box B checked | | | | | | |
| 3 Totals for all transactions reported on | | | | | | 55,604. |
| Form(s) 8949 with Box C checked | from Form COEO line OC or 07 | , | | | | 33,004. |
| 4 Short-term capital gain from installment sales | | | | 4 5 | | |
| 5 Short-term capital gain or (loss) from like-kir | | | | 6 | , | <u> </u> |
| 6 Unused capital loss carryover (attach comput | | | | 7 | (| 55,604. |
| 7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga | ns and Losses - Asse | ets Held More Tha | n One Year | | | 33,001. |
| See instructions for how to figure the amounts | | | | | (h) (| Gain or (loss) |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column | 49, | Subtrac column (c | et column (e) from d) and combine the with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | | |
| 8b Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box D checked | | | | | | |
| 9 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box E checked | | | | | | |
| 10 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box F checked | | | | | | 57,053. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | | |
| 12 Long-term capital gain from installment sales | s from Form 6252, line 26 or 37 | , | | 12 | | |
| 13 Long-term capital gain or (loss) from like-kir | d exchanges from Form 8824 | | | 13 | | |
| | | | | 14 | | |
| 15 Net long-term capital gain or (loss). Combin | | ı h | | 15 | | 57,053. |
| Part III Summary of Parts I and | | | | | | |
| 16 Enter excess of net short-term capital gain (li | | | | 16 | | 55,604. |
| 17 Net capital gain. Enter excess of net long-terr | | | | 17 | | 57,053. |
| 18 Add lines 16 and 17. Enter here and on Form | | olicable line on other return | S | 18 | | 112,657. |
| Note: If losses exceed gains, see Capital Lo. | sses in the instructions. | | | | | |

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Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Social security number or taxpayer identification no.

52-1786332

NATIONAL FOREST FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment COATUE QUALIFIED PARTNERS 55,604. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 55 604.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

NATIONAL FOREST FOUNDATION

52-1786332

| Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b | oox to check. | | | | | | |
|---|------------------------------------|--|---------------------------------------|--|----------------|--|--|
| Part II Long-Term. Transaction see page 1. Note: You may aggregate all codes are required. Enter the | long-term transact | ions reported on F | orm(s) 1099-B showi | ng basis was reported | d to the IRS | and for which no adj | ustments or |
| You must check Box D, E, or F below. Of you have more long-term transactions than will | check only one bo | x. If more than one b | ox applies for your long- | term transactions, compl | ete a separate | Form 8949, page 2, for 6 | |
| (D) Long-term transactions rep | · - | | · · · · · · · · · · · · · · · · · · · | | ·= | | |
| (E) Long-term transactions rep | - | | • | • | 11010 0.5 | , | |
| X (F) Long-term transactions not | | | | | | | |
| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | loss. If you | nt, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
| COATUE QUALIFIED PARTNERS | | | | | | , | |
| LP | | | | | | | 57,053. |
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| 2 Totals. Add the amounts in columnegative amounts). Enter each tot Schedule D, line 8b (if Box D about above is checked), or line 10 (if Box D). | tal here and incluove is checked), | ide on your line 9 (if Box E | | | | | 57,053. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

ORM 990-T

2021

52-1786332

Department of the Treasury Internal Revenue Service

NATIONAL FOREST FOUNDATION

► Go to www.irs.gov/Form2220 for instructions and the latest information.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and

Employer identification number

OMB No. 1545-0123

bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. **Required Annual Payment** 1 Total tax (see instructions) 19,344. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a **b** Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) 2c d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 19,344. 3 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 16,780. 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, 16,780. enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (a) (b) (c) (d) 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 03/15/22 06/15/22 09/15/22 01/15/22 6th, 9th, and 12th months of the corporation's tax year 9 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, 4,195. 4,195. 4,195. 4,195. enter 25% (0.25) of line 5 above in each column 10 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 12 Add lines 11 and 12 13 13 4,195. 8,390 12 585. Add amounts on lines 16 and 17 of the preceding column 14 14 0. 0. 0. 0. 15 Subtract line 14 from line 13. If zero or less, enter -0-15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-4,195. 8,390. 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next 4,195. 4,195. 4,195 4,195. column. Otherwise, go to line 18 17 Overpayment. If line 10 is less than line 15, subtract line 10

18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

from line 15. Then go to line 12 of the next column

Part IV Figuring the Penalty

| | | | (a) | (b) | (c) | | (d) |
|----|--|--------|---------------------------|--------------------------|-----|----|------------|
| 19 | Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | | | |
| 20 | Number of days from due date of installment on line 9 to the | | | | | | |
| | date shown on line 19 | 20 | | | | | |
| 21 | Number of days on line 20 after 4/15/2021 and before 7/1/2021 | 21 | | | | | |
| 22 | Underpayment on line 17 x Number of days on line 21 x 3% (0.03) | 22 | \$ | \$ | \$ | | \$ |
| 23 | Number of days on line 20 after 6/30/2021 and before 10/1/2021 | 23 | | | | | |
| 24 | Underpayment on line 17 x Number of days on line 23 x 3% (0.03) | 24 | \$ | \$ | \$ | | \$ |
| 25 | Number of days on line 20 after 9/30/2021 and before 1/1/2022 | 25 | | | | | |
| 26 | Underpayment on line 17 x Number of days on line 25 x 3% (0.03) | 26 | \$ | \$ | \$ | | \$ |
| 27 | Number of days on line 20 after 12/31/2021 and before 4/1/2022 | 27 | SEE 2 | ATTACHED WORKSHEE | т | | |
| 28 | Underpayment on line 17 x Number of days on line 27 x 3% (0.03) | 28 | \$ | \$ | \$ | | \$ |
| 29 | Number of days on line 20 after 3/31/2022 and before 7/1/2022 | 29 | | | | | |
| 30 | Underpayment on line 17 x Number of days on line 29 x *% 365 | 30 | \$ | \$ | \$ | | \$ |
| 31 | Number of days on line 20 after 6/30/2022 and before 10/1/2022 | 31 | | | | | |
| 32 | Underpayment on line 17 x Number of days on line 31 x *% 365 | 32 | \$ | \$ | \$ | | \$ |
| 33 | Number of days on line 20 after 9/30/2022 and before 1/1/2023 | 33 | | | | | |
| 34 | Underpayment on line 17 x Number of days on line 33 x *% | 34 | \$ | \$ | \$ | | \$ |
| 35 | Number of days on line 20 after 12/31/2022 and before 3/16/2023 | 35 | | | | | |
| 36 | Underpayment on line 17 x Number of days on line 35 x *% 365 | 36 | \$ | \$ | \$ | | \$ |
| 37 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | \$ | \$ | \$ | | \$ |
| 00 | Deneller Add columns (a) through (d) of line 07. February | ا اهد | ore and an Ferral 4400 Pr | o Odi or the comment | | | |
| JÖ | Penalty. Add columns (a) through (d) of line 37. Enter the to | ııdı M | ere and on Form 1120, III | ie 54, or the comparable | | 20 | ر و 691 |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| NATIONAL FOREST FOUNDATION 52- | | | | | 2.2 |
|--------------------------------|------------|--------------------------------|-----------------------------------|------------------------|-------------|
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
| | | -0- | | | |
| 1/15/22 | 4,195. | 4,195. | 59 | .000082192 | |
| 3/15/22 | 4,195. | 8,390. | 16 | .000082192 | |
| 3/31/22 | 0. | 8,390. | 76 | .000109589 | |
| 6/15/22 | 4,195. | 12,585. | 15 | .000109589 | |
| 6/30/22 | 0. | 12,585. | 77 | .000136986 | 1 |
| 9/15/22 | 4,195. | 16,780. | 15 | .000136986 | |
| 9/30/22 | 0. | 16,780. | 92 | .000164384 | 2 |
| 2/31/22 | 0. | 16,780. | 46 | .000191781 | : |
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^{*} Date of estimated tax payment, withholding credit date or installment due date.